



RECEIVED

'85 OCT -4 A6:54

COLUMBUS HOSPITAL ESTABLISHED IN 1892 BY SISTERS OF PROVIDENCE

500 15th AVE. SO. P.O. BOX 5013, GREAT FALLS, MT. 59403 (406) 727-3333. U.S. N.R.C. FEE MGMT. BRANCH

September 24, 1985

Unites States Nuclear Regulatory Commission
 Region IV
 611 Ryan Plaza Dr.
 Suite 1000
 Arlington, TX 76011

Gentlemen:

RE: John Hackethorn, M.D.
 License #25-02337-03

Columbus Hospital would like to include Dr. John Hackethorn, M.D., on its by-products materials license. Enclosed in triplicate are his Preceptor Statement 313M Supplement B, and a Training and Experience Authorized User 313M Supplement A.

Included with this request is a check for \$40.00 to cover the cost of a license amendment.

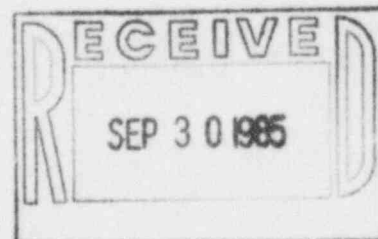
Sincerely,

William J. Downey Jr.
 William J. Downey Jr.
 Administrator

WJD/bjb
 Enclosure

Oct - 1 IV

Applicant
Check No.	128699
Amount	\$120.70
Type of Fee	AMO
Date Check	10/22/85
Received By	<i>Jacques / sk</i>



8602070189 851209
 REG4 LIC30
 25-02337-03 PDR

460801

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1 NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER John ^C Hackethorn, M.D. <i>Lawrence F. Winans</i> Lawrence F. Winans, Ph.D., Asst. Professor of Radiology	2 STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
--	---

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Radiology	Diagnostic	June 1985
Orthopedics	General	Sept. 1976

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	Oregon Health Sciences Univ. Dept. of Radiology 1984	100	10
b. RADIATION PROTECTION	Oregon Health Sciences Univ. Dept. of Radiology 1984	30+	N/A
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Oregon Health Sciences Univ. Dept. of Radiology 1984	24+	N/A
d. RADIATION BIOLOGY	Oregon Health Sciences Univ. Dept. of Radiology 1984	32	N/A
e. RADIOPHARMACEUTICAL CHEMISTRY	Veterans' Administration Hosp., Portland, OR: 1 mo. '84 Good Samaritan Hosp., Portland OR: 2 mo. '84	288	192

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

460801

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER John C. Hackethorn, M.D. Lawrence F. Winans, Ph.D., Asst. Professor of Radiology	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>Lawrence F. Winans</i>
---	---

3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Radiology	Diagnostic	June 1985
Orthopedics	General	Sept. 1976

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	Oregon Health Sciences Univ. Dept. of Radiology 1984	100	10
b. RADIATION PROTECTION	Oregon Health Sciences Univ. Dept. of Radiology 1984	30+	N/A
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Oregon Health Sciences Univ. Dept. of Radiology 1984	24+	N/A
d. RADIATION BIOLOGY	Oregon Health Sciences Univ. Dept. of Radiology 1984	32	N/A
e. RADIOPHARMACEUTICAL CHEMISTRY	Veterans' Administration Hosp., Portland, OR: 1 mo. '84 Good Samaritan Hosp., Portland OR: 2 mo. '84	288	192

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER John ^C Hackethorn, M.D. Lawrence F. Winans, Ph.D., Asst. Professor of Radiology	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE <i>Lawrence F. Winans</i>
---	---

3. CERTIFICATION	
SPECIALTY BOARD A	CATEGORY B
Radiology Orthopedics	Diagnostic General
MONTH AND YEAR CERTIFIED C	
June 1985 Sept. 1976	

