

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 Agilent Technologies		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	TYPE OF ACTION REQUESTED <i>(Check as appropriate)</i>	
NAME OF APPLICANT Gene Niland		<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 10/24/2001		LICENSE NUMBER(S) NR-348-D-106-B	
LICENSE NUMBER(S)		<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS
**2850 Centerville road
 Wilmington, DE 19808**

~~add working file~~
~~change source vendor name~~
 - inactivate NR 348 D106 B

FOR SSSS USE ONLY

REVIEWER Michele Burgess	MODEL NUMBERS Electron Capture Detector	NUMBER ASSIGNED 01-51
DATE RECEIVED 10/24/2001	DATE ASSIGNED 12/11/2001	DATE TO FEES 12/11/2001

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 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 checked="" 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 <i>(Specify)</i>			

	TOTAL NUMBER OF REVIEW HOURS	NOTES Request to inactivate NR-348-D-106-B.
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE Amendment		FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED —	CHECK NUMBER ←	DATE OF CHECK —	LOG DEC 1 55:10
APPROVED BY Rosalyn Jones			DATE OF RETURN 12/18/01

COMMENTS