

## 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.

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

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

### FOR SSSS USE ONLY

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

### TYPE OF ACTION (Indicate the number of each type)

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

**OTHER (Specify)**

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

### FOR FEE USE ONLY

<b>TYPE OF FEE</b> <i>Two Fee due</i>	<b>FEE CATEGORY</b> <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
<b>AMOUNT RECEIVED</b> <i>per rule change</i>	<b>CHECK NUMBER</b>	<b>DATE OF CHECK</b>	<b>LOG</b>
<b>APPROVED BY</b> <i>SR</i>	<b>DATE OF RETURN</b> 11/3/00		

**COMMENTS:**  
*These licenses were terminated in March 2001.*