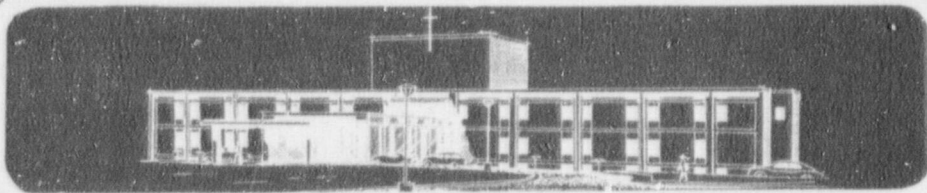




WE CARE ...  
IT'S OUR WAY OF LIFE



# ST. JOSEPH'S HOSPITAL

LELAND HEIGHTS

PHONE 683-2121

HUNTINGBURG, INDIANA 47542

April 30, 1987

William Adam, Ph.D.  
Materials Licensing Sections  
Nuclear Regulatory Commission  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Dear Mr. Adam:

I'm the radiologist at St. Joseph's Hospital in Huntingburg, Indiana. Dr. S. Rai, M.D. is the Cardiologist at our hospital. We have been working together on all aspects of performance and interpretation of Nuclear Cardiology studies, mainly Thallium. We did 89 Thallium Scans in 1986, and 20 Thallium Scans so far in 1987. We are still interested in Dr. Rai obtaining certification in this field.

Sincerely,

Robert D. Bretz, M.D.  
Radiologist  
St. Joseph's Hospital

B902170241 880111  
REG3 LIC30  
13-18677-01 PNU

RECEIVED MAY 4 1987

MAY 04 1987

REGION III

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CONTROL NO. 82796

DR ROBERT D. BRETZ

DAVID J. MARSHALL A.R.R.T. (R) (N)

*David J. Marshall RT. (R)(N)*

FORM NRC-313M SUPPLEMENT B  
(6-78)

U. S. NUCLEAR REGULATORY COMMISSION

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		
STREET ADDRESS		
CITY   STATE   ZIP CODE		
DR. SWAROOP RAI LELAND HEIGHTS HUNTINGBURG IN. 47542		

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		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER			
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING		
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING		
	CARDIAC IMAGING		
	THYROID IMAGING		
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING		
	LUNG IMAGING		
	BONE IMAGING		
OTHER			

## PRECEPTOR STATEMENT (Continued)

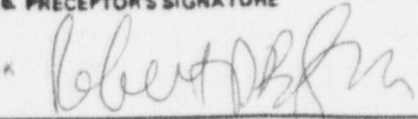
## 2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

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 (Solutab)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		LIVER , BONE , LUNG REAGENT KITS
P-32 (Colloid)	INTRACAVITARY TREATMENT		
I-131	TREATMENT OF THYROID CARCINOMA		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Co-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192 Co-60 or Co-137	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	1) 10 DAYS	
Sr-113/ Ir-113m	GENERATOR		
Tc-99m	REAGENT KITS	10 to 15	
Other			
Tl 201		89 20	1986 1987

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

SEE ATTACHED LETTER FROM DR. BRETZ

BASIC TRAINING DONE AT UNIVERSITY OF LOUISVILLE

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:		5. PRECEPTOR'S SIGNATURE 	
a. NAME OF SUPERVISOR DR. ROBERT D. BRETZ		7. PRECEPTOR'S NAME (Please type or print) DR. ROBERT D. BRETZ	
b. NAME OF INSTITUTION ST. JOSEPH'S HOSPITAL			
c. MAILING ADDRESS LELAND HEIGHTS			
d. CITY MONTICELLO, IN 47542		8. DATE 4-27-87	
e. STATE & LICENSE NUMBER IN 13-18677-01			

FORM NR 13-18677-01  
(8-78)