

## INDIANA UNIVERSITY MEDICAL CENTER

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

January 2, 1981

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

Re: License # 13-02752-08

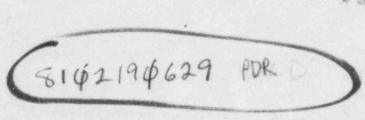
#### Gentlemen:

Please amend this institution's teletherapy license (license # 13-0∠75∠-08) to include Shailaja Reddy, M. D. as an authorized user. Enclosed are Form NRC-313M Supplement A, Supplement B, and a current <u>Curriculum Vitae</u>.

Sincerely,

enclosures/3

Assistant Radiation Safety Officer



COPIES SENT TO OFF. OF INSPECTION AND ENFORCEMENT

FORM NRC-313M-SUPPLEMENT (8-78)  AUTHO	TR	U.S. N AINING AND EXPERIENCE ER OR RADIATION SAFETY OFFI		ATORY COMMISSION	
1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  Shailaja Reddy, M.D.				2. STATE OR TERRITORY IN WHICH LICE SED TO PRACTICE MEDICINE Indiana/Kentucky	
		3. CERTIFICATION		D VEAD GERTIEIED	
SPECIALTY BOARD		CATEGORY	MONTH AN	D YEAR CERTIFIED	
Board eligible in Radiation Oncolo	gy				
4. TRAIN	ING RECEIV	ED IN BASIC RADIO(SOTOPE HANDLIN	IG TECHNIQUES		
			TYPE AND L	TYPE AND LENGTH OF TRAINING	
FIELD OF TRAINING		LOCATION AND DATE(S) OF TRAININ	G LABORATO COURSE (Hours)	LABORATORY EXPERIENCE	
a. RADIATION PHYSICS AND INSTRUMENTATION		July 1, 1975 - June 30,1 Department of Radiation Oncology, Indiana Univ School of Medicine		s 20 hours	
b. RADIATION PROTECTION		same as above	80 hour	s 20 hours	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY		same as above	80 hour	s 20 hours	
d. RADIATION BIOLOGY		same as above	20 hour	s 30 hours	
e. RADIOPHARMACEUTICAL CHEMISTRY		same as above	30 hour	rs	
5. EXPERIE	NCE WITH R	ADIATION, (Actual use of Radioisotopes of	or Equivalent Expe	erience)	
ISOTOPE MAXIMUM AMOUN	74	EATERIEFICE WAS GARAGE	OF EXPERIENCE	Type of USE	
Cesium 250 mCi Phosporus 15 mCi Radium 100 mg	ogy,	of Radiation Oncol- Jule 1 Indiana University present 1 of Medicine	1, 1979 to	Intracavitary application Interstitial application Intraperitone instillation Surface molds	

#### PRECEPTOR STATEMENT

Supplement 8 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 Knohcreek Overlook				

ek Overlook

Indianapolis

CITY

Indiana 46234

# 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.
- 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 routes of treatment.

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

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
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			
1-125	DETECTION OF THHOMBOSIS	-	
1-131	THYROID IMAGING	5	
P-32	EYE TUMOR LOCALIZATION	-	
Se- 75	PANCREAS IMAGING	-	
Yb-163	CISTERNOGRAPHY	-	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	4	
OTHER			
	BRAIN IMAGING	20	
	CARDIAC IMAGING	5	
Tc-99m	THYROID IMAGING	10	
	SALIVARY GLAND IMAGING	-	
	BLOOD POOL IMAGING	5	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	5	
	LUNG IMAGING	15	
	BONE IMAGING	20	
OTHER		Description of the	

P-32 Colloidall	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF GASES INVOLVING PERSONAL	COMMENTS	
P-32 Colloidal)		PARTICIPATION	(Additional information or comments may be submitted in duplicate on separate sheets,)	
P-32 Colloidal)	В	С	D	
Colloidal)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	3		
	INTRACAVITARY TREATMENT	10		
	TREATMENT OF THYROID CARCINOMA	2		
1-131	TREATMENT OF HYPERTHYROIDISM	5		
Au-198 I	INTRACAVITARY TREATMENT			
	INTERSTITIAL TREATMENT			
Of-137	INTRACAVITARY TREATMENT	100		
r-192	INTERSTITIAL TREATMENT	1		
Co-60 or Cs-137	TELETHERAPY TREATMENT	100		
Sr-90	TREATMENT OF EYE DISEASE			
	RADIOPHARMACEUTICAL PREPARATION	1000		
Ma-99/ Tc-99m	GENERATOR	2		
Sn-113/ In-113m	GENERATOR			
Tc-99m	REAGENT KITS	-		
DATES A	AND TOTAL NUMBER OF HOURS RECE	IVED IN CLINICAL R	ADIOISOTOPE TRAINING	
WAS OBT	AINING AND EXPERIENCE INDICATED TAINED UNDER THE SUPERVISION OF OF SUPERVISOR	ABOVE 6. PRECEPTO	1977, Nuclear Medicine  OR'S SIGNATURE	
	ellman, M.D./H. Shidnia, M OFINSTITUTION ana Univ. School of Medici		OR'S NAME (Please type or prins)	
c. MAILIN	NG ADDRESS		Homayoon Shidnia, M.D.	
d CITY	West Michigan Street	8. DATE		
India	anapolis, Indiana 46223		December 5, 1980	