



DETROIT OSTEOPATHIC HOSPITAL CORPORATION

21700 Greenfield Road • Oak Park, Michigan 48237 • (313) 968-2800

November 21, 1986

RETURN RECEIPT REQUESTED  
Certified #P 050 326 878

Regional Licensing Section  
Radioisotopes Licensing Branch  
Division of Fuel Cycle and  
Material Safety  
U.S. Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

Re: Byproduct Material License No. 21-04082-01

Gentlemen:

We wish to request that Nancy J. Andrews, D.O. be added to the above byproduct materials license. We request that Groups I, II, and III be approved, as well as, the use of iodine-131 for the treatment of hyperthyroidism and thyroid carcinoma. To facilitate this, we are enclosing a category 7C amendment fee of \$120.00.

Dr. Andrews was certified by the American Osteopathic Board of Nuclear Medicine on July 10, 1986. A copy of written notification is enclosed, as is a copy of the preceptor statement signed by George J. Leach, D.O. concerning her experience with iodine-131 therapy procedures.

If you need additional information, please contact me.

Sincerely,

Duane R. Darnell  
Executive Vice President,  
Chief Medical Officer

Enclosures

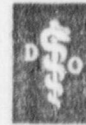
Log	Dec 7
Remitter	
Check No.	001314
Amount	\$120
Fee Category	7C
Type of Fee	amendment
Date Check Rec'd.	12/12/86
Date Completed	12/12/86
By	G. J. Leach

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REG3 LIC30  
21-04082-01 PDR

CONTROL NO. 82578

DEC 5 1986

RECEIVED  
86 DEC 11 AM 10:50  
U.S. NUC. REG. COM.  
FUEL CYCLE & MATERIALS DIV.  
REGION III



*American Osteopathic Association*

ADVISORY BOARD FOR OSTEOPATHIC SPECIALISTS

July 29, 1986

Nancy J. Andrews, D.O.  
14049 Thirteen Mile Road  
Warren, Michigan 48093

Dear Dr. Andrews:

This is to advise you that on July 10, 1986, the Board of Trustees of the American Osteopathic Association approved the recommendations of the American Osteopathic Board of Nuclear Medicine and the Advisory Board for Osteopathic Specialists to certify you as follows:

Nuclear Medicine - Certificate No. 79

We wish to take this opportunity to congratulate you on this accomplishment.

A certificate is presently being prepared by the American Osteopathic Board of Nuclear Medicine. As soon as it has been lettered and signed by the appropriate officers, (approximately sixty days), it will be mailed to you.

Sincerely yours,

Douglas Ward, Ph.D.  
Secretary

DW/prw

## 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

NANCY J. ANDREWS DO

STREET ADDRESS

14049 13 mile RD

CITY

WARREN MI

STATE

ZIP CODE

48093

## 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		
	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		
Se-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		
OTHER	BONE IMAGING		



# 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	—	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	—	
I-131	TREATMENT OF THYROID CARCINOMA	30	
	TREATMENT OF HYPERTHYROIDISM	219	
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	—	
Sn-113/ In-113m	GENERATOR	—	
Tc-99m	REAGENT KITS	—	
Other			

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

7-7-80 - 6-30-82  
8-1-83 - Present

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

a. NAME OF SUPERVISOR

George J. Leach DO

b. NAME OF INSTITUTION

Detroit Osteopathic Bi-County Hospitals

c. MAILING ADDRESS

12523 Third Avenue

d. CITY

Highland Park MI 48203

5. MATERIALS LICENSE NUMBER(S)

## 6. PRECEPTOR'S SIGNATURE

*George J. Leach DO*

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

George J. Leach DO

## 8. DATE

10-22-86