

|                                      |  |   |
|--------------------------------------|--|---|
| NRC FORM 313M<br>10-811<br>10 CFR 35 | U.S. NUCLEAR REGULATORY COMMISSION<br><b>APPLICATION FOR MATERIALS LICENSE - MEDICAL</b> | Approved by OMB<br>3160-0041<br>Expires 9-30-83 |
|--------------------------------------|--|---|

**INSTRUCTIONS** - Complete items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. Such a license is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 35, and the license fee provision of Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in item 26 and the appropriate fee enclosed.

771

10/2/85

Check No. 044181 3/20  
 Type of Fee X grant  
 Date Check Rec'd 09/6/85  
 Received By [Signature]

|  |   |
|--|---|
| 1.a. NAME AND MAILING ADDRESS OF APPLICANT (Institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE<br><br>Moberly Regional Medical Center<br>1515 Union Street<br>Moberly, Missouri 65270<br><br>TELEPHONE NO.: AREA CODE (816) <u>263</u> <u>8400</u> | 1.b. STREET ADDRESS (S) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from mailing address) INCLUDE ZIP CODE<br><br>Same,<br><br>APPLICANT'S SIGNATURE: <u>[Signature]</u> |
|--|---|

|   |  |
|---|--|
| 2. PERSON TO CONTACT REGARDING THIS APPLICATION<br>Steve A. Spinosi, Consultant<br>Nuclear Medicine Associates<br>TELEPHONE NO.: AREA CODE (216) <u>641</u> <u>5799</u> | 3. THIS IS AN APPLICATION FOR: (Check appropriate item)<br>a. <input type="checkbox"/> NEW LICENSE<br>b. <input checked="" type="checkbox"/> AMENDMENT TO LICENSE NO. <u>24-18695-01</u><br>c. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____ |
|---|--|

|  |  |
|--|--|
| 4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) | 5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)<br><br>Request to change to:<br><br>Hartsell D. Phillips, Jr. |
|--|--|

| B.a. RADIOACTIVE MATERIAL FOR MEDICAL USE |                      |   |   |                           |   |
|---|----------------------|---|---|---------------------------|---|
| RADIOACTIVE MATERIAL LISTED IN:           | ITEMS DESIRED<br>"X" | MAXIMUM POSSESSION LIMITS<br>(In millicuries) | ADDITIONAL ITEMS:   | MARK ITEMS DESIRED<br>"X" | MAXIMUM POSSESSION LIMITS<br>(In millicuries) |
| 10 CFR 31.11 FOR IN VITRO STUDIES         |                      |   | IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM   |                           |   |
| 10 CFR 35.100, SCHEDULE A, GROUP I        |                      | AS NEEDED                                     | PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES |                           |   |
| 10 CFR 35.100, SCHEDULE A, GROUP II       |                      | AS NEEDED                                     | PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.    |                           |   |
| 10 CFR 35.100, SCHEDULE A, GROUP III      |                      |   | GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.                             |                           |   |
| 10 CFR 35.100, SCHEDULE A, GROUP IV       |                      | AS NEEDED                                     | IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA   |                           |   |
| 10 CFR 35.100, SCHEDULE A, GROUP V        |                      | AS NEEDED                                     | XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES             |                           |   |
| 10 CFR 35.100, SCHEDULE A, GROUP VI       |                      |   |   |                           |   |

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM B.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

| ELEMENT AND MASS NUMBER   | CHEMICAL AND/OR PHYSICAL FORM | MAXIMUM NUMBER OF MILLICURIES OF EACH FORM | DESCRIBE PURPOSE OF USE |
|---|-------------------------------|--|-------------------------|
| The purpose of this license amendment application is to request a change of Radiation Safety Officer from Kenneth Kays, M.D. Hartsell D. Phillips, Jr.<br><br>See attached Supplements A for training and experience. |                               |  |                         |

## INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |
|---|--|
| 7. MEDICAL ISOTOPES COMMITTEE   | 15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)               |
| Names and Specialties Attached; and   | Appendix G Rules Followed; or  |
| Duties as in Appendix B; or   | Equivalent Rules Attached  |
| (Check One)<br>Equivalent Duties Attached   | 16. EMERGENCY PROCEDURES (Check One)   |
| 8. TRAINING AND EXPERIENCE  | Appendix H Procedures Followed; or   |
| Supplements A & B Attached for Each Individual User; and                                | Equivalent Procedures Attached   |
| <input checked="" type="checkbox"/> Supplement A Attached for RSO.                      | 17. AREA SURVEY PROCEDURES (Check One)   |
| 9. INSTRUMENTATION (Check One)  | Appendix I Procedures Followed; or   |
| Appendix C Form Attached; or  | Equivalent Procedures Attached   |
| List by Name and Model Number   | 18. WASTE DISPOSAL (Check One)   |
| 10. CALIBRATION OF INSTRUMENTS  | Appendix J Form Attached; or   |
| Appendix D Procedures Followed for Survey Instruments; or                               | Equivalent Information Attached  |
| (Check One)<br>Equivalent Procedures Attached; and                                      | 19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)                              |
| Appendix D Procedures Followed for Dose Calibrator; or                                  | Appendix K Procedures Followed; or   |
| (Check One)<br>Equivalent Procedures Attached   | Equivalent Procedures Attached   |
| 11. FACILITIES AND EQUIPMENT  | 20. THERAPEUTIC USE OF SEALED SOURCES  |
| Description and Diagram Attached  | Detailed Information Attached; and   |
| 12. PERSONNEL TRAINING PROGRAM  | Appendix L Procedures Followed; or   |
| Description of Training Attached  | (Check One)<br>Equivalent Procedures Attached  |
| 13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL                          | 21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)      |
| Detailed Information Attached   | Detailed Information Attached  |
| 14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One) | 22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS            |
| Appendix F Procedures Followed; or  | Detailed Information Attached  |
| Equivalent Procedures Attached  | 23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b |
|   | Detailed Information Attached  |

24. PERSONNEL MONITORING DEVICES

| TYPE<br><i>(Check appropriate box)</i> |   | SUPPLIER  | EXCHANGE FREQUENCY |
|--|---|-----------|--------------------|
| a. WHOLE BODY                          | <input type="checkbox"/> FILM                   | No Change |                    |
|  | <input type="checkbox"/> TLD                    |           |                    |
|  | <input type="checkbox"/> OTHER <i>(Specify)</i> |           |                    |
| b. FINGER                              | <input type="checkbox"/> FILM                   |           |                    |
|  | <input type="checkbox"/> TLD                    |           |                    |
|  | <input type="checkbox"/> OTHER <i>(Specify)</i> |           |                    |
| c. WRIST                               | <input type="checkbox"/> FILM                   |           |                    |
|  | <input type="checkbox"/> TLD                    |           |                    |
|  | <input type="checkbox"/> OTHER <i>(Specify)</i> |           |                    |

d. OTHER *(Specify)*

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

|   |  |  |  |
|---|--|--|--|
| a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL<br>NAME OF HOSPITAL _____<br>MAILING ADDRESS _____<br>CITY _____ STATE _____ ZIP CODE _____ |  |  | b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.<br><br>c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS. |
|---|--|--|--|

26. CERTIFICATE

*(This item must be completed by applicant)*

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

|  |  |
|--|--|
| a. LICENSE FEE REQUIRED<br><i>(See Section 170.31, 10 CFR 170)</i> | b. APPLICANT OR CERTIFYING OFFICIAL <i>(Signature)</i><br>X <i>[Signature]</i><br>(1) NAME <i>(Type or Print)</i><br>X JAMES C. CULP<br>(2) TITLE<br>X Administrator<br>REGION III |
| (1) LICENSE FEE CATEGORY<br>7C                                     | c. DATE<br>X APR 29 1985<br>W. J. 17, 1985   |
| (2) LICENSE FEE ENCLOSED: \$ 120.00                                |  |

NRC FORM 313M SUPPLEMENT A U.S. NUCLEAR REGULATORY COMMISSION  
 (881)  
**TRAINING AND EXPERIENCE  
 AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  
 Hartsell D. Phillips Jr., R.T.

2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE

**3 CERTIFICATION**

| SPECIALTY BOARD<br>A | CATEGORY<br>B | MONTH AND YEAR CERTIFIED<br>C |
|----------------------|---------------|-------------------------------|
|                      |               |                               |

**4 TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES**

| FIELD OF TRAINING<br>A   | LOCATION AND DATE(S) OF TRAINING<br>B  | TYPE AND LENGTH OF TRAINING                |  |
|--|--|--|--|
|  |  | LECTURE LABORATORY COURSES<br>(Hours)<br>C | SUPERVISED LABORATORY EXPERIENCE<br>(Hours)<br>D |
| a RADIATION PHYSICS AND INSTRUMENTATION                              | On-going continuing education both in-house and at regional                      | 24   |  |
| b RADIATION PROTECTION   | locations. January 2, 1982 to March 10, 1985. See attached education log sheets. | 48.5                                       |  |
| c MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY |  | 2.5  |  |
| d RADIATION BIOLOGY  |  | 8.0  |  |
| e RADIOPHARMACEUTICAL CHEMISTRY                                      |  | 9.0  |  |

**5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)**

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED     | DURATION OF EXPERIENCE | TYPE OF USE       |
|---------|----------------|---------------------------------|------------------------|-------------------|
| I-125   |                | Moberly Regional Medical Center | 3 year                 | Diagnosis/therapy |
| I-131   | 10mCi          | Moberly Regional Medical Center | 3 year                 | Diagnosis/therapy |
| Mo-99   | 3.0 curies     | Moberly Regional Medical Center | 3 year                 | Diagnosis         |
| Yb-169  | 10mCi          | Moberly Regional Medical Center | 3 year                 | Diagnosis         |

