

**Veterans  
Administration**

ms/v

In Reply Refer To: 565/115

. 3 1 MAR 1988

Director  
Office of Nuclear Materials Safety and Safeguards  
U. S. Nuclear Regulatory Commission  
Washington, D. C. 20555

THRU: Mid-Atlantic Regional Director (10BA2/115)  
VA Central Office  
Washington, D. C. 20020

SUBJ: Request for Amendment to NRC Byproduct Materials License  
License # 32-13654-01  
Amendment No. 25  
Licensee--Veterans Administration Medical Center  
2300 Ramsey Street  
Fayetteville, North Carolina 28301  
Expiration Date: April 30, 1991

1. The purpose of this amendment is to add Indukumar M. Solanki, M. D. to this facility's license.
2. Enclosed are NRC Form 313M, Supplements A and B detailing his training during his radiology residency at Providence Hospital, Southfield, Michigan.
3. Dr. Solanki has worked in the Nuclear Medicine Service at this facility since October 1986 under the supervision of Drs. Nicolay, Sachs and Romyn.
4. Dr. Solanki has been a member of the Radiological Society of North America since 1978 and the Society of Nuclear Medicine since 1981. He has participated in their continuing education programs. The most recent continuing education course was at the Society of Nuclear Medicine Meeting in Toronto, Canada held in June 1987. A copy of the documentation awarding 41 CME credit hours is enclosed.
5. Your favorable consideration is appreciated.

A. G. BRANCH  
Director

Enclosures

JAMES W. FLETCHER, M.D.  
Director, Nuclear Medicine Service (115)  
Veterans Administration  
Washington, DC 20420

FEE EXEMPT

RECEIVED

APR 7 1988

DIRECTOR, MID-ATLANTIC REGION  
(10BA2)

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REG2 LIC30  
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Official Copy

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		<b>KEY TO COLUMN C</b> <b>PERSONAL PARTICIPATION SHOULD CONSIST OF:</b> 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		
Indukumar Solanki, M. D.		
STREET ADDRESS		
CITY	STATE	ZIP CODE

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	60	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	0	
	LIVER FUNCTION STUDIES	1	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	7	
	IN VITRO STUDIES	0	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	60	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	11	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	118	
OTHER			
Tc-99m	BRAIN IMAGING	468	
	CARDIAC IMAGING	235	
	THYROID IMAGING	60	
	SALIVARY GLAND IMAGING	0	
	BLOOD POOL IMAGING	512	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	471	
	LUNG IMAGING	123	
	BONE IMAGING	427	
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	0	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	5	
	TREATMENT OF HYPERTHYROIDISM	3	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	0	
Sn-113/ In-113m	GENERATOR	0	
Yb-90m	REAGENT KITS	150	
Other			

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

200 Hours, From 7-1-73 to 7-30-76.

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

a. NAME OF SUPERVISOR

Phillip E. Perkins, M. D.

b. NAME OF INSTITUTION

Providence Hospital

c. MAILING ADDRESS

16001 W. Nine Mile Rd.

d. CITY

Southfield, Michigan 48037

5. MATERIALS LICENSE NUMBER(S)

21-02802-03

## 6. PRECEPTOR'S SIGNATURE

*P. E. Perkins, M.D.*

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

Phillip E. Perkins, M. D.

8. DATE

February 29, 1988

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER

INDUKUMAR M. SOLANKI, M. D.

2. STATE OR TERRITORY IN  
WHICH LICENSED TO  
PRACTICE MEDICINE

MICHIGAN &amp; NORTH CAROLINA

## 3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
AMERICAN BOARD OF RADIOLOGY		6-9-78

## 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	Providence Hospital Southfield, Michigan 7/1/73 to 7/30/76	125	100
b. RADIATION PROTECTION	Same as above	55	30
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Same as above	30	20
d. RADIATION BIOLOGY	Same as above	40	20
e. RADIOPHARMACEUTICAL CHEMISTRY	Same as above	30	30

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Tc-99m	20 mCi	Providence Hospital Southfield, Michigan	7/1/73 to 7/30/76	Diagnostic
I-131	150 mCi	Same as above	Same as above	Diagnostic
Yb-169	0.5 mCi	Same as above	Same as above	Therapeutic
Xe-133	10 mCi	Same as above	Same as above	Diagnostic
P-32	10 mCi	Same as above	Same as above	Therapeutic

Detach and retain for your personal record.

The Society of Nuclear Medicine designates this CME activity as Category 1 of the Physician's Recognition Award of the American Medical Association. One credit hour may be claimed for each hour of participation by the individual physician.

Participant's Name: SOLANKI I.M.

No. 400  
Credit Hours Claimed

Program Title: SNM Annual Convention

Location: Toronto

Date: June 1-6 & 7

Margaret T. Kous  
Authorized Signature

*Original  
SNM 4/1/00  
Dated 2/1/00  
6/1/00*