

October 21, 1985

U.S. Nuclear Regulatory Comm.
1450 Moria Lane, Suite 210
Walnut Creek, CA 94596-5368

Dear Mrs. Linger,

Following our phone conversation as of to-day, I am enclosing the application for NRC license in Alaska. Also I am enclosing the copy for New York NRC license, which I am going to file shortly. There you'll find the report regarding my experience with radiation, signed by Chief of the Department of Nuclear Medicine Dr. Richard P. Spencer.

The main part of my experience was obtained under his supervision.

If you have any additional question, please feel free to call me at phone (203) 334-7871 up to Oct. 25 and then from Oct. 29 - please call at Ketchikan Hospital: (907) 225-5171.

Thank you very much for
nice cooperation.
Sincerely yours, 70270
Michael Sallorsay

Dr: Michael Z. Sedlovsky

9. Experience with radiation (actual use of radioactive materials or equivalent experience).

<u>Radioactive Materials</u>	<u>Maximum Amount</u>	<u>Exper. Gained</u>	<u>Duration of experience</u>	<u>Type of Use</u>
Tc-99m-various forms	1000 mCi	U-Conn.	1 year	Prepare radio- Rx. for diagnos- tic imaging.
I-131	1 mCi			
Ga-67	6 mCi			
I-111	1 mCi			
Tl-201	2 mCi			
I-123	0.6 mCi			

Richard P. Spencer

Dr. Richard P. Spencer
Univ. of Connecticut Health Center & Affil. Hospitals
Farmington, CT 06032 Telephone: (203) 674-3120
June 27, 1984

STATE OF NEW YORK
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE
SUPPLEMENT A — HUMAN USE

If radioactive material is for "human use" (internal administration of radioactive material, or the radiation therefrom to human beings), complete this supplement and attach to the application for radioactive materials license.

1. (a) PROFESSIONAL PRACTITIONER'S NAME (Any person licensed or otherwise authorized under the State Education Law to practice medicine, dentistry, podiatry or osteopathy)

Michael Sedlovsky, MD

(b) NAME AND ADDRESS OF APPLICANT (If different from 1(a))

2. THE USING PROFESSIONAL PRACTITIONER INDICATED ABOVE IS LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE UNDER THE EDUCATION LAW OF THE STATE OF NEW YORK

CIRCLE ANSWER

YES

NO

3. A STATEMENT OF USING PROFESSIONAL PRACTITIONER'S CLINICAL (WITH RADIOACTIVE MATERIALS) EXPERIENCE (PAGE 3 OF THIS SUPPLEMENT) IS SUBMITTED IN SUPPORT OF THIS APPLICATION. IF ANSWER IS NO, USE PAGE 2 OF THIS SUPPLEMENT TO EXPLAIN OR REFER TO OTHER APPLICATION OR RELATED DOCUMENTS ON WHICH THIS INFORMATION APPEARS

CIRCLE ANSWER

YES

NO

PROPOSED DIAGNOSIS OR TREATMENT

4. (a) DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIALS WILL BE USED INCLUDING SPECIFIC CONDITIONS OR DISEASES TO BE DIAGNOSED OR TREATED (Use page 2 if necessary):

Routine diagnostic imaging

(b) CHEMICAL FORM ADMINISTERED:

(c) DESCRIBE PROCEDURES WHICH WILL BE OBSERVED TO MINIMIZE HAZARD FROM HANDLING, STORAGE, AND DISPOSAL OF RADIOACTIVE MATERIALS.

(d) DESCRIPTION AND SKETCHES OF SPECIAL DEVICES TO BE USED FOR ADMINISTERING RADIOACTIVE MATERIAL TO HUMAN BEINGS ARE

(1) ATTACHED (LITERATURE REFERENCES WILL SUFFICE)

CIRCLE ANSWER

YES

NO

(2) ON FILE WITH NEW YORK STATE OR CITY

REFER TO

CIRCLE ANSWER

YES

NO

5. PROPOSED DOSAGE SCHEDULE

(a) In millicuries for internally administered radioactive materials other than discrete fixed sources, and in roentgens or rads, as appropriate, for internal or external irradiation from discrete fixed sources (gold seeds, cobalt needles, etc.) state separately for each condition or disease (use page 2 if necessary).

(b) INVESTIGATIVE PROPOSAL FOR EXPERIMENTAL, NEW OR UNUSUAL HUMAN USES IS ATTACHED. (Attachment should include outline of conditions to be evaluated, including data from animal studies and/or abstract of literature reference if any, number and type of patients (i.e. age group, moribund, etc.))

CIRCLE ANSWER

YES

NO

6. IF RADIOACTIVE MATERIALS WILL NOT BE OBTAINED IN PRECALIBRATED FORM FOR ORAL ADMINISTRATION OR IN PRECALIBRATED AND STERILIZED FORM FOR PARENTERAL ADMINISTRATION, DESCRIBE IDENTIFICATION, PROCESSING, AND STANDARDIZATION PROCEDURES

7. IF THE PROPOSED USE OF RADIOACTIVE MATERIALS IS BEING SPONSORED BY AN INSTITUTION, HAS SUCH USE BEEN, OR WILL IT BE, APPROVED BY THE MEDICAL RADIOACTIVE MATERIALS COMMITTEE OF THE INSTITUTION?