NRC FORM 313M SUPPLEMENT A  
(9-81)

U.S. NUCLEAR REGULATORY COMMISSION

**TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

|  |  |
|--|--|
| 1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER<br><br>Hartsell D. Phillips Jr., R.T. | 2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE |
|--|--|

## 3. CERTIFICATION

| SPECIALTY BOARD<br>A | CATEGORY<br>B | MONTH AND YEAR CERTIFIED<br>C |
|----------------------|---------------|-------------------------------|
|                      |               |                               |

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

| FIELD OF TRAINING<br>A  | LOCATION AND DATE (S) OF TRAINING<br>B                      | TYPE AND LENGTH OF TRAINING                |  |
|---|---|--|--|
|   |   | LECTURE LABORATORY COURSES<br>(Hours)<br>C | SUPERVISED LABORATORY EXPERIENCE<br>(Hours)<br>D |
| i. RADIATION PHYSICS AND INSTRUMENTATION                              | Nuclear Medicine Associates RSO Training Program (30 hours) | 7½   |  |
| ii. RADIATION PROTECTION  | March 3-7, 1985<br>Cleveland, Ohio                          | 7½   |  |
| c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY |   | 7½   |  |
| ii. RADIATION BIOLOGY   |   | 7½   |  |
| f. RADIOPHARMACEUTICAL CHEMISTRY                                      |   |  |  |

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|---------|----------------|-----------------------------|------------------------|-------------|
|         |                |                             |                        |             |

NRC FORM 313M SUPPLEMENT A  
(9-81)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

|  |  |
|--|--|
| 1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER<br>Hartsell D. Phillips Jr., R.T. | 2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE |
|--|--|

## 3. CERTIFICATION

| SPECIALTY BOARD<br>A | CATEGORY<br>B | MONTH AND YEAR CERTIFIED<br>C |
|----------------------|---------------|-------------------------------|
|                      |               |                               |

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

| FIELD OF TRAINING<br>A   | LOCATION AND DATE(S) OF TRAINING<br>B                   | TYPE AND LENGTH OF TRAINING                |  |
|--|---|--|--|
|  |   | LECTURE LABORATORY COURSES<br>(Hours)<br>C | SUPERVISED LABORATORY EXPERIENCE<br>(Hours)<br>D |
| I. RADIATION PHYSICS AND INSTRUMENTATION                               | Nuclear Medicine Associates Basic Science Review Course | 10   |  |
| II. RADIATION PROTECTION   | 40 hours:<br>January 19-24, 1984<br>Cleveland, Ohio     | 10   |  |
| III. SYMPOSIUMS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY |   | 10   |  |
| IV. RADIATION BIOLOGY  |   | 5  |  |
| V. RADIOPHARMACEUTICAL CHEMISTRY                                       |   | 5  |  |

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|---------|----------------|-----------------------------|------------------------|-------------|
|         |                |                             |                        |             |

NRC FORM 313M SUPPLEMENT A  
(983)

U.S. NUCLEAR REGULATORY COMMISSION

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

|   |   |
|---|---|
| 1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER<br>Hartsell D. Phillips, R.T. | 2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE |
|---|---|

## 3. CERTIFICATION

| SPECIALTY BOARD<br>A | CATEGORY<br>B | MONTH AND YEAR CERTIFIED<br>C |
|----------------------|---------------|-------------------------------|
|                      |               |                               |

## 4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES

| FIELD OF TRAINING<br>A   | LOCATION AND DATE(S) OF TRAINING<br>B                   | TYPE AND LENGTH OF TRAINING                |  |
|--|---|--|--|
|  |   | LECTURE LABORATORY COURSES<br>(HOURS)<br>C | SUPERVISED LABORATORY EXPERIENCE<br>(HOURS)<br>D |
| a RADIATION PHYSICS AND INSTRUMENTATION                              | West Virginia Medical Center, Morgantown, West Virginia | 20   |  |
| b RADIATION PROTECTION   | Radiologic Technology Training Program 1967-1969        | 25   |  |
| c MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY |   | 20   |  |
| d RADIATION BIOLOGY  |   | 10   |  |
| e RADIOPHARMACEUTICAL CHEMISTRY                                      |   | —  |  |

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

| ISOTOPE | MAXIMUM AMOUNT | WHERE EXPERIENCE WAS GAINED | DURATION OF EXPERIENCE | TYPE OF USE |
|---------|----------------|-----------------------------|------------------------|-------------|
|         |                |                             |                        |             |

## Addendum #1

## Moberly Regional Medical Center

## Request for change of Radiation Safety Officer:

The purpose of this application is to request a change of Radiation Safety Officer at this licensed facility.

