

## 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"/> LFRB	
TELEPHONE NUMBER <b>613-592-2790</b>	DATE <b>06/12/2001</b>	<b>TYPE OF ACTION REQUESTED (Check as appropriate)</b>	
NAME OF APPLICANT <b>Marc-Andre Charette</b>		<input type="checkbox"/> SOURCE REVIEW	<input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	<b>NR-169-S-803-U</b>
LETTER/APPLICATION DATE <b>06/08/2001</b>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

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

FOR SSSS USE ONLY		
REVIEWER <b>Ward/Burgess</b>	MODEL NUMBERS <b>C-168</b>	NUMBER ASSIGNED <b>01-29</b>
DATE RECEIVED <b>06/11/2001</b>	DATE ASSIGNED <b>06/12/2001</b>	DATE TO FEES <b>06/12/2001</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 checked="" type="checkbox"/> AMENDMENT	<input 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 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 <b>Amendment to C-168 for NR-169-S-803-U</b>
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY			
TYPE OF FEE <i>Amnd</i>	FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D		
AMOUNT RECEIVED <i>No fee required</i>	CHECK NUMBER <i>previously issued registration</i>	DATE OF CHECK <i>sh</i>	LOG <i>June 1st 2001 SSS</i>
APPROVED BY <i>(Signature)</i>		DATE OF RETURN	
COMMENTS <i>Reactivating old regist / To get new number</i>			