CIRCLE ANSWER

YES

NO

HOSPITAL FACILITIES FOR INDIVIDUAL PRACTICE USE ONLY

8. (a) THE APPLICANT HAS COMPLETED ARRANGEMENTS FOR A HOSPITAL TO ADMIT RADIOACTIVE PATIENTS WHENEVER ADVISABLE

CIRCLE ANSWER

YES

NO

(b) A COPY OF INSTRUCTIONS TO BE FURNISHED TO THE HOSPITAL AS TO RADIOLOGICAL SAFETY PRECAUTIONS TO BE TAKEN AND AVAILABLE RADIATION INSTRUMENTATION IS ATTACHED

CIRCLE ANSWER

YES

NO

STATE OF NEW YORK
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS. -- Complete Items 1 through 16 if this is an initial application. If application is for renewal of a license, complete only Items 1 through 7 and indicate new information or changes in the program as requested in Items 8 through 15. Use supplemental sheets where necessary. Item 16 must be completed on all applications. Mail three copies to: New York State Coordinating Council on Atomic Energy, Alfred E. Smith State Office Building, P.O. Box 7036, Albany 1, New York, Attention: Committee on Licensing. Upon approval of an application, the applicant will receive a "Radioactive Materials License" issued pursuant to statutory and implementing regulatory authority and subject to all applicable rules, regulations and orders of all appropriate regulatory agencies now or hereafter in effect and to any conditions specified in the license.

1. (a) NAME AND STREET ADDRESS OF APPLICANT. (Institution, firm, hospital, person, etc.)

Michael Sedlovsky, M.D.

(b) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED. (If different from 1(a).)

2. DEPARTMENT TO USE RADIOACTIVE MATERIAL

Not Applicable

3. PREVIOUS LICENSE NUMBERS AND ISSUING AGENCY. (If you have ever been denied a license or if your license has ever been revoked or suspended, describe details on an additional sheet. If this is a renewal, please indicate and state license number.)

4. INDIVIDUAL USER(S). (Name and title of individual(s) who will use or directly supervise use of radioactive materials. State training and experience in Items 8 and 9.)

Michael Sedlovsky, M.D.

5. RADIATION SAFETY OFFICER (Name of person designated as radiation protection officer if other than individual user. Attach resume of his training and experience as in Items 8 and 9.)

Jean St. Germain, M.S., C.H.P.

6 (a). RADIOACTIVE MATERIALS. (Elements and mass number of each)

Routine Nuclear Medicine Procedures- Groups I, II and III.

(b) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM AMOUNT OF EACH CHEMICAL AND/OR PHYSICAL FORM THAT YOU WILL POSSESS AT ANY ONE TIME. (If sealed sources, also state name of manufacturer, model number, number of sources and maximum activity per source.)

7. DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIALS WILL BE USED. (If byproduct material is for "human use," supplement A must be completed in lieu of this item. If byproduct material is in the form of a sealed source, include the make and model number of the storage container and/or device in which the source will be stored and/or used.)

Routine diagnostic imaging procedures as defined in Groups I, II and III.

STATE OF NEW YORK
APPLICATION FOR RADIOACTIVE MATERIALS LICENSE
SUPPLEMENT A — HUMAN USE

This page may be completed by the professional practitioner's preceptor (if any) in the medical use of radioactive material. When the information is not furnished by the preceptor, the name and present address of the preceptor (if any) should be shown in item 12 below.

9. (a) USING PROFESSIONAL PRACTITIONER'S NAME
 (Any person licensed or otherwise authorized under the State Education Law to practice medicine, dentistry, podiatry or osteopathy)

(b) NAME AND ADDRESS OF APPLICANT [if different from 9(a)]
 Michael Z. Sedlovsky, MD

10. CLINICAL TRAINING AND EXPERIENCE OF PROFESSIONAL PRACTITIONER WHO WILL USE RADIOACTIVE MATERIAL

(A) ISOTOPE	(B) CONDITIONS DIAGNOSED OR TREATED	(C) No. Cases Observed (See 1 in key below)	(D) No. Cases Involving Personal Participation (See 2 in key below)
I-131 or I-125	Diagnosis of thyroid function		750
	Determination of blood and blood plasma volume		
	Liver function studies		
	Fat absorption studies		
	Kidney function studies		
	In vitro studies		
Cr-51	Gastrointestinal protein loss studies		
	Determination of red blood cell volume and studies of red blood cell survival		10
Fe-59	Iron turn over studies		
Co-58or Co-60	Intestinal absorption studies		20
K-42	Potassium space determinations		
I-131	Thyroid imaging		
	Brain tumor localization and cardiac imaging		
	Cisternography		
	Lung imaging		
	Liver imaging		
	Kidney imaging		
	Placenta localization		
Cr-51	Placenta localization		
	Spleen imaging		
Au-198	Liver imaging		
Hg-197	Brain imaging		
	Kidney imaging		
Hg-203	Brain imaging		
Sr-85	Bone imaging		
Tc-99m	Brain imaging		150
	Thyroid imaging		500
	Salivary gland imaging		50
	Blood pool imaging		300

