

<b>NRC FORM 313M</b> (8-86) 10 CFR 35	<b>U.S. NUCLEAR REGULATORY COMMISSION</b> <b>APPLICATION FOR MATERIALS LICENSE — MEDICAL</b>	Approved by OMB 3150-0041 Expires 6-30-89
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**INSTRUCTIONS** — Complete Items 1 through 26 if this is an initial application or an application for renewal of a license. Use supplemental sheets where necessary. Item 26 must be completed on all applications and signed. Retain one copy. Submit original and one copy of entire application to: Director, Office of Nuclear Materials Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. Upon approval of this application, the applicant will receive a Materials License. An NRC Materials License is issued in accordance with the general requirements contained in Title 10, Code of Federal Regulations, Part 30, and the licensee is subject to Title 10, Code of Federal Regulations, Parts 19, 20 and 35 and the license fee provision of Title 10, Code of Federal Regulations, Part 170. The license fee category should be stated in Item 26 and the appropriate fee enclosed.

<b>1.a. NAME AND MAILING ADDRESS OF APPLICANT</b> (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE  St. Mary's Hospital 2900 First Ave. Huntington, WV 25701  TELEPHONE NO.: AREA CODE ( 304 ) 526 1234	<b>1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED</b> (If different from 1.a.) INCLUDE ZIP CODE  <div style="text-align: right; color: blue; font-style: italic;">           '87 MAR -2 AM 1:04            10 FEB 89         </div>
<b>2. PERSON TO CONTACT REGARDING THIS APPLICATION</b>  M. Douglass Allan, M.S.  TELEPHONE NO.: AREA CODE ( 304 ) 526 1141	<b>3. THIS IS AN APPLICATION FOR:</b> (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____ c. <input checked="" type="checkbox"/> RENEWAL OF LICENSE NO. 47-09576-01
<b>4. INDIVIDUAL USERS</b> (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.)  See Item 8 attached	<b>5. RADIATION SAFETY OFFICER (RSO)</b> (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)  M. Douglass Allan, M.S.

**6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE**

RADIOACTIVE MATERIAL LISTED IN:	MARK ITEMS DESIRED	MAXIMUM POSSESSION LIMITS	ADDITIONAL ITEMS:	MARK ITEMS DESIRED	MAXIMUM POSSESSION LIMITS
	"X"	(In millicuries)		"X"	(In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES			IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM	NA	
10 CFR 35.100, SCHEDULE A, GROUP I	X	AS NEEDED	PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES	NA	
10 CFR 35.100, SCHEDULE A, GROUP II	X	AS NEEDED	PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.	NA	
10 CFR 35.100, SCHEDULE A, GROUP III	X	2000	GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.	NA	
10 CFR 35.100, SCHEDULE A, GROUP IV	X	AS NEEDED	IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA	NA	
10 CFR 35.100, SCHEDULE A, GROUP V	X	AS NEEDED	XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	NA	
10 CFR 35.100, SCHEDULE A, GROUP VI	X	2000			

**6.b. RADIOACTIVE MATERIAL FOR USES NOT LISTED IN ITEM 6.a.** (Sealed sources up to 3 mCi used for calibration and reference standards are authorized under Section 35.14(d), 10 CFR Part 35, and NEED NOT BE LISTED.)

ELEMENT AND MASS NUMBER	CHEMICAL AND/OR PHYSICAL FORM	MAXIMUM NUMBER OF MILLCURIES OF EACH FORM	DESCRIBE PURPOSE OF USE
Nickel 63	Sealed source	15	For use in Perkin-Elmer Model Sigma I Gas Chromatograph
Strontium 90	Sealed source	50	For treatment of superficial eye disease

8709030468 870427  
 REG2 LIC30  
 47-09576-01 PDR

51452

# **INFORMATION REQUIRED FOR ITEMS 7 THROUGH 23**

For Items 7 through 23, check the appropriate box(es) and submit a detailed description of all the requested information. Begin each item on a separate sheet. Identify the item number and the date of the application in the lower right corner of each page. If you indicate that an appendix to the medical licensing guide will be followed, do not submit the pages, but specify the revision number and date of the referenced guide: Regulatory Guide 10.8, Rev. 10-8 Date: Oct. 1, 1980

