



ST. ELIZABETH HOSPITAL - A Member of the Wheaton Franciscan System  
1506 SOUTH ONEIDA STREET - APPLETON, WISCONSIN 54915

September 24, 1987

Patricia M. Vacherlon  
Materials Licensing Section  
United States Nuclear Regulatory Commission  
Region III  
799 Roosevelt Road  
Glen Ellyn, Illinois 60137

License No: 48-10212-01  
Control No: 83028

Dear Ms. Vacherlon:

During a telephone conversation with you concerning the approval of a physician (Robert R. Kinde, M. D.) for use of Groups I, II and III, you had stated that his American Board of Radiology certification for Radiology (1967) was not adequate and you needed a preceptor statement. Since Dr. Kinde's Nuclear Medicine training occurred prior to 1967 and the original preceptor has died, included on the enclosed preceptor statement is the working history of nuclear medicine procedures from 1967 to the present under the supervision of William B. Grubb, Jr., M. D.

When amendment No. 36 was issued concerning the addition of physicians for the control number above a typographical error occurred which listed myself (Stanley A. Reed, M. S.) as a M. D. This item should be changed. In addition, I would like to delete one physician (M. K. Jasser, M. D.) from the license. If an amendment fee is required to delete M. K. Jasser, M. D., please contact me.

Thank you for your attention on this matter.

B903030193 880204  
REG3 LIC30  
48-10219-01 PMJ

Sincerely,

*Stanley A. Reed*

Stanley A. Reed, M. S.  
Medical Physicist

FEE NOT REQUIRED  
RECEIVED

SEP 28 1987

REGION III

SARmmm

Enclosure

CONTROL NO. 84231

SEP 28 1987

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			KEY TO COLUMN C	
FULL NAME			PERSONAL PARTICIPATION SHOULD CONSIST OF:	
STREET ADDRESS			1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.	
CITY			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.	
STATE			3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.	
ZIP CODE				
Kinde, Robert R.				
250 River Road				
Appleton WI 54915				
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	x ~1000	Have included Nuclear Medicine in my practice for 20 years at two Appleton hospitals. Totals are estimates based on recent yearly totals.	
	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	x ~1000		
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	x 300	Rare last 10 years	
	CARDIAC IMAGING	x ~120		
	THYROID IMAGING	x 150		
	SALIVARY GLAND IMAGING	---		
	BLOOD POOL IMAGING	---		
	PLACENTA LOCALIZATION	---		
	LIVER AND SPLEEN IMAGING	x ~400	Includes hepatobiliary Last 10 years	
	LUNG IMAGING	x ~500		
	BONE IMAGING	x ~2000		
OTHER	Cisternography	25		



# 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	10 x	In residency only
P-32 (Colloidal)	INTRACAVITARY TREATMENT	---	
I-131	TREATMENT OF THYROID CARCINOMA	---	
	TREATMENT OF HYPERTHYROIDISM AND CARDIAC CONDITION	~250 x	Over 20 years
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	---	
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

Boarded Radiology 1967, including Nuclear Medicine section-training  
University of Michigan 1963-66 - details lost. Clinical practice  
Appleton, WI 1967-1987.

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

a. NAME OF SUPERVISOR

William B. Grubb, Jr., M. D.

b. NAME OF INSTITUTION

St. Elizabeth Hospital/  
Appleton Medical Center

c. MAILING ADDRESS

1506 South Oneida Street

d. CITY

Appleton, WI 54915

5. MATERIALS LICENSE NUMBER(S)

48-10219-01

## 6. PRECEPTOR'S SIGNATURE

William B. Grubb, Jr., M.D.

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

William B. Grubb, Jr., M. D.

## 8. DATE

September 23, 1987