

**From:** John Jankovich  
**To:** INTERNET: awarbick@mds.nordion.com  
**Date:** Fri, Aug 27, 1999 10:06 AM  
**Subject:** Reminder: affidavit

Ann,

Please note, as a reminder of our telephone conversation on August 11, 1999, that I need an affidavit from you to treat Procedure Nos. 990601. SPE and 990602.SPE contained in your application as proprietary information. You may find what the affidavit should address in 10 CFR 270. J.J.

**Mail Envelope Properties** (37C69B77.4E3 : 3 : 20021)

**Subject:** Reminder: affidavit  
**Creation Date:** Fri, Aug 27, 1999 10:06 AM  
**From:** John Jankovich

**Created By:** TWFN\_DO.TWF4\_PO:JPJ2

<b>Recipients</b>	<b>Action</b>	<b>Date &amp; Time</b>
Post Office INTERNET awarbick (INTERNET: awarbick@mds.nordion.	Transferred	08/27 10:06 AM

<b>Domain.Post Office</b>	<b>Delivered</b>	<b>Route</b>
INTERNET		INTERNET:mds.nordion.com

<b>Files</b>	<b>Size</b>	<b>Date &amp; Time</b>
MESSAGE	824	Friday, August 27, 1999 10:06 AM

**Options**

<b>Auto Delete:</b>	No
<b>Expiration Date:</b>	None
<b>Notify Recipients:</b>	Yes
<b>Priority:</b>	Standard
<b>Reply Requested:</b>	No
<b>Return Notification:</b>	None

<b>Concealed Subject:</b>	No
<b>Security:</b>	Standard

<b>To Be Delivered:</b>	Immediate
<b>Status Tracking:</b>	Delivered & Opened

### 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 <b>MDS Nordion</b>	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      DATE <b>613-592-2790</b>	TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input checked="" type="checkbox"/> <b>DEVICE REVIEW</b> <input type="checkbox"/> CUSTOM REVIEW
NAME OF APPLICANT <b>Ann Warbick Cerone</b>	
MAIL CONTROL NUMBER(S)	
LETTER/APPLICATION DATE      LICENSE NUMBER(S) <b>07/02/1999</b>	

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

FOR SSSS USE ONLY			
REVIEWER <b>John Jankovich</b>	MODEL NUMBERS <b>TheraSphere Yttrium-90 Glass</b>	NUMBER ASSIGNED <b>99-44</b>	
DATE RECEIVED <b>07/07/1999</b>	DATE ASSIGNED <b>07/07/1999</b>	DATE TO FEES <b>07/07/1999</b>	

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"/> AMENDMENT	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER (Specify)  
**Check 2047767 sent in the amount of \$910.00. See copy of check attached.**

TOTAL NUMBER OF REVIEW HOURS	NOTES <b>Application for an SS&amp;D Evaluation</b>
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY			
TYPE OF FEE <b>APP</b>	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED <b>910+</b>	CHECK NUMBER <b>182,690/2047767/204822</b>	DATE OF CHECK <b>8/30/99</b>	LOG <b>99 JSSRD</b>
APPROVED BY <b>Sh</b>	DATE OF RETURN <b>8/30/99</b>		
COMMENTS			