

MAY 27 1987

Midway Hospital  
ATTN: Charles W. Frye, M.D.  
Radiation Safety Officer  
1700 University Avenue  
St. Paul, MN 55104

Gentlemen:

We have reviewed your letter dated March 3, 1987 requesting an amendment of your NRC License No. 22-02491-03 and find that we will need additional information as follows:

1. Please indicate any continuing education or experience Dr. Houston has received from June 1980 to the present. The Advisory Committee on the Medical Uses of Isotopes has indicated that it will not consider training in basic radioisotope handling techniques and supervised clinical training in excess of five years from the date of application, unless the applicant has interim experience under some byproduct material license.
2. Documents of Dr. Houston's training should be signed and dated by his/her preceptor. Please resubmit Supplement B with the proper signature.
3. Indicate in Item 3 of Supplement B, the dates and total number of hours Dr. Houston has received in clinical radioisotope training as required in Section 2.c of Appendix A of Regulatory Guide 10.8.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 30 days, and refer to Control Number 83051.

Please review your license carefully to assure that you understand and are in compliance with the terms and conditions contained therein. If you have questions, please contact our office at (312) 790-5625.

Sincerely,

Original Signed By  
George M. McCann  
Materials Licensing Section

8801070093 870617  
REG3 LIC30  
22-02491-03 PDR

R111

McCann/pd  
5/27/87

# CONVERSATION RECORD

TIME

DATE

TYPE

☐ VISIT

☐ CONFERENCE

☐ TELEPHONE

☐ INCOMING

☐ OUTGOING

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

*Midway Hospital  
St. Paul, MN*

ROUTING

NAME/SYMBOL

INT

SUBJECT

*c/w 83051*

SUMMARY

1) Dr. Lanning W. Houston MD OK for I, II, III I<sup>131</sup> types, ECA d

2) Dr. Jensen

*soluble P32*

a) need current clinical experience, continuously or sochs within last 5 years

b) must be signed by actual preceptor

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

ACTION TAKEN

SIGNATURE

TITLE

DATE