<b>7. MEDICAL ISOTOPES COMMITTEE</b>		<b>15. GENERAL RULES FOR THE SAFE USE OF RADIOACTIVE MATERIAL (Check One)</b>	
<input type="checkbox"/>	Names and Specialties Attached; and	<input checked="" type="checkbox"/>	Appendix G Rules Followed; or
<input type="checkbox"/>	Duties as in Appendix B; or _____ (Check One)	<input type="checkbox"/>	Equivalent Rules Attached
<input checked="" type="checkbox"/>	Equivalent Duties Attached	<b>16. EMERGENCY PROCEDURES (Check One)</b>	
<b>8. TRAINING AND EXPERIENCE</b>		<input checked="" type="checkbox"/>	Appendix H Procedures Followed; or
<input checked="" type="checkbox"/>	Supplements A & B Attached for Each Individual User; and See attachment for Item 8	<input type="checkbox"/>	Equivalent Procedures Attached
<input checked="" type="checkbox"/>	Supplement A Attached for RSO.	<b>17. AREA SURVEY PROCEDURES (Check One)</b>	
<b>9. INSTRUMENTATION (Check One)</b>		<input checked="" type="checkbox"/>	Appendix I Procedures Followed; or
<input checked="" type="checkbox"/>	Appendix C Form Attached; or	<input type="checkbox"/>	Equivalent Procedures Attached
<input type="checkbox"/>	List by Name and Model Number	<b>18. WASTE DISPOSAL (Check One)</b>	
<b>10. CALIBRATION OF INSTRUMENTS</b>		<input checked="" type="checkbox"/>	Appendix J Form Attached; or
<input checked="" type="checkbox"/>	Appendix D Procedures Followed for Survey Instruments; or _____ (Check One)	<input type="checkbox"/>	Equivalent Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached; and	<b>19. THERAPEUTIC USE OF RADIOPHARMACEUTICALS (Check One)</b>	
<input type="checkbox"/>	Appendix D Procedures Followed for Dose Calibrator; or _____ (Check One)	<input checked="" type="checkbox"/>	Appendix K Procedures Followed; or
<input checked="" type="checkbox"/>	Equivalent Procedures Attached See Item 10	<input type="checkbox"/>	Equivalent Procedures Attached
<b>11. FACILITIES AND EQUIPMENT</b>		<b>20. THERAPEUTIC USE OF SEALED SOURCES</b>	
<input checked="" type="checkbox"/>	Description and Diagram Attached	<input type="checkbox"/>	Detailed Information Attached; and
<b>12. PERSONNEL TRAINING PROGRAM</b>		<input type="checkbox"/>	Appendix L Procedures Followed; or _____ (Check One)
<input checked="" type="checkbox"/>	Description of Training Attached	<input checked="" type="checkbox"/>	Equivalent Procedures Attached
<b>13. PROCEDURES FOR ORDERING AND RECEIVING RADIOACTIVE MATERIAL</b>		<b>21. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE GASES (e.g., Xenon - 133)</b>	
<input checked="" type="checkbox"/>	Detailed Information Attached	<input checked="" type="checkbox"/>	Detailed Information Attached
<b>14. PROCEDURES FOR SAFELY OPENING PACKAGES CONTAINING RADIOACTIVE MATERIALS (Check One)</b>		<b>22. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL IN ANIMALS</b>	
<input checked="" type="checkbox"/>	Appendix F Procedures Followed; or	<input type="checkbox"/>	Detailed Information Attached
<input type="checkbox"/>	Equivalent Procedures Attached	<b>23. PROCEDURES AND PRECAUTIONS FOR USE OF RADIOACTIVE MATERIAL SPECIFIED IN ITEM 6.b</b>	
<input type="checkbox"/>		<input checked="" type="checkbox"/>	Detailed Information Attached

## 24. PERSONNEL MONITORING DEVICES

TYPE <small>(Check appropriate box)</small>		SUPPLIER	EXCHANGE FREQUENCY
a. WHOLE BODY	<input checked="" type="checkbox"/> FILM	R.S. Landauer, Jr & Co	Monthly
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER <i>(Specify)</i>		
b. FINGER	<input type="checkbox"/> FILM	" "	Monthly
	<input checked="" type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER <i>(Specify)</i>		
c. WRIST	<input type="checkbox"/> FILM		
	<input type="checkbox"/> TLD		
	<input type="checkbox"/> OTHER <i>(Specify)</i>		

d. OTHER *(Specify)*

ALARA

This institution is committed to the ALARA program set forth in Appendix O attached to this application

Log *Mar-1-87*

Remitter \_\_\_\_\_

Check No. *98062*

Amount *\$700* *\$120 refunded*

Fee Category *7c*

Type of Fee *General*

Date Check Rec'd. *3/2/87* *3/5/87*

## 25. FOR PRIVATE PRACTICE APPLICANTS ONLY

a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL			b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR.
NAME OF HOSPITAL _____			
MAILING ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.