If it the desire of this licensee to identify the nuclear medicine technologist as Radiation Safety Officer.

This nuclear medicine technologist has been properly trained (see attached Supplement A) and is experienced with this institutions license, license conditions and NRC regulations via three years of experience at this facility as supervisor of the nuclear medicine service; on-going continuing education; radiologic technology training and courses taken specific to the duties of Radiation Safety Officer.

To clarify the duties and responsibilities of the Radiation Safety Officer at this facility, the following summary of typical duties is described:

1. To ensure that radioactive materials are used by or under the direct supervision of those specifically named on the NRC license.
2. To ensure the use of personnel monitoring equipment where appropriate.
3. To ensure that radioactive materials are properly secured against unauthorized removal.
4. To perform routine inspection of those areas within the hospital utilizing radioactive materials under the direction of the NRC license.
5. To ensure the maintenance of all NRC license conditions and that substantiating documentation as required.
6. To immediately halt any activity judged to be a threat to health and safety, or a violation of conditions of the NRC license or regulations.

This individual will be allotted sufficient time at regular intervals to perform these outlined duties.

This individual will in addition have the full support of the administration of this facility to carry out the duties of Radiation Safety Officer.

## EDUCATIONAL RECORDS

|  |                |           |
|--|----------------|-----------|
| 1.2.82 RADIATION SHIELDING, DECAY AND SAFETY -   | MRMC           | 15 HRS.   |
| 1.14.82 RADIATION PROTECTION -   | MRMC           | 10 HRS.   |
| 1.29.82 COUNTING STATISTICAL DATA IN N.M.-   | MRMC           | 5 HRS.    |
| 2.15.82 SURVEY OF N.M. WITH ASSORTED SURVEY METERS FOR SAFETY-<br>(THEORY OF OPERATION)                | MRMC           | 10 HRS.   |
| 2.25.82 STATISTICAL PROBLEMS REVIEW-   | MRMC           | 1.5 HRS   |
| 3.24.82 ANCILLARY SECURITY/REC. RADIOACTIVE MATERIALS-   | MRMC           | 2.0 HRS.  |
| 3.31.82 NRC REGULATIONS/ALARA CONCEPTS -   | MRMC           | 1.5 HRS.  |
| 4.7.82 RADIATION PROTECTION/SAFETY -   | MRMC           | 12.0 HRS. |
| 5.23.82 "MOLY " PRODUCTION /NRC PATIENT RADIATION PROTECTION -MRMC<br>REQUIREMENTS                     |                | 4.0 HRS   |
| 7.29.82 BIOLOGICAL EFFECTS OF PERFUSION/VENTILATION SCANS-BOONE HOSP.                                  |                | 2.0 HRS.  |
| 3.22.82 RENAL IMAGING-ITS RADIOLOGICAL EFFECTS ON THE RENAL PLEXUS-BOONE HOSP.                         |                | 1.5 HRS.  |
| 7.10.82 "BRAIN IMAGING-  | MRMC           | 1.5 HRS.  |
| 10.26.82 "QUALITY ASSURANCE - GAMMA CAMERAS RADIOPHAR. KITS-MRMC                                       |                | 4.0 HRS.  |
| 11.28.82 "Q.A. IN NUCLEAR MEDICINE"-   | MRMC           | 2.0 HRS.  |
| 11.1.83 PATIENT EXAMINATION PREPARATION-   | MRMC           | .5 HRS.   |
| 1.15.83 RADIATION SAFETY ON THE FLOOR FOR NURSING PERSONNEL-MRMC                                       |                | 2.0 HRS.  |
| 1.11.83 "PROPER VENIPUNCTURE"-   | MRMC           | 1.0 HRS.  |
| 1.20.83 THYROID THERAPY RESPONSES -  | MRMC           | 2.0 HRS.  |
| 1.7-10.83 N.M. CONVENTION: RADIATION DOSIM.-1.0 HR., FUNCTIONAL IMAG.-2.0 HRS.<br>RADIOPHARM.-1.5 HRS. |                |           |
|  | ST. LOUIS ,MO. |           |
| 1.1.83 EFFECTS OF IONIZING RAD. ON TISSUE-   | MRMC           | 2.0 HRS.  |
| 7.20.83 LIVER SPLEEN DISEASE IMAGING   | MRMC           | 1.5 HRS   |
| 3.16.83 ALUMINUM BREAKTHROUGH IN MOLY GENERATORS   | BOONE HOSP     | 1.0 HR    |
| 3.1.83 TROUBLE SHOOTING SURVEY METER MALFUNCTIONS  | MRMC           | 2.0 HRS   |
| 10.7.83 DTPA RENAL SCANS WITH ADAC COMPUTER ANAL.  | MRMC           | 1.0 HR.   |
| 12.29.83 DIAG. P.E./PER., VENT.  | MRMC           | HRS.      |
| 1.19.84 REGISTRY REVIEW CLEVELAND (NMA)  |                | 40.0 HRS  |

