

Albert C. Hurwit, M.D.
Phyllis R. Jarvis, M.D.
Daniel M. Roswig, M.D.
Jeffrey M. Brown, M.D.
Peter Steenbergen, M.D.

BLOOMFIELD RADIOLOGY OFFICE, P.C.

701 Cottage Grove Road
Building B
Bloomfield, CT 06002
Telephone: 242-0734

Materials Licensing Branch
U.S. Nuclear Regulatory Commission
Region I
631 Park Avenue
King of Prussia, PA 19406

December 8, 1985

Re: Amendment to Materials License No. 06-21317-01
Issued to Bloomfield Radiology Office, PC - Bloomfield - CT
Addition of Authorized User of Radioactive Materials

Gentlemen:

At this time, we wish to amend the current Byproduct Materials license issued to Bloomfield Radiology Office, PC - 701-B Cottage Grove Road - Bloomfield - CT (#06-21317-01) to add the name of Peter L. Steenbergen, M.D. to our license as an authorized user of radioactive materials covered in this license. In support of this request, forms NRC-313 M Supplements A and B are enclosed for your review.

Also enclosed is the required amendment fee of \$120.00.

If any additional information is required please do not hesitate to contact our office.

With best regards,

Applicant Dec. 8 I
Check No. 12143
Amount/Fee Category \$120.00
Type of Fee AMD
Date Check Rec'd 12/19/85
Received SR

Daniel M. Roswig, M.D.
Daniel M. Roswig, M.D.

U.S. N.R.C.
12. FEE TIGHT. (P. 10/1/85)

85 DEC 19 A9:05

RECEIVED

"OFFICIAL RECORD COPY"

104764

ML10

8602280304 851227
REG1 LIC30
06-21317-01 PDR

DEC 12 1985

(8-78)

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

Peter L. Steenbergen M.D.

2. STATE OR TERRITORY IN
WHICH LICENSED TO
PRACTICE MEDICINE

3. CERTIFICATION

SPECIALTY BOARD
ACATEGORY
BMONTH AND YEAR CERTIFIED
CAmerican Board
of Radiology

Diagnostic Radiology

June 1985

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	St. Vincent's Medical Ctr. 2800 Main Street Bridgeport, CT 06606	100 hours	
b. RADIATION PROTECTION	same as above	30 hours	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	same as above	20 hours	
d. RADIATION BIOLOGY	same as above	20 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
99mTc	200 mCi	St. Vincent's Med.	6 months	Diagnostic
I-131	8 mCi	center (same)	6 months	Therapeutic
xe-133	200 mCi	(same)	6 months	Diagnostic

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

Peter L. Steenberg

STREET ADDRESS

492 Papurah Rd

CITY

Fairfield

STATE

CT

ZIP CODE

06430

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	75	Thyroid function with I123
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	8	
	LIVER FUNCTION STUDIES	0	Blood Volume with CR-51
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	6	Renal function with Tc99m DTPA
	IN VITRO STUDIES	17	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	0	
P-32	EYE TUMOR LOCALIZATION	0	
Sr-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	1	In-111 DTPA Cisternography
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	180	
OTHER			
Tc-99m	BRAIN IMAGING	14	
	CARDIAC IMAGING	358	
	THYROID IMAGING	75	
	SALIVARY GLAND IMAGING	10	
	BLOOD POOL IMAGING	2	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	134	
	LUNG IMAGING	194	
	BONE IMAGING	304	
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	0	*Medical Center uses pre-calibrated doses for diagnostic studies, but a demo generator and reagent kits were available for practice.
P-32 (Colloidal)	INTRACAVITARY TREATMENT	4	
I-131	TREATMENT OF THYROID CARCINOMA	0	
	TREATMENT OF HYPERTHYROIDISM	14	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or I-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Co-60 or Cs-137	TELETHERAPY TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	10*	
Sn-113/ In-113m	GENERATOR	0	
Tc-99m	REAGENT KITS	10*	
Other			

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

January, 1983, September, 1983, October, 1983, November, 1983, March, 1985, and April, 1985= TOTAL HOURS 1040.

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

a. NAME OF SUPERVISOR

Norman R. Vincent, M. D.

b. NAME OF INSTITUTION

St. Vincent's Medical Ctr.

c. MAILING ADDRESS

2800 Main Street

d. CITY

Bridgeport CT 06606

e. MATERIALS LICENSE NUMBER(S)

06-00843-03

5. PRECEPTOR'S SIGNATURE

Norman R. Vincent, M.D.

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

Norman R. Vincent, M. D.

8. DATE

November 4, 1985

FORM NRC-313M-SUPPLEMENT B
(8-79)

BETWEEN: William O. Miller, Chief
License Fee Management Branch
Office of Administration

03020496
02200
5/88

John E. Glenn, Chief
Nuclear Materials Section B
Division of Engineering and
Technical Programs

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED

Applicant/Licensee: The Bloomfield Radiology Office P.C.

Application Dated: 12/8/85

Control No.: 104764

License No.: 06-21371-01

2. FEE ATTACHED

Amount: \$ 120.00

Check No.: 12143

3. COMMENTS

Signed Brenda Platchek

Date 12/13/85

B. LICENSE FEE MANAGEMENT BRANCH

1. Fee Category and Amount: 7C (\$ 120)

2. Correct Fee Paid. Application may be processed for:

Amendment ✓

Renewal _____

License _____

Signed G Jackson

Date 12/19/85