## 26. CERTIFICATE

*(This item must be completed by applicant)*

The applicant and any official executing this certificate on behalf of the applicant named in Item 1a certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, Parts 30 and 35, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

<p>a. LICENSE FEE REQUIRED <i>(See Section 170.31, 10 CFR 170)</i></p>	<p>b. APPLICANT OR CERTIFYING OFFICIAL <i>(Signature)</i></p> <p style="text-align: center;"><i>Steve J. Soltis</i></p> <p style="text-align: center;">(1) NAME <i>(Type of Print)</i></p> <p style="text-align: center;">Executive Director</p> <p style="text-align: center;">(2) TITLE</p>
<p>(1) LICENSE FEE CATEGORY: <span style="float: right;"><i>7B</i></span></p>	<p>c. DATE</p> <p style="text-align: right;"><i>Feb. 27, 1987</i></p>
<p>(2) LICENSE FEE ENCLOSED: \$ <span style="float: right;"><i>700</i></span></p>	



## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 313M. This information is maintained in a system of records designated as NRC-3 and described at 40 Federal Register 45334 (October 1, 1975).

1. **AUTHORITY** Sections 81 and 161(b) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2111 and 2201(b)).
2. **PRINCIPAL PURPOSE(S)** The information is evaluated by the NRC staff pursuant to the criteria set forth in 10 CFR Parts 30-36 to determine whether the application meets the requirements of the Atomic Energy Act of 1954, as amended, and the Commission's regulations, for the issuance of a radioactive material license or amendment thereof.
3. **ROUTINE USES** The information may be used: (a) to provide records to State health departments for their information and use; and (b) to provide information to Federal, State, and local health officials and other persons in the event of incident or exposure, for their information, investigation, and protection of the public health and safety. The information may also be disclosed to appropriate Federal, State, and local agencies in the event that the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, or local agency to the extent relevant and necessary for a NRC decision or to an appropriate Federal agency to the extent relevant and necessary for that agency's decision about you. A copy of the license issued will routinely be placed in the NRC's Public Document Room, 1717 H Street, N.W., Washington, D.C.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION** Disclosure of the requested information is voluntary. If the requested information is not furnished, however, the application for radioactive material license, or amendment thereof, will not be processed.
5. **SYSTEM MANAGER(S) AND ADDRESS** Director, Division of Fuel Cycle and Material Safety, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

TRAINING AND EXPERIENCE  
AUTHORIZED USER OR RADIATION SAFETY OFFICERApproved by OMB  
3150-0041  
Expires 6-30-89

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER  M. Douglass Allan, M.S.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE  NA
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## 3. CERTIFICATION

SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
American Board of Radiology	Therapeutic Radiological Physics	June, 1984

## 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	W. Va. University 1971 1975-76	144	
b. RADIATION PROTECTION	W. Va. University Spring, 1976	16	
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	W. Va. University 1968-1976	288	
d. RADIATION BIOLOGY	W. Va. University 1976	16	
e. RADIOPHARMACEUTICAL CHEMISTRY		0	

## 5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Atomic Nos 3-83 & others as listed on 47-01163-20 226 Ra	Kilocurie 60	W. Va. University  St. Mary's Hospital	Oct. 72 -Apr. 80  Apr. 80 to present	Assuring safe use in labs; Use of $^{99m}\text{Tc}$ in construction of short-lived sources. Radiation Safety Officer since 1980

# The American Board of Radiology

*Organized through the cooperation of the  
American College of Radiology, the American Roentgen Ray Society,  
the American Radium Society, the Radiological Society of North America,  
the Section on Radiology of the American Medical Association  
and the American Society of Therapeutic Radiologists*

*Hereby certifies that*

**Martin Douglas Allan, M.S.**

*Has pursued an accepted course of graduate study  
and clinical work, has met certain standards and qualifications and  
has passed the examinations conducted under the authority of*

*The American Board of Radiology*

*On this first day of June, 1984*

*Thereby demonstrating to the satisfaction of the Board  
that he is qualified to practice the specialty of*





