

Environmental Health and Safety

Telephone: (336) 716-9375
Fax: (336) 716-0588

June 14, 2006

Ms. Margaret M Doane, Deputy Director
Office of International Programs
Mail Stop: 4E21
US Nuclear Regulatory Commission
One White Flint North
11555 Rockville Pike
Rockville, MD 20852-2738

SUBJECT: IMPORTATION OF MDS NORDION GAMMACELL MODEL 1000 ELITE IRRADIATOR FROM CANADA

Dear Ms. Doane:

Per our recent telephone conversation, I am submitting this cover letter regarding Wake Forest University Health Science's purchase and installation of a radioactive source from Canada.

The authorized place of use for this source (PTRP Building Ala) is still under construction; plans call for its completion in early-mid September 2006. Later that month, MDS Nordion of Ottawa, Canada, will transport and install a Gammacell Model 1000 irradiator in Building Ala.

I have enclosed a copy of our recently amended broad scope medical license for your review. Item VV lists the isotope, physical form, maximum activity and authorized use; Condition 10I lists the authorized place of use for this radioactive material.

I appreciate your time and attention to this matter. If I may provide more information, please contact me at (336)716-1202 or by e-mail, dhowell@wfubmc.edu.

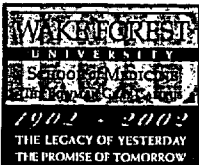
Sincerely,



David C Howell, Radiation Safety Officer
Wake Forest University Baptist Medical Center

Enclosure: NRC Form 7
Copy of North Carolina Radioactive Material License No. 034-0158-1

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Wake Forest University Health Sciences

Medical Center Boulevard • Winston-Salem, North Carolina 27157-1023

**APPLICATION FOR LICENSE TO EXPORT
NUCLEAR MATERIAL AND EQUIPMENT**

Estimated burden per response to comply with this mandatory collection request: 2.4 hours. This submittal is reviewed to ensure that the applicable statutory, regulatory, and policy considerations are satisfied. Send comments regarding burden estimate to the Records Management Branch (T-8 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0027), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

(See Instructions on Reverse)

1. APPLICANT'S USE		a. DATE OF APPLICATION June 14, 2006		b. APPLICANT'S REFERENCE 034-0158-1		2. NRC USE		a. DOCKET NUMBER		b. LICENSE NUMBER IBP0053	
3. APPLICANT'S NAME AND ADDRESS						4. SUPPLIER'S NAME AND ADDRESS (Complete if applicant is not supplier)					
a. NAME Wake Forest University Health Sciences						a. NAME MDS Nordion					
b. STREET ADDRESS (Facility Site) C/O EH&S - Medical Center Boulevard						b. STREET ADDRESS 447 March Road					
c. CITY Winston-Salem			d. STATE NC		e. ZIP CODE 27157-1023		b. STREET ADDRESS 447 March Road			d. STATE NC	
f. TELEPHONE NUMBER (336) 716-1202		g. FAX (336) 716-0588		h. E-MAIL dhowell@wfubmc		c. CITY Ottawa, Ontario, CANADA			d. STATE ON		e. ZIP CODE K2K 1X8
5. FIRST SHIPMENT SCHEDULED 09/01/2006		6. FINAL SHIPMENT SCHEDULED 12/31/2006		7. APPLICANT'S CONTRACTUAL DELIVERY DATE [REDACTED]		8. PROPOSED LICENSE EXPIRATION DATE 12/31/2006		9. CONTRACT NO. N/A			
10. ULTIMATE FOREIGN CONSIGNEE						11. ULTIMATE END USE (Include plant or facility name)					
a. NAME Wake Forest University Health Sciences						PTRP Building A1a 415 East Third Street Winston-Salem, NC 27101					
b. STREET ADDRESS (Facility Site) C/O EH&S - Medical Center Boulevard						11a. DATE REQUIRED					
c. CITY Winston-Salem			d. COUNTRY USA			13. INTERMEDIATE END USE					
12. INTERMEDIATE FOREIGN CONSIGNEE						N/A					
a. NAME N/A						13a. DATE REQUIRED					
b. STREET ADDRESS (Facility Site)						15. INTERMEDIATE END USE					
c. CITY						N/A					
d. COUNTRY						15a. DATE REQUIRED					
14. INTERMEDIATE FOREIGN CONSIGNEE						N/A					
a. NAME N/A						16. COM CODE					
b. STREET ADDRESS (Facility Site)						17. DESCRIPTION (Include chemical and physical form of nuclear material; give dollar value of nuclear equipment and components)					
c. CITY						18. MAX. ELEMENT WEIGHT N/A					
d. COUNTRY						19. MAX. WT. % N/A					
16. COM CODE						20. MAX. ISOTOPE WEIGHT N/A					
17. DESCRIPTION (Include chemical and physical form of nuclear material; give dollar value of nuclear equipment and components)						21. UNIT [REDACTED]					
18. MAX. ELEMENT WEIGHT N/A						22. FOREIGN OBLIGATIONS BY COUNTRY AND PERCENTAGE (Use separate sheet if necessary)					
19. MAX. WT. % N/A						N/A Fee exempt for university					
20. MAX. ISOTOPE WEIGHT N/A						23. ADDITIONAL INFORMATION ON CONSIGNEES, END USES, AND PRODUCT DESCRIPTION (Use separate sheet if necessary)					
21. UNIT [REDACTED]						MDS Nordion Gammacell Model 1000 Elite Irradiator to deliver controlled dose of radiation to blood samples for medical purposes and other non-medical application to irradiate samples.					
22. FOREIGN OBLIGATIONS BY COUNTRY AND PERCENTAGE (Use separate sheet if necessary)						24. The applicant certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations; and that all information in this application is correct to the best of his/her knowledge.					
23. ADDITIONAL INFORMATION ON CONSIGNEES, END USES, AND PRODUCT DESCRIPTION (Use separate sheet if necessary)						25. AUTHORIZED OFFICIAL					
24. The applicant certifies that this application is prepared in conformity with Title 10, Code of Federal Regulations; and that all information in this application is correct to the best of his/her knowledge.						a. SIGNATURE [Signature]					
25. AUTHORIZED OFFICIAL						b. TITLE Radiation Safety Officer					

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