

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 TELEPHONE NUMBER _____ DATE _____ NAME OF APPLICANT David Bennett MAIL CONTROL NUMBER(S) _____ LETTER/APPLICATION DATE 03/05/2001 LICENSE NUMBER(S) _____		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 TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input checked="" type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW <u>Various</u>
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COMMENTS
 2850 Centerville Road
 Wilmington, DE 19808
NR0348D801S
802S
803S
804G

FOR SSSS USE ONLY

REVIEWER Michele Burgess	MODEL NUMBERS Various	NUMBER ASSIGNED 01-38
DATE RECEIVED 03/08/2001	DATE ASSIGNED 03/09/2001	DATE TO FEES 03/09/2001

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"/> 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 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 (Specify)			

TOTAL NUMBER OF REVIEW HOURS	NUMBER OF DEFICIENCY LETTERS	NUMBER OF DEFICIENCY CALLS	NOTES Amendment to: NR-384-D-801-S, NR-348-D-802-S, NR-348-D-803-S, & NR-348-D-804-B. closed 9/4/01 - no changes/action needed to certificates
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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 No Fee Required	CHECK NUMBER _____ DATE OF CHECK _____
APPROVED BY Roselyn Jones	LOG Sept 1 SSiD DATE OF RETURN 9/21/01
COMMENTS	