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Oregon Health Sciences Univ. Dept. of Radiology 1984	100	10
b. RADIATION PROTECTION	Oregon Health Sciences Univ. Dept. of Radiology 1984	30+	N/A
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Oregon Health Sciences Univ. Dept. of Radiology 1984	24+	N/A
d. RADIATION BIOLOGY	Oregon Health Sciences Univ. Dept. of Radiology 1984	32	N/A
e. RADIOPHARMACEUTICAL CHEMISTRY	Veterans' Administration Hosp., Portland, OR: 1 mo. '84 Good Samaritan Hosp., Portland OR: 2 mo. '84	288	192

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

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	KEY TO COLUMN C
<p>FULL NAME JOHN C. HACKETT, MD</p> <p>STREET ADDRESS RADIOLOGY DEPT COLUMBUS HOSPITAL</p> <p>CITY STATE ZIP CODE 500 15TH AVE INT 59405 GREAT FALLS</p>	<p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>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.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>

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	50	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	40	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
¹²³ I	THYROID IMAGING	50	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	55	
OTHER			
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING	200	
	THYROID IMAGING	50	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	25	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	60	
	LUNG IMAGING	55	
	BONE IMAGING	300	
OTHER			

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 (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	4	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	35	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	60	
Other			

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

OVER 500 HOURS

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

a. NAME OF SUPERVISOR

GARY F. GATES, M.D.

b. NAME OF INSTITUTION

GOOD SAMARITAN HOSPITAL

c. MAILING ADDRESS

1015 NW 22ND ST

d. CITY

PORTLAND, OR 97210

5. MATERIALS LICENSE NUMBER(S)

ORE-0008-1

6. PRECEPTOR'S SIGNATURE

Gary F. Gates

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

GARY F. GATES, M.D.

8. DATE

8/22/85

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		<p>KEY TO COLUMN C</p> <p>PERSONAL PARTICIPATION SHOULD CONSIST OF:</p> <p>1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.</p> <p>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.</p> <p>3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.</p>
FULL NAME		
STREET ADDRESS		
CITY	STATE	
ZIP CODE		

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN			
ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS
A	B	C	D
I-131 OR I-125	DIAGNOSIS OF THYROID FUNCTION	50	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	40	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
23 I-131	THYROID IMAGING	50	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	55	
OTHER			
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING	200	
	THYROID IMAGING	50	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	25	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	60	
	LUNG IMAGING	55	
	BONE IMAGING	300	
OTHER			

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 (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	4	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Cs-137 or Co-60	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	35	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	60	
Other			

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

OVER 500 HOURS

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

a. NAME OF SUPERVISOR

GARY F. GATES, M.D.

b. NAME OF INSTITUTION

Good Samaritan Hospital

c. MAILING ADDRESS

1015 NW 22nd ST

d. CITY

Portland, OR 97210

5. MATERIALS LICENSE NUMBER(S)

ORE-0008-1

6. PRECEPTOR'S SIGNATURE

Gary F. Gates

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

GARY F. GATES, M.D.

8. DATE

8/22/85

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		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.
FULL NAME <u>JOHN C. HACKETT, MD</u>		
STREET ADDRESS <u>RADIOLOGY DEPT</u> <u>COLUMBUS HOSPITAL</u>		
CITY <u>500 15TH AVE</u> <u>GREAT FALLS</u>	STATE <u>MT</u>	

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	50	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	40	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
²³ I-131	THYROID IMAGING	50	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	55	
OTHER			
Tc-99m	BRAIN IMAGING	5	
	CARDIAC IMAGING	200	
	THYROID IMAGING	50	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	25	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	60	
	LUNG IMAGING	55	
	BONE IMAGING	300	
OTHER			

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 (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM	4	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	35	
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	60	
Other			

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

OVER 500 HOURS

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

a. NAME OF SUPERVISOR

GARY F. GATES, M.D.

b. NAME OF INSTITUTION

Good Samaritan Hospital

c. MAILING ADDRESS

1015 NW 22nd St

d. CITY

Portland, OR 97210

5. MATERIALS LICENSE NUMBER(S)

ORE-0008-1

5. PRECEPTOR'S SIGNATURE

Gary F. Gates

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

GARY F. GATES, M.D.

8. DATE

8/22/85