

REQUEST FOR A SEALED SOURCE OR
DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to the Chief, Sealed Source Safety Section, OWFN Mail Stop O-6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code 1-5.

NOTE: Retain a copy of this request with the application and background files.

REQUESTER MDS Nordion		REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFARB	
TELEPHONE NUMBER 613-592-2790	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
NAME OF APPLICANT Marc-Andre Charette		<input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)	
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE 10/11/2000		<input type="checkbox"/> CUSTOM REVIEW Several	
LICENSE NUMBER(S)			

COMMENTS:

**447 March Road
Kanata, Ontario, Canada K2K 1X8**

FOR SSSS USE ONLY

REVIEWER William Ward	MODEL NUMBERS GammaMed 12i, 12it, 232	NUMBER ASSIGNED 00-44
DATE RECEIVED 10/24/2000	DATE ASSIGNED 10/24/2000	DATE TO FEES 10/24/2000

TYPE OF ACTION (Indicate the number of each type)

<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input type="checkbox"/> AMENDMENT	<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> OTHER (Specify)			

TOTAL NUMBER OF REVIEW HOURS	NOTES Transfer of MA-1056-D-101-S, MA-1056-S-102-S, and MA-1056-D-103-S to the NRC.
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE		FEE CATEGORY	
No Fee due		<input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
per rule change		SR	11/3/00
APPROVED BY	DATE OF RETURN		
COMMENTS These licenses were terminated in March 2001.			