

FORM NRC-313M (8-78) 10 CFR 35	U.S. NUCLEAR REGULATORY COMMISSION APPLICATION FOR MATERIALS LICENSE - MEDICAL	Approved: GAO R0557
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.		
1.a. NAME AND MAILING ADDRESS OF APPLICANT (institution, firm, clinic, physician, etc.) INCLUDE ZIP CODE BLANCHARD VALLEY HOSPITAL 145 WEST WALLACE FINDLAY, OH. 45840 TELEPHONE NO.: AREA CODE 419 422 4500	1.b. STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (if different from 1.a.) INCLUDE ZIP CODE 	
2. PERSON TO CONTACT REGARDING THIS APPLICATION YOUNG CHUL CHOY, M.D. TELEPHONE NO.: AREA CODE 419 423 4500	3. THIS IS AN APPLICATION FOR: (Check appropriate item) a. <input type="checkbox"/> NEW LICENSE b. <input checked="" type="checkbox"/> AMENDMENT TO LICENSE NO. 34-06295-02 c. <input type="checkbox"/> RENEWAL OF LICENSE NO.	
4. INDIVIDUAL USERS (Name individuals who will use or directly supervise use of radioactive material. Complete Supplements A and B for each individual.) PLEASE ADD: SINA HAZNECI, M.D.	5. RADIATION SAFETY OFFICER (RSO) (Name of person designated as radiation safety officer. If other than individual user, complete resume of training and experience as in Supplement A.)	
6.a. RADIOACTIVE MATERIAL FOR MEDICAL USE		
RADIOACTIVE MATERIAL LISTED IN:	ITEMS DESIRED "X"	MAXIMUM POSSESSION LIMITS (In millicuries)
10 CFR 31.11 FOR IN VITRO STUDIES		
10 CFR 35.100, SCHEDULE A, GROUP I		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP II		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP III		
10 CFR 35.100, SCHEDULE A, GROUP IV		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP V		AS NEEDED
10 CFR 35.100, SCHEDULE A, GROUP VI		
ADDITIONAL ITEMS:		MARK ITEMS DESIRED "X"
IODINE-131 AS IODIDE FOR TREATMENT OF HYPERTHYROIDISM		
PHOSPHORUS-32 AS SOLUBLE PHOSPHATE FOR TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA AND BONE METASTASES		
PHOSPHORUS-32 AS COLLOIDAL CHROMIC PHOSPHATE FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
GOLD-198 AS COLLOID FOR INTRACAVITARY TREATMENT OF MALIGNANT EFFUSIONS.		
IODINE-131 AS IODIDE FOR TREATMENT OF THYROID CARCINOMA		
XENON-133 AS GAS OR GAS IN SALINE FOR BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES.		
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 MILLICURIES OF EACH FORM

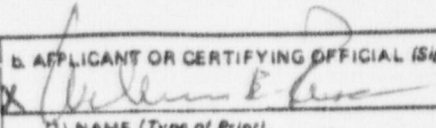
8904110146 881005
 REG3 LIC30
 34-06295-02 PNU

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. _____ Date: _____

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

24. PERSONNEL MONITORING DEVICES				
TYPE <small>(Check appropriate box)</small>		SUPPLIER	EXCHANGE FREQUENCY	
a. WHOLE BODY	FILM			
	TLD			
	OTHER (Specify)			
b. FINGER	FILM			
	TLD			
	OTHER (Specify)			
c. WRIST	FILM			
	TLD			
	OTHER (Specify)			
d. OTHER (Specify)				

25. FOR PRIVATE PRACTICE APPLICANTS ONLY				
a. HOSPITAL AGREEING TO ACCEPT PATIENTS CONTAINING RADIOACTIVE MATERIAL				
NAME OF HOSPITAL MAILING ADDRESS CITY _____ STATE _____ ZIP CODE _____			b. ATTACH A COPY OF THE AGREEMENT LETTER SIGNED BY THE HOSPITAL ADMINISTRATOR. c. WHEN REQUESTING THERAPY PROCEDURES, ATTACH A COPY OF RADIATION SAFETY PRECAUTIONS TO BE TAKEN AND LIST AVAILABLE RADIATION DETECTION INSTRUMENTS.	
26. CERTIFICATE <small>(This item must be completed by applicant)</small>				
The applicant and any official executing this certificate on behalf of the applicant name(s) herein 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.				
a. LICENSE FEE REQUIRED <small>(See Section 170.31, 10 CFR 170)</small>			b. APPLICANT OR CERTIFYING OFFICIAL (Signature) 	
c. DATE			(1) NAME (Type of Print) WILLIAM KUSE PRESIDENT	
(2) LICENSE FEE ENCLOSED: \$ 120.00			(2) LICENSE FEE ENCLOSED: \$ 120.00	

AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Hazneci, Sina S.	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE	
3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C
AMERICAN BOARD OF RADIOLOGY	DIAGNOSTIC RADIOLOGY	JUNE 1988

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	Oakwood Hospital July 1984 - June 1988	100	5
b. RADIATION PROTECTION	Oakwood Hospital July 1984 - June 1988	30	5
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	Oakwood Hospital July 1984 - June 1988	20	5
d. RADIATION BIOLOGY	Oakwood Hospital July 1984 - June 1988	20	5
e. RADIOPHARMACEUTICAL CHEMISTRY	Oakwood Hospital July 1984 - June 1988	30	5

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

ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
67Ga	5mCi	Oakwood Hospital	July 1984-June 1988	Gallium Scan
111 In	.5	Oakwood Hospital	July 1984-June 1988	Cisternogram & WBC labeling
123 I	.4	Oakwood Hospital	July 1984-June 1988	Thyroid Scan
131 I	150	Oakwood Hospital	July 1984-June 1988	Therapy
32 P	5	Oakwood Hospital	July 1984-June 1988	Therapy
99m Tc	20	Oakwood Hospital	July 1984-June 1988	Bone, liver, RBC labeling, venography
201 TI	2	Oakwood Hospital	July 1984-June 1988	Thallium Scan
133 Xe	15	Oakwood Hospital	July 1984-June 1988	Ventilation Scan

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

Sina Hazneci, M.D.

STREET ADDRESS

Oakwood Hospital-Dept. of Radiology
18101 Oakwood Blvd., P.O. Box 2500

CITY

Dearborn

STATE

MI

ZIP CODE

48123-2500

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 sheet.) D
I-123 or I-125	DIAGNOSIS OF THYROID FUNCTION	272	Thyroid Uptake
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME		
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
Tc99m	KIDNEY FUNCTION STUDIES	252/12	Renal & Renogram/Cystogram
	IN VITRO STUDIES		
OTHER			
Tc99m MA	DETECTION OF THROMBOSIS	271	Venogram & Lung Scan
I-123 & I-131	THYROID IMAGING	154	Thy. Scan, I-131 Total Body, Thy. Suppression
P-32	EYE TUMOR LOCALIZATION		
Eu-75	PANCREAS IMAGING		
Ind-111 DTPA	CISTERNOGRAPHY	13	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	264	Ventilation Study
Tc99m		29/12/27	GI Bleed/Meckel's Divert./Testicular
Tc99m Glucose	BRAIN IMAGING Brain C CBF	149	
Tl201/ Tc99m	CARDIAC IMAGING	615/377/45	Tl201 St.&Rest/MUGA St.&Rest/PYP Myocardial
Tc99m	THYROID IMAGING	3	
Tc-99m	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING Angiogram	15	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING /Hepato.	587/201	Liver-Spleen/Gallbladder
	LUNG IMAGING	270	
	BONE IMAGING	1229	
Ga-67/ Ind-111	Oxine	13/35/78	Gallium/Abscess Gallium/Ind. WBC Abscess

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 (Sodium)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	6	
P-32 (Cobalt-60)	INTRACAVITARY TREATMENT	1	
I-131	TREATMENT OF THYROID CARCINOMA	3	
	TREATMENT OF HYPERTHYROIDISM	24	
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			
NP-59	Adrenal Scan	2	
Tc99m	Laveen Shunt Patency	1	
Tl-201/ Spectamine	Thallium Scan	350	
	Spect. Brain	12	
Tl-201	Parathyroid	6	
	Bone Mineral Analysis	59	
	Thyroid Therapy Evaluation	24	

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

SEE SECTION 4 PAGE 5 (913M)

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

a. NAME OF SUPERVISOR

Reza Abghari, M.D.

b. NAME OF INSTITUTION

Oakwood Hospital

c. MAILING ADDRESS

18101 Oakwood Blvd. P.O. Box 2500

d. CITY

Dearborn, MI 48123-2500

5. MATERIALS LICENSE NUMBER (IS)

24-04515-01

6. PRECEPTOR'S SIGNATURE

[Handwritten Signature]

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

Reza Abghari, M.D.

8. DATE