|              |   |            |           |
|--------------|---|------------|-----------|
| 1.25.84      | GATED HEART/RESTING & STRESS STUDIES  | MRMC       | 2.5 HRS.  |
| 2.2.84       | RADIATION DETECTION-SAFETY PRINCIPLES   | MRMC       | 3.0 HRS.  |
| 3.15.84      | DECONTAMINATION TECHNIQUES  | MRMC       | 1.5 HRS.  |
| 3.27.85      | THERAPEUTIC RADIOPHAR. HANDLING /TIME,DIST,SHIELD.                                  | BOONE HOSP | 2.5 HRS   |
| 4.1.84       | METHOD OF EFFECTIVE RADIATION DOSE REDUCTION  | MRMC       | 2.0 HRS.  |
| 5.15.85      | Q.A.-SYSTEM SENSITIVITY   | MRMC       | 1.0 HRS.  |
| 6.10.84      | RIA   | VA HOSP    | 3.0 HRS.  |
| 7.11.84      | SAFE HANDLING OF PURE BETA EMMITERS(DECAY SCHEMES)                                  | MRMC       | 1.0 HRS.  |
| 8.16.84      | THYROID THERAPY-SAFETY TO PATIENTS VISITORS(THEORY)                                 | BOONE HOSP | 1.5 HRS.  |
| 11.1,2,3.84  | ADAC COMPUTER APPLICATIONS:ADAC 2800-BRAIN,LIVER,HEART,RENAL<br>CAMERA Q.A. THYROID | MRMC       | 24 HRS.   |
| 12.14.85     | NUCLEAR CARDIOLOGY-DISPOSAL OF Tl 201 ,MONITORING TREADMILL AREA                    |            | 1.5 HRS.  |
| 2.2.85       | NMA VISIT-RSO MATERIALS Q.A.  | MRMC       | 3.0 HRS.  |
| 3.4,5,6,7.85 | NMA RSO COURSE  | CLEVELAND  | 30.0 hrs. |
| 3.10.85      | RADIOPH.CHEMICAL COMPONETS  | MRMC       | 1.0 HR.   |

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HARTSELL D. PHILLIPS, JR R.T. ASRT      REGISTERED BY ARRT OCT 1969  
PRESENTLY SUPERVISOR OF NUCLEAR MEDICINE SERVICES MRMC

## 5. EXPERIENCE WITH RADIAT

| ISOTOPE | MAX       | AMT | WHERE | DURATION | TYPE OF USE |
|---------|-----------|-----|-------|----------|-------------|
| MO/TEC  | 3.0       |     | MRMC  | 3 YRS    | DIAG        |
| I 125   | AS NEEDED |     | MRMC  | 3 YRS    | DIAG / THER |
| I 131   | AS NEEDED |     | MRMC  | 3 YRS    | DIAG/THER.  |
| YB 169  | AS NEEDED |     | MRMC  | 3 YRS    | DIAG        |
| I 111   | 20 mc     |     | MRMC  | 3 YRS    | DIAG        |
| XE 127  | 40 mc     |     | MRMC  | 3 YRS    | DIAG        |
| TL 201  | 20 mc     |     | MRMC  | 3 YRS    | DIAG        |
| GA 67   | 100 mc    |     | MRMC  | 3 YRS    | DIAG        |
| CO 57   | 10 mc     |     | MRMC  | 3 YRS    | CALIBRATION |
| I 123   | 10        |     | MRMC  | 3 YRS    | DIAG        |

# CONVERSATION RECORD

TIME

DATE

5/31

TYPE

VISIT

CONFERENCE

TELEPHONE

INCOMING

OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, Dept., Bureau, etc.)

TELEPHONE NO.

Sonny Phillips

Oregon Gen. Hosp.

SUBJECT

Amend. Request.

SUMMARY

- Unaware additional info. on Dr. Kordecke not sent. - Faxed copy of FI license & preceptor statement
- Called RIII to verify that Sonny Phillips had been listed as RSD on lic. # 2418695-01 in Knoblesley, Missouri - She verified he was a faxed info from lic file on Sonny's preceptor - on license from 1985-89

ACTION REQUIRED

Issue amendment

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE



# LOGAN GENERAL HOSPITAL

OPERATED BY LOGAN MEDICAL FOUNDATION  
Telephone (304) 792-1101  
LOGAN, WEST VIRGINIA 25601

April 25, 1991

Ms. Sandra Waldron  
U.S. Nuclear Regulatory Commission  
Region II  
101 Marietta Street, Suite 2900  
Atlanta, GA 30323

RE: Control No. 253960

Dear Ms. Waldron:

Pursuant to your telephone conversation with our consultant,  
we are enclosing documentation for Elaine Kondroski, M.D. in  
order for her inclusion on our radioactive materials license.

