

NRC FORM 313M (9-81) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE – MEDICAL	Approved by OMB 3150-0041 Expires 9-30-83
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INSTRUCTIONS – Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the Licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE Bro/Menn Health Care Franklin at Virginia Streets Normal, Illinois 61761 TELEPHONE NO.: AREA CODE (309) 454- 1400	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (If different from 1.a.) INCLUDE ZIP CODE Franklin at Virginia Streets Normal, Illinois 61761 <u>ONLY</u>
2. PERSON TO CONTACT REGARDING THIS APPLICATION Sam Pontillo, Consultant Nuclear Medicine Associates 741-9800 TELEPHONE NO.: AREA CODE (309) 713- 1371	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input checked="" type="checkbox"/> AMENDMENT TO LICENSE NO. 12-24526-01 c. <input type="checkbox"/> RENEWAL OF LICENSE NO. _____
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) See Item # 4 (attached)	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.) NO CHANGE

6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE

RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)	ADDITIONAL ITEMS:	MARK ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP III			GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP VI					

6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a. (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLICURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
			<p>The purpose of this amendment application is two-fold:</p> <p>1. Add a physician See Item # 4 (attached)</p> <p>2. Combining two departments See Item # 1 (attached)</p>

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REGION III

INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. _____ Date: _____

7. MEDICAL ISOTOPES COMMITTEE		15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)	
<input type="checkbox"/>	Names and Specialties Attached; and	<input type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)	<input type="checkbox"/>	Equivalent Rules Attached
<input type="checkbox"/>	Equivalent Duties Attached	16. EMERGENCY PROCEDURES (Check One)	
8. TRAINING AND EXPERIENCE		<input type="checkbox"/>	Appendix H Procedures Followed; or
<input type="checkbox"/>	Supplements A & B Attached for Each Individual User; and	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	Supplement A Attached for RSO.	17. AREA SURVEY PROCEDURES (Check One)	
9. INSTRUMENTATION (Check One)		<input type="checkbox"/>	Appendix I Procedures Followed; or
<input type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	18. WASTE DISPOSAL (Check One)	
10. CALIBRATION OF INSTRUMENTS		<input type="checkbox"/>	Appendix J Form Attached; or
<input type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)	<input type="checkbox"/>	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input type="checkbox"/>	Appendix K Procedures Followed; or
<input type="checkbox"/>	Equivalent Procedures Attached	<input type="checkbox"/>	Equivalent Procedures Attached
11. FACILITIES AND EQUIPMENT		20. THERAPEUTIC USE OF SEALED SOURCES	
<input type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
12. PERSONNEL TRAINING PROGRAM		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ (Check One)
<input type="checkbox"/>	Description of Training Attached	<input type="checkbox"/>	Equivalent Procedures Attached
13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL		21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)	
<input type="checkbox"/>	Detailed Information Attached	<input type="checkbox"/>	Detailed Information Attached
14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)		22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS	
<input type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b	
<input type="checkbox"/>		<input type="checkbox"/>	Detailed Information Attached

24. PERSONNEL MONITORING DEVICES

TYPE <small>(Check appropriate box)</small>		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	FILM	No Change	
	TLD		
	OTHER (Specify)		
b. FINGER	FILM		
	TLD	No Change	
	OTHER (Specify)		
c. WRIST	FILM		
	TLD		
	OTHER (Specify)		

d. OTHER (Specify)

25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL			
NAME OF HOSPITAL		b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR. c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.	
MAILING ADDRESS			
CITY	STATE		

26. CERTIFICATE

(This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

a. LICENSE FEE REQUIRED <i>(See Section 170.31, 10 CFR 170)</i>	b. APPLICANT OR CERTIFYING OFFICIAL (Signature) X
	(1) NAME (Type of Print) X Sonja Reece
(1) LICENSE FEE CATEGORY: 7c	(2) TITLE X Vice President - Professional Services
(2) LICENSE FEE ENCLOSED: \$ 120.00	c. DATE X 11/12/86

The purpose of this application is to reflect the fact that the two Nuclear Medicine Departments currently located at:

Brokaw Hospital Division
Franklin at Virginia Streets
Normal, Illinois

and

Mennonite Hospital Division
807 North Main
Bloomington, Illinois

will combine to form only one Nuclear Medicine Department to be located at the Brokaw Hospital Division of BroMenn Healthcare. A closeout survey will be conducted at the Mennonite Hospital Division to include the following:

- a. A diagram of the old facility with survey and wipe test results keyed to specific locations.
- b. The name of the person performing the survey.
- c. Date the survey was performed.
- d. The instrument(s) used for exposure rate measurements and analysis of wipes.
- e. Background information.

The average radiation levels associated with surface contamination will not exceed 0.2 mR/hr at 1cm or removable contamination of 200 dpm/100cm². The results of the closeout survey will be reviewed by our consultants, NMA Medical Physics Services, and retained in the department for future reference.

Sealed sources which were located at the Mennonite Hospital Division will be transferred to the Brokaw Hospital Division.

NOTE: This is not a termination of license since the two facilities are already under one NRC license #12-24526-01.

Amend to add to authorized users list:

Gregory Kapala M.D.

For training and experience for Dr. Kapala please refer to license# 14-1462301
Mercy Hospital Debuque, Iowa.

ITEM #4

CONTROL NO. 82557