



INDIANA UNIVERSITY  
MEDICAL CENTER

RADIATION SAFETY OFFICE  
Clinical Building 920  
1100 West Michigan Street  
Indianapolis, Indiana 46223  
(317) 264-4797

January 2, 1981

U.S. NUCLEAR  
REGULATORY  
COMMISSION

JAN 3 AM 11 15

RECEIVED

License Management Branch  
U. S. Nuclear Regulatory Commission  
Washington, D. C. 20555

Re: License # 13-02752-08

Gentlemen:

Please amend this institution's teletherapy license (license # 13-02752-08) to include Shailaja Reddy, M. D. as an authorized user. Enclosed are Form NRC-313M Supplement A, Supplement B, and a current Curriculum Vitae.

Sincerely,

*Stuart Hinnefeld*

Stuart Hinnefeld  
Assistant Radiation Safety Officer

enclosures/3

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INSPECTION AND ENFORCEMENT

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TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Shailaja Reddy, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Indiana/Kentucky
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Board eligible in Radiation Oncology		

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	July 1, 1975 - June 30, 1979 Department of Radiation Oncology, Indiana Univ. School of Medicine	80 hours	20 hours
b. RADIATION PROTECTION	same as above	80 hours	20 hours
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	same as above	80 hours	20 hours
d. RADIATION BIOLOGY	same as above	20 hours	30 hours
e. RADIOPHARMACEUTICAL CHEMISTRY	same as above	30 hours	

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Cesium Phosphorus Radium	250 mCi 15 mCi 100 mg	Dept. of Radiation Oncology, Indiana University School of Medicine	July 1, 1979 to present	Intracavitary application Interstitial application Intraperitoneal instillation Surface molds

## 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

Shailaja Reddy, M.D.

STREET ADDRESS

3928 Knobcreek Overlook

CITY

Indianapolis

STATE

Indiana 46234

ZIP CODE

## KEY TO COLUMN C

## PERSONAL PARTICIPATION SHOULD CONSIST OF:

1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.

2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.

3-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 A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	4	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES	2	
	FAT ABSORPTION STUDIES	2	
	KIDNEY FUNCTION STUDIES	2	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	-	
I-131	THYROID IMAGING	5	
P-32	EYE TUMOR LOCALIZATION	-	
Se-75	PANCREAS IMAGING	-	
Yb-169	CISTERNOGRAPHY	-	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	4	
OTHER			
Tc-99m	BRAIN IMAGING	20	
	CARDIAC IMAGING	5	
	THYROID IMAGING	10	
	SALIVARY GLAND IMAGING	-	
	BLOOD POOL IMAGING	5	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	5	
	LUNG IMAGING	15	
	BONE IMAGING	20	
OTHER			

**PRECEPTOR STATEMENT (Continued)**

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

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	10	
I-131	TREATMENT OF THYROID CARCINOMA	2	
	TREATMENT OF HYPERTHYROIDISM	5	
Au-198	INTRACAVITARY TREATMENT	-	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	-	
	INTRACAVITARY TREATMENT	100	
I-125 or Ir-192	INTERSTITIAL TREATMENT	1	
	TELETHERAPY TREATMENT	100	
Sr-90	TREATMENT OF EYE DISEASE	-	
	RADIOPHARMACEUTICAL PREPARATION	-	
Mo-99/ Tc-99m	GENERATOR	2	
Sn-113/ In-113m	GENERATOR	-	
Tc-99m	REAGENT KITS	-	
Other			

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

October 1 - 31, 1976 and September 1 - 30, 1977, Nuclear Medicine

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

**a. NAME OF SUPERVISOR**

H. Wellman, M.D./H. Shidnia, M.D.

**b. NAME OF INSTITUTION**

Indiana Univ. School of Medicine

**c. MAILING ADDRESS**

1100 West Michigan Street

**d. CITY**

Indianapolis, Indiana 46223

**e. MATERIALS LICENSE NUMBER(S)**

13-02752-03; 13-02752-08

**6. PRECEPTOR'S SIGNATURE**

*H. Shidnia*

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

Homayoon Shidnia, M.D.

**8. DATE**

December 5, 1980