Thank you for your help and consideration in this matter.

Sincerely,

C. David Morrison  
President

CDM/smn

HRS RADIATION CONTROL HSER

Apr 18 91 14:24 No.004 P.02

104627429

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

1317 Winewood Boulevard  
Tallahassee, Florida 32301  
RADIATION CONTROL  
RADIOACTIVE MATERIALS LICENSE  
SUPPLEMENTARY SHEET

Page 1 of 1 Pages

License Number 1832-1  
AMENDMENT NO. 2  
(5C) (L91)

POWER DIAGNOSTIC CENTER, LTD.  
1727 West Buffalo Avenue, #450  
Tampa, FL 33607

With reference to correspondence received April 20, 1987, State of Florida Radioactive  
Materials License Number 1832-1 is hereby amended as follows:

NO CHANGE CONDITION 12 TO READ:

CONDITIONS

12. Licensed material shall be used by John C. Jowett, M.D., or Elaine Kondroski, M.D.

May 11, 1987

Date

Licensee - White  
Control Fee - Canary  
U.S.N.R.C. - Pink  
Office - Canary  
Field Fee - Pink

Lyle E. Jerrett, Ph.D.  
Director  
Radiation Control

by Paul J. Vaino  
Radiation Control

HRS RADIATION CONTROL HSER

Apr 18.91 14:25 No.004 P.03

70422-229

1333 Southview Drive  
PO. Box 1190  
Bluefield, West Virginia  
24701  
Telephone 304 327-8121

**Humana Hospital  
St. Luke's**

**RECEIVED**

APR 20 1987

Office of Radiation Control  
Licensing Section

March 9, 1987

To Whom It May Concern:

Elaine M. Kondroski, M. D. has regularly participated in the operation of Nuclear Medicine Department and interpretation of Nuclear Medicine Imaging done at St. Luke's Hospital in Bluefield, West Virginia in the last eighteen months under institutional license No. 47-23517. This was done under my supervision, my NRC license is in your file. If you have any questions, please do not hesitate to contact me.

Sincerely,

*R. S. B. Nicholas M.D.*

R. S. B. Nicholas, M. D.

HRS RADIATION CONTROL HSER

Apr 18, 91 14:25 No. 004 P. 04

NRC FORM 313M SUPPLEMENT B  
(9-81)

U. S. NUCLEAR REGULATORY COMMISSION

## PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

## 1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

## FULL NAME

Elaine Kondroski, M.D.

## STREET ADDRESS

2949 W. Front Street  
Humana HospitalCITY STATE ZIP CODE  
Clinch Valley Virginia 24641

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

- Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

| ISOTOPE<br>A         | CONDITIONS DIAGNOSED OR TREATED<br>B                 | NUMBER OF<br>CASES INVOLVING<br>PERSONAL<br>PARTICIPATION<br>C | COMMENTS<br>(Additional information or comments may<br>be submitted in duplicate on separate sheets.)<br>D |
|----------------------|--|--|--|
| I-131<br>or<br>I-125 | DIAGNOSIS OF THYROID FUNCTION                        | 30   |  |
|                      | DETERMINATION OF BLOOD AND<br>BLOOD PLASMA VOLUME    | 1  |  |
|                      | LIVER FUNCTION STUDIES                               | 0  |  |
|                      | FAT ABSORPTION STUDIES                               | 0  |  |
|                      | KIDNEY FUNCTION STUDIES                              | 45   |  |
|                      | IN VITRO STUDIES                                     |  |  |
| OTHER                |  |  |  |
| I-125                | DETECTION OF THROMBOSIS                              | 0  |  |
| I-131                | THYROID IMAGING                                      | 2  |  |
| P-32                 | EYE TUMOR LOCALIZATION                               | 0  |  |
| Sm-75                | PANCREAS IMAGING                                     | 0  |  |
| Yb-169               | CISTERNOGRAPHY                                       | 2  |  |
| Xe-133               | BLOOD FLOW STUDIES AND<br>PULMONARY FUNCTION STUDIES | 5  |  |
| OTHER                |  |  |  |
| Tc-99m               | BRAIN IMAGING  | 204  |  |
|                      | CARDIAC IMAGING                                      | 320  |  |
|                      | THYROID IMAGING                                      | 45   |  |
|                      | SALIVARY GLAND IMAGING                               | 0  |  |
|                      | BLOOD POOL IMAGING                                   | 120  |  |
|                      | PLACENTA LOCALIZATION                                | 0  |  |
|                      | LIVER AND SPLEEN IMAGING                             | 108  |  |
|                      | LUNG IMAGING   | 52   |  |
| BONE IMAGING         | 225  |  |  |
| OTHER                |  |  |  |