# RADIATION SAFETY COMMITTEE

1. Membership must consist of at least three individuals and must include an authorized user of each type of use permitted by the license, the Radiation Safety Officer, a representative of the nursing service, and a representative of management who is neither an authorized user nor a Radiation Safety Officer. Other members may be included as the licensee deems appropriate.
2. The Committee will meet at least quarterly.
3. To establish a quorum and to conduct business at least one-half of the Committee's membership must be present, including the Radiation Safety Officer and the management's representative.
4. The minutes of each Radiation Safety Committee meeting must include:
  - i) The date of the meeting;
  - ii) Members present;
  - iii) Members absent;
  - iv) Summary of deliberations and discussions;
  - v) Recommended actions and the numerical results of all ballots; and
  - vi) ALARA program reviews described in 35.20(c).
5. The Committee will promptly provide each member with a copy of the meeting minutes, and retain one copy for the duration of the license. In order to oversee the use of licensed material, the Committee must:
6. Review recommendations on ways to maintain individual and collective doses ALARA;
7. Review on the basis of safety and with regard to the training and experience standards in Subpart J of this part, and approve or disapprove any individual who is to be listed as an authorized user, the Radiation Safety Officer, or a Teletherapy Physicist before submitting a license application or request for amendment or renewal;
8. Review on the basis of safety, and approve with the advice and consent of the Radiation Safety Officer and the management representative, or disapprove minor changes in radiation safety procedures that are not potentially important to safety and are permitted under 35.31 of this Part;

9. Review quarterly, with the assistance of the Radiation Safety Officer, a summary of the occupational radiation dose records of all personnel working with byproduct material;
- 10) Review quarterly, with the assistance of the Radiation Safety Officer, all incidents involving byproduct material with respect to cause and subsequent actions taken; and
- 11) Review annually, with the assistance of the Radiation Safety Officer, the radiation safety program.



## 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 Richard E. McWhorter, M.D.		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.	
STREET ADDRESS St. Mary's Hospital			
CITY Huntington	STATE WV		

## 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 to separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	None	
	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 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	None	
P-32 (Colloid)	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	"	
Sr-90	TREATMENT OF EYE DISEASE	"	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	Eluted one (1) Genrator	
Sn-113/ In-113m	GENERATOR	None	
Tc-99m	REAGENT KITS	Prepared One (1) Kit	
Other		None	

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

240 hours of training in basic sciences of Nuclear Medicine received by completion of Medical Officers' Course in Nuclear Medicine and Radioisotope Techniques Course #8102; 17 February through 21 March 1981.

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

A. NAME OF SUPERVISOR  
P.E. NIELSEN, CDR, MC, USNR

B. NAME OF INSTITUTION  
Naval Hospital

C. MAILING ADDRESS  
Nuclear Medicine Branch

D. CITY  
Bethesda, MD 20814

E. MATERIALS LICENSE NUMBER(S)  
19-02891-05

## 5. PRECEPTOR'S SIGNATURE

*E. D. Silverman CDR MC USN*

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

E. D. SILVERMAN, CDR, MC, USN  
Head, Nuclear Medicine Branch  
for F. G. Mannarino, CAPT, MC, USN

## 8. DATE

FORM NRC-313M-SUPPLEMENT B  
(8-78)

## 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

Richard E. McWhorter, M.D.

## STREET ADDRESS

%St. Mary's Hospital  
2900 First Avenue

## CITY

## STATE

## ZIP CODE

Huntington, WV 25701

## 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	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION		
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	32	
	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	12	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES		
OTHER			
Tc-99m	BRAIN IMAGING	41	
	CARDIAC IMAGING	48	
	THYROID IMAGING	254	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING		
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	380	
	LUNG IMAGING	175	
	BONE IMAGING	555	
OTHER	RENAL- DTPA	109	



# 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		
	TREATMENT OF HYPERTHYROIDISM		
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
	TELETHERAPY TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
	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

3/17/80 to 4/4/80 = 120 hours  
 3/23/81 to 4/3/81 = 80 hours  
 1/19/82 to 4/10/82 = 480 hours

TOTAL CLINICAL TRAINING: 680 hours

Dr. McWhorter also participated in  
 the Medical Officers Radioisotope  
 Training Course at the National Naval  
 Medical Center in Bethesda, M.D.  
 Total of 5 weeks = 200 hours.

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

a. NAME OF SUPERVISOR

RICHARD C. REBA, M.D.

b. NAME OF INSTITUTION

G.W. UNIVERSITY MEDICAL CENTER

c. MAILING ADDRESS

901 23rd St., N.W.

d. CITY

Washington, D.C. 20037

## 5. MATERIALS LICENSE NUMBER(S)

08-00216-22

## 6. PRECEPTOR'S SIGNATURE

*Richard C. Reba*

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

RICHARD C. REBA, M.D.

## 8. DATE

OCTOBER 22, 1986