

St. Joseph's Hospital
Department of Radiology
1515 Main Street
Highland, Illinois 62249

January 30, 1986

U.S. Nuclear Regulatory Commission
Materials Licensing Section
Region III
799 Roosevelt Road
Glen Ellyn, IL 60137

RECEIVED
86 FEB 13 AM 1:10
U.S. NRC
LIC FEE MGMT BRANCH

RE: Amendment to License # 12-01363-01

Gentlemen:

We request amendment to our byproduct material license # 12-01363-01 to make the following changes:

1. Please add John Kirkpatrick, M.D. as a physician user for all materials authorized by his attached preceptor and training statement records.
2. Also, attached is a sketch of our basement storage room for storage of spent Mo-99/Tc-99m generators and low-level RIA waste. The generators are held in this location prior to return to the manufacturer and the RIA wastes are held for decay prior to disposal. The entrance door to this room is locked to prevent unauthorized access to the materials. Keys are only available to authorized persons.

Our check for \$120 to cover the amendment processing fee is attached. We look forward to receiving this amendment. Thank you.

Sincerely,

Mark Reifsteck

Mark Reifsteck, Administrator

/jo

8604300311 860227
REG3 LIC30
12-01363-01 PDR

Applicant	Feb 10 1986
Check No.	033793
Amount/Fee Category	\$120
Type of Fee	License
Date of Fee	2/13/86
Received by	CP

RECEIVED
FEB 10 1986
REGION III

FEB 10 1986

CONTROL NO. 80674

S

W

N

CEMENT WAY (OUTSIDE) WINDOW (IN WINDOW well)

CEMENT BLOCK WALL

X-RAY STORAGE

X-RAY STORAGE

X-RAY STORAGE

X-RAY STORAGE

THIS AREA FOR PHONE SWITCHING

THIS AREA FOR BUSINESS OFFICE STORAGE

RIA WASH
RIA WASH

SPENT GENERATOR

DOOR (LOCKED)

E

**TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER**

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER John Colin Kirkpatrick, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE Illinois, Wisc.
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology Diagnostic Radiology		Writtens- 10/3/84 Orals- 6/4/85 (nuc. med.)

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	Mich. State Univ. Affiliated Hospitals, One Hurley Plaza, Flint, Mich. 1/3/83 to 5/1/85	100	32
b. RADIATION PROTECTION	As above plus Univ. of Wisc Hosps., 600 Highland Ave, Madison, Wisc., Dept of Radiation Oncol. 9/72 to 12/75	33	10
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Both 1 and 2 above	20	
d. RADIATION BIOLOGY	Both 1 and 2 above	22	160
e. RADIOPHARMACEUTICAL CHEMISTRY	Both 1 and 2 above	30	16

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
I-131	150 mCi	MSU Affil of Flint	4/83 to 5/85	Diag and Tx.
P-32	5 MCI	Same as #1	Same as #1	Treatment
Tc-99m	25 mCi	Same as #1	Same as #1	Diag.
Xe-133	25 mCi	Same as #1	Same as #1	Diag.
In-111	0.5 MCI	Same as #1	Same as #1	Diag.

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

John Colin Kirkpatrick, M.D.

STREET ADDRESS

Good Samaritan Hospital
605 North 12th Street

CITY

Mt. Vernon

STATE

Ill

ZIP CODE

62864

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	10	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	3	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES	26	
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS	3	
I-131	THYROID IMAGING	24	
P-32	EYE TUMOR LOCALIZATION		
Se-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY	4	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	65	
OTHER	Tc-Hepatobiliary	31	
Tc-99m	BRAIN IMAGING	12	
	CARDIAC IMAGING	11	
	THYROID IMAGING	4	
	SALIVARY GLAND IMAGING	4	
	BLOOD POOL IMAGING	18	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	90	
	LUNG IMAGING	65	
	BONE IMAGING	119	
OTHER	Ga-67 Gallium Body	31	

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	3	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	11	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT	10	
	INTRACAVITARY TREATMENT	110	
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT	850	
Sr-90	TREATMENT OF EYE DISEASE	12	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	6	
Sr-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS	6	
Other			

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

1/1/83 to 5/1/85 a total of over 500 hours
9/1/72 to 12/1/75 a total of over 540 hours

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

a. NAME OF SUPERVISOR

V. Jayabalan, MD & D. Bryant, MD

b. NAME OF INSTITUTION

MSU Affiliated Hosps. of Flint

c. MAILING ADDRESS

One Hurley Plaza

d. CITY

Flint, Michigan 48503

5. MATERIALS LICENSE NUMBER(S)

21-00338-02

6. PRECEPTOR'S SIGNATURE

V. Jayabalan, M.D., FACIP.

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

V. Jayabalan, M.D.

8. DATE

November 15, 1985

FORM NRC-313M-SUPPLEMENT B
(8-78)