HRS RADIATION CONTROL HSER

Apr 18 91 14:26 No.004 P.05

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

| ISOTOPE               | CONDITIONS DIAGNOSED OR TREATED                               | NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION | COMMENTS<br>(Additional information or comments may be submitted in duplicate on separate sheets.) |
|-----------------------|---|--|--|
| A                     | B   | C  | D  |
| P-32<br>(Soluble)     | TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES | 0  |  |
| P-32<br>(Colloid)     | INTRACAVITARY TREATMENT                                       | 0  |  |
| I-131                 | TREATMENT OF THYROID CARCINOMA                                | 0  |  |
|                       | TREATMENT OF HYPERTHYROIDISM                                  | 5  |  |
| Au-198                | INTRACAVITARY TREATMENT                                       | 0  |  |
| Co-60<br>or<br>Cs-137 | INTERSTITIAL TREATMENT  | 0  |  |
|                       | INTRACAVITARY TREATMENT                                       | 0  |  |
| I-125<br>or<br>Ir-192 | INTERSTITIAL TREATMENT  | 0  |  |
| Co-60<br>or<br>Cs-137 | TELE THERAPY TREATMENT  | 0  |  |
| Sr-90                 | TREATMENT OF EYE DISEASE                                      | 0  |  |
|                       | RADIOPHARMACEUTICAL PREPARATION                               |  |  |
| Mo-99/<br>Tc-99m      | GENERATOR   | 10   |  |
| Sn-113/<br>In-113m    | GENERATOR   | 0  |  |
| Tc-99m                | REAGENT KITS  | Daily  | Sulfur colloid   |
| Other                 |   |  | MDP  |
|                       |   |  | GHP  |
|                       |   |  | MAA  |
|                       |   |  | PYP  |
|                       |   |  | DTPA   |

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

November 1978  
 December 1978  
 Jan. 1-15, 1979 and March 15-31, 1979 550 Hours Total

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR  
 John P. Clements, M.D.  
 b. NAME OF INSTITUTION  
 Medical Center Hospital of Vermont  
 c. MAILING ADDRESS  
 Colchester Avenue  
 d. CITY  
 Burlington, Vermont 05401

6. PRECEPTOR'S SIGNATURE

*John P. Clements M.D.*

7. PRECEPTOR'S NAME (Please type or print)

Same

8. DATE

March 18, 1987

5. MATERIALS LICENSE NUMBER(S)

44-20187-03

DATE 4/5

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME 8:30  AM  PM

INCOMING CALL

OUTGOING CALL

VISIT

PERSON CALLING

Swaldson

OFFICE/ADDRESS

RIT

PHONE NUMBER

EXTENSION

PERSON CALLED

Don Patrick, NMA

OFFICE/ADDRESS

PHONE NUMBER

EXTENSION

412-281-6113

CONVERSATION

SUBJECT

Amendment Request for Logan Green Hospital

SUMMARY

Request to add Terry Desko, M.D. & Elaine Kondraski, M.D. to list. stated both were listed on Humana Greenbrier Lic. - Dr. Desko was un'd 11/90, but did not see Dr. Kondraski listed. Called D. Patrick consultant - he said he was going ok w/ what hospital told him, he will ok w/ Dr. Kondraski's credentials - either listed on another license or Board certification & will send info w/in 2 weeks.

ACTION REQUESTED

hold request until Dr. Kondraski's credentials are forwarded

ADVISE ME OF ACTION TAKEN.

INITIALS

SW

DATE

4/5

ACTION TAKEN

INITIALS

DATE



# LOGAN GENERAL HOSPITAL

OPERATED BY LOGAN MEDICAL FOUNDATION  
Telephone (304) 792-1101  
LOGAN, WEST VIRGINIA 25601

March 4, 1991

U.S.N.R.C.  
Region II  
101 Marietta Street NW  
Suite 2900  
Atlanta, GA 30323

RE: License No. 47-19919-01

Gentlemen:

Please amend License No. 47-19919-01 as follows:

1. Amend to name Hartsell S. Phillips as Radiation Safety Officer. Mr. Phillips has been previously named as RSO on License No. 24-28695-01 (Moberly Regional Medical Center). It should be noted Mr. Phillips has the full support of the administration of this facility in regards to the performance of his duties as RSO.
2. Amend to delete S. N. Subramaniam, MD from the list of authorized users.

Thank you for your consideration in these matters.

