

April 14, 1987

Material Licensing Section
United States Nuclear Regulatory Commission
Region III
799 Roosevelt Rd.
Glen Ellyn, Illinois 60637

Re: License Number 12-117 49-01

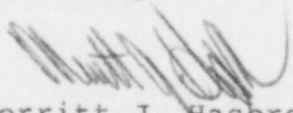
Dear Sir:

Please accept this letter, in duplicate, as our request to amend the above referenced license. This ammendment request is to list Najam Mirza, M.D. for authorization to use byproduct materials included on our license. For her training and experience please refer to the attached preceptorship forms. I would appreciate it if you could expedite this ammendment request on an emergency basis.

Attached please find a check for \$120.00 for the application fee.

Should you have any questions please feel free to contact me.

Sincerely,


Merritt J. Hasbrouck
Administrator

8706010253 870519
REG3 LIC30
12-11749-01 PDR

CONTROL NO. 83385

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REGION III

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U.S. N.R.C.
LIC. FEE MGMT. BRANCH

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Category	<i>74288</i>
Amount of Fee	<i>120</i>
Check Rec'd.	<i>yes</i>
Date Completed	<i>4/29/87</i>
By:	<i>[Signature]</i>

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.

<p>1. APPLICANT PHYSICIAN'S NAME AND ADDRESS</p> <p>FULL NAME <i>Najma MIRZA, M.D.</i></p> <p>STREET ADDRESS <i>14 Chatham Lane Oak Brook</i></p> <p>CITY <i>Ill</i> STATE <i>60521</i> ZIP CODE</p>	<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>
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2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
X I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	620	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	65	
	LIVER FUNCTION STUDIES	—	
	FAT ABSORPTION STUDIES	—	
	KIDNEY FUNCTION STUDIES	—	
IN VITRO STUDIES	2,000		
OTHER			
I-125	DETECTION OF THROMBOSIS	—	
I-131	THYROID IMAGING	620	
P-32	EYE TUMOR LOCALIZATION	—	
Se-75	PANCREAS IMAGING	—	
Yb-169	CISTERNOGRAPHY	120	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	—	
OTHER			
Tl-201 Tc-99m	BRAIN IMAGING	1300	
	CARDIAC IMAGING	30	
	THYROID IMAGING	620	
	SALIVARY GLAND IMAGING	40	
	BLOOD POOL IMAGING	40	
	PLACENTA LOCALIZATION	—	
	LIVER AND SPLEEN IMAGING	1100	
	LUNG IMAGING	499	
BONE IMAGING	574		
OTHER	<i>Ra-223</i>	800	

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 <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
P-32 <i>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	—	
P-32 <i>(Colloidal)</i>	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	40	
	TREATMENT OF HYPERTHYROIDISM	40	
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	1000	
Sn-113/ In-113m	GENERATOR	—	
Tc-99m	REAGENT KITS	1000	
Other			

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

Pres. June 1976 to June 1977

2000 hours.

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

a. NAME OF SUPERVISOR

Dr. Kaplan

b. NAME OF INSTITUTION

Hines V.A. (Chicago) II. Maywood, Ill.

c. MAILING ADDRESS

d. CITY

Maywood, Ill.

5. MATERIALS LICENSE NUMBER(S)

12-01087-07

6. PRECEPTOR'S SIGNATURE

[Handwritten Signature]

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

DR. KAPLAN

8. DATE

4-16-87

TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER NAJAM MIRZA, M.D.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
Radiology	Diagnostic	1982

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	Pres. St. Lukes: 6/75-12/75 CHICAGO HINES VA, MAYWOOD: 6/76-6/77	120	
b. RADIATION PROTECTION	"	40	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	"	25	
d. RADIATION BIOLOGY	"	25	
e. RADIOPHARMACEUTICAL CHEMISTRY	"	40	

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	3,000 mCi	HINES VA, MAYWOOD, IL.	6/76 - 6/77	DIAGNOSTIC
I-131	3 mCi	"	"	"
I-123	10 mCi	"	"	"
Ga-67	100 mCi	"	"	"
Tl-201	50 mCi	"	"	"

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.a. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

NAJAM MIRZA, M.D.

STREET ADDRESS

14 Chatham Lane

CITY

OAK BROOK

STATE | ZIP CODE

IL 60521

1.b. ILLINOIS MEDICAL LICENSE NUMBER _____

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-123	DIAGNOSIS OF THYROID FUNCTION	40	
I-131 or I-125	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	-	
	LIVER FUNCTION STUDIES	-	
	FAT ABSORPTION STUDIES	-	
	KIDNEY FUNCTION STUDIES	5	
	IN VITRO STUDIES	-	
CO-57	INTESTINAL ABSORPTION STUDIES	-	
I-125	DETECTION OF THROMBOSIS	-	
I-123 I-131	THYROID IMAGING	40	
P-32	EYE TUMOR LOCALIZATION	-	
Se-75	PANCREAS IMAGING	-	
IN-111 Yb-169	CISTERNOGRAPHY	2	
Xe-127 Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	85	
OTHER			
TL 201	CARDIAC IMAGING	96	
Tc-99m	BRAIN IMAGING	15	
	THYROID IMAGING	10	
	SALIVARY GLAND IMAGING	2	
	BLOOD POOL IMAGING	15	
	PLACENTA LOCALIZATION	-	
	LIVER AND SPLEEN IMAGING	82	
	LUNG IMAGING	85	
GA-67 IN-111	BONE IMAGING	120	
	TUMOR IMAGING	40	

CONTROL NO. 83385

NAME OF PHYSICIAN:

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 <i>(Additional information or comments may be submitted in duplicate on separate sheets.)</i> D
P-32 <i>(Soluble)</i>	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	—	
P-32 <i>(colloidal)</i>	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	—	
	TREATMENT OF HYPERTHYROIDISM	—	
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	TELE THERAPY TREATMENT	—	
Ra-226	SUPERFICIAL, INTERSTITIAL AND INTRACAVITARY TREATMENT	—	
Rn-222	INTERSTITIAL TREATMENT	—	
Sr-90	TREATMENT OF EYE DISEASE	—	
	RADIOPHARMACEUTICAL PREPARATION	—	
Mo-99/ Tc-99m	GENERATOR	—	
Sn-113/ In-113m	GENERATOR	—	
Tc-99m	REAGENT KITS	—	
OTHER			

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

DATES: JULY 84 TO PRESENT

TOTAL NUMBER HOURS: 500 HOURS

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

6. PRECEPTOR'S SIGNATURE

X

David B. Goldberg M.D.

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

X

David B. Goldberg

8. DATE

APRIL 14, '87

a. NAME OF SUPERVISOR

X David B. Goldberg M.D.

b. NAME OF INSTITUTION

JACKSON PARK HOSP

c. MAILING ADDRESS

7531 SOUTH STONY ISLAND

d. CITY

CHICAGO, IL 60649

5. MATERIALS LICENSE NUMBER(S)

12-11749-01