

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.

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|--|-------------|---|--|
| 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 checked="" type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) | |
| MAIL CONTROL NUMBER(S) | | <input type="checkbox"/> DEVICE REVIEW | |
| LETTER/APPLICATION DATE 04/19/2001 | | <input type="checkbox"/> CUSTOM REVIEW | |
| LICENSE NUMBER(S) | | | |

COMMENTS:

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

FOR SSSS USE ONLY

| | | |
|--|---|--|
| REVIEWER W. Ward & S. Lee | MODEL NUMBERS GammaMed 212 | NUMBER ASSIGNED 01-21 |
| DATE RECEIVED 04/20/2001 | DATE ASSIGNED 04/20/2001 | DATE TO FEES 04/20/2001 |

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 checked="" type="checkbox"/> NEW | <input type="checkbox"/> NEW | <input type="checkbox"/> NEW | <input type="checkbox"/> NEW |
| <input type="checkbox"/> AMENDMENT | <input 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) | | | |

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|-------------------------------------|---|
| TOTAL NUMBER OF REVIEW HOURS | NOTES Request for the GammaMed 212 sealed source to obtain registration. |
| NUMBER OF DEFICIENCY LETTERS | |
| NUMBER OF DEFICIENCY CALLS | |

FOR FEE USE ONLY

| | | | |
|---|---|---|----------------------------------|
| TYPE OF FEE APP | FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input checked="" type="checkbox"/> 9C <input type="checkbox"/> 9D | | |
| AMOUNT RECEIVED \$1600 | CHECK NUMBER 2051010 | DATE OF CHECK 5/3/01 | LOG May 15 2001 |
| APPROVED BY SL | | DATE OF RETURN 6/16/01 | |
| COMMENTS (Sent 4/23/01 email requesting fee) | | | |

From: Sandra Kimberley
To: MCharette@mds.nordion.com
Date: 4/23/01 3:56PM
Subject: SS&D Application for GammaMed212 Model

We received your April 19, 2001, application requesting a Sealed Source Evaluation for your MDS Nordion Haan, GammaMed 212 Model. An application fee of \$1,600 is required prior to the issuance of your certificate. Please make out your check to the Nuclear Regulatory Commission, License Fee & Accounts Receivable Branch, P.O. Box 954514, St. Louis, MO 62195-4514. Please also reference on your submittal that the check is for a Sealed Source Evaluation and that the Number Assigned is 01-2, and it is to the attention of Sandra Kimberley.

If you have any questions regarding this matter, please do not hesitate to call me at 301-415-6096.

Thank you.

Sandra Kimberley
License Fee & Accounts Receivable Branch
Division of Accounting & Finance
Office of the Controller