Sincerely,

C. David Morrison  
President

Enclosure

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM  
AND  
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120  
STATUS CODE: 0  
FEE CATEGORY: 7C  
EXP. DATE: 19920331  
FEE COMMENTS: CODE\_23

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: LOGAN GENERAL HOSPITAL  
RECEIVED DATE: 910220  
DOCKET NO: 3019530  
CONTROL NO.: 25396J  
LICENSE NO.: 47-19919-01  
ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: 340.00  
CHECK NO.: 22260

3. COMMENTS

SIGNED Quayle C. Messer  
DATE 2/25/91

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED 1-1)

1. FEE CATEGORY AND AMOUNT: 7C (\$340)

2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR:

AMENDMENT   
RENEWAL   
LICENSE

3. OTHER \_\_\_\_\_

SIGNED Quayle C. Messer  
DATE 2/25/91



# LOGAN GENERAL HOSPITAL

OPERATED BY LOGAN MEDICAL FOUNDATION  
Telephone (304) 792-1101  
LOGAN, WEST VIRGINIA 25601

February 15, 1991

U. S. Nuclear Regulatory Commission  
Nuclear Materials Safety Section  
101 Marietta Street, Suite 2900  
Atlanta, Georgia 30323

Dear Sir/Madam:

Enclosed please find NRC Form 313 and a  
check for \$340.00 in order to add Dr.  
Kondroski and Dr. Lesko to our NRC license.  
Should you need any further information,  
please feel free to contact me.

Sincerely,

*C. David Morrison /ogm*

C. David Morrison  
President

CDM:pjm

Enclosures

License Fee Information  
on application

## APPLICATION FOR MATERIAL LICENSE

INSTRUCTIONS: SEE THE APPROPRIATE LICENSE APPLICATION GUIDE FOR DETAILED INSTRUCTIONS FOR COMPLETING APPLICATION, SEND TWO COPIES OF THE ENTIRE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

**APPLICATIONS FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:**

U.S. NUCLEAR REGULATORY COMMISSION  
DIVISION OF FUEL CYCLE AND MATERIAL SAFETY, NMSS  
WASHINGTON, DC 20555

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS, IF YOU ARE LOCATED IN:

CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, OR VERMONT, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION I  
NUCLEAR MATERIALS SAFETY SECTION B  
475 ALLENDALE ROAD  
KING OF PRUSSIA, PA 19406

ALABAMA, FLORIDA, GEORGIA, KENTUCKY, MISSISSIPPI, NORTH CAROLINA, PUERTO RICO, SOUTH CAROLINA, TENNESSEE, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION II  
NUCLEAR MATERIALS SAFETY SECTION  
301 MARIETTA STREET, SUITE 2000  
ATLANTA, GA 30333

**IF YOU ARE LOCATED IN:**

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION III  
MATERIALS LICENSING SECTION  
799 ROOSEVELT ROAD  
GLEN ELLYN, IL 60137

ARKANSAS, COLORADO, IDAHO, KANSAS, LOUISIANA, MONTANA, NEBRASKA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, SOUTH DAKOTA, TEXAS, UTAH, OR WYOMING, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION IV  
MATERIAL RADIATION PROTECTION SECTION  
611 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TX 76011

ALASKA, ARIZONA, CALIFORNIA, HAWAII, NEVADA, OREGON, WASHINGTON, AND U.S. TERRITORIES AND POSSESSIONS IN THE PACIFIC, SEND APPLICATIONS TO:

U.S. NUCLEAR REGULATORY COMMISSION, REGION V  
NUCLEAR MATERIALS SAFETY SECTION  
1400 MARA LANE, SUITE 210  
WALNUT CREEK, CA 94699

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTION.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

- A. NEW LICENSE  
 B. AMENDMENT TO LICENSE NUMBER 47-19919-01  
 C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

2. NAME AND MAILING ADDRESS OF APPLICANT (Include Zip Code)

Logan General Hospital  
20 Hospital Drive  
Logan, WV 25601

3. ADDRESS(ES) WHERE LICENSED MATERIAL WILL BE USED OR POSSESSED.

Same as Number 2.

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Daniel Patrick, NMA Medical Physics Consultation

TELEPHONE NUMBER

412-281-6119

SUBMIT ITEMS 5 THROUGH 11 ON 8 1/2" X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number, b. chemical and/or physical form, and c. maximum amount which will be possessed at any one time.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

12. LICENSEE FEES (See 10 CFR 170 and Section 170.311)

FEE CATEGORY AMOUNT ENCLOSED \$

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, AND 40 AND THAT ALL INFORMATION CONTAINED HEREIN, IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948, 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

SIGNATURE—CERTIFYING OFFICER

TYPED/PRINTED NAME

TITLE

DATE

*[Signature]* C. DAVID MORRISON PRESIDENT 2/6/91

The purpose of this amendment is to add Dr. Elaine Kondroski and Dr. Terry Lesko to the list of authorized users. The two physicians are currently named on NRC License #47-17199-01 at Humana Hospital - Greenbriar Valley, Ronceverte, WV.

FOR NRC USE ONLY

|                 |              |              |          |                    |
|-----------------|--------------|--------------|----------|--------------------|
| TYPE OF FEE     | FEE LOG      | FEE CATEGORY | COMMENTS | APPROVED BY        |
| Paid            | Feb-48       | 7c           |          | <i>[Signature]</i> |
| AMOUNT RECEIVED | CHECK NUMBER |              |          | DATE               |
| \$340           | 37860        |              |          | 2/25/91            |