APPLICATION FOR RADIOACTIVE MATERIALS LICENSE

INSTRUCTIONS: COMPLETE ITEMS 1 THROUGH 16. USE SUPPLEMENTAL SHEETS WHERE NECESSARY.
MAIL TWO COPIES TO:

APPLICANTS OUTSIDE NEW YORK CITY- BUREAU OF RADIOLOGICAL HEALTH, NEW YORK STATE DEPARTMENT OF HEALTH
TOWER BUILDING, EMPIRE STATE PLAZA, ALBANY, NEW YORK 12237

APPLICANTS INSIDE NEW YORK CITY- BUREAU FOR RADIATION CONTROL, NEW YORK CITY DEPARTMENT OF HEALTH
325 BROADWAY, NEW YORK, NEW YORK 10007

UPON APPROVAL OF AN APPLICATION, THE APPLICANT WILL RECEIVE A "RADIOACTIVE MATERIALS LICENSE" ISSUED PURSUANT TO STATUTORY AND IMPLEMENTING REGULATORY AUTHORITY AND SUBJECT TO ALL APPLICABLE RULES, REGULATIONS AND ORDERS OF ALL APPROPRIATE REGULATORY AGENCIES NOW OR HEREAFTER IN EFFECT AND TO ANY CONDITIONS SPECIFIED IN THE LICENSE.

1. (A) NAME AND STREET ADDRESS OF APPLICANT (INSTITUTION, FIRM, HOSPITAL, PERSON, ETC.)

Michael Sedlovsky, MD
191 Barry Scott Drive
Fairfield, CT. 06430

(B) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED, (IF DIFFERENT FROM 1(A)).

2. DEPARTMENT TO USE RADIOACTIVE MATERIAL

Radiology office

3. PREVIOUS LICENSE NUMBERS AND ISSUING AGENCY. (IF YOU HAVE EVER BEEN DENIED A LICENSE OR IF YOUR LICENSE HAS EVER BEEN REVOKED OR SUSPENDED, DESCRIBE DETAILS ON AN ADDITIONAL SHEET. IF THIS IS A RENEWAL, PLEASE INDICATE AND STATE LICENSE NUMBER.)

4. INDIVIDUAL USER(S). (NAME AND TITLE OF INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE USE OF RADIOACTIVE MATERIALS. STATE TRAINING AND EXPERIENCE AS OUTLINED IN ITEMS 8 AND 9.)

Michael Sedlovsky, MD
- Board eligible in Radiology and Nuclear Medicine
- See item 8 and 9, and CV

5. RADIATION INSTALLATION SAFETY OFFICER (NAME OF PERSON DESIGNATED AS RADIATION PROTECTION OFFICER IF OTHER THAN INDIVIDUAL USER. ATTACH RESUME OF HIS TRAINING AND EXPERIENCE AS OUTLINED IN ITEMS 8 AND 9.)

PHONE:

6. (A). RADIOACTIVE MATERIALS. (ELEMENT AND U.S. NUMBER OF EACH)

Group of isotopes:

- A. Technetium - 99-m
- B. Iodine - 131
- C. Gallium - 67
- D. Thallium - 201
- E.
- F.

(B) CHEMICAL AND/OR PHYSICAL FORM AND MAXIMUM AMOUNT OF EACH CHEMICAL AND/OR PHYSICAL FORM THAT YOU WILL POSSESS AT ANY ONE TIME. (IF SEALED SOURCE(S), ALSO STATE NAME OF MANUFACTURER, MODEL NUMBER, NUMBER OF SOURCES AND MAXIMUM ACTIVITY PER SOURCE.)

CHEMICAL AND/OR PHYSICAL FORM

MAXIMUM ACTIVITY

- A.
- B.
- C.
- D.
- E.
- F.

- A.
- B.
- C.
- D.
- E.
- F.

7. DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIALS WILL BE USED. (IF RADIOACTIVE MATERIAL IS FOR "HUMAN USE" SUPPLEMENT A MUST BE COMPLETED IN LIEU OF THIS ITEM. IF RADIOACTIVE MATERIAL IS IN THE FORM OF A SEALED SOURCE, INCLUDE THE MAKE AND MODEL NUMBER OF THE STORAGE CONTAINER AND/OR DEVICE IN WHICH THE SOURCE WILL BE STORED AND/OR USED.)

A. Routine Diagnostic Imaging

- B.
- C.
- D.
- E.
- F.