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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| <b>NRC FORM 7</b><br>(6-2006)<br>10 CFR 110                                                                                                                                                                                                                                                                      |  | <b>U.S. NUCLEAR REGULATORY COMMISSION</b>                              |                                                                                                                               | <b>APPROVED BY OMB: NO. 3150-0027</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           | <b>EXPIRES: 06/30/2009</b>                                              |  |
| <b>APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL</b><br>(See Instructions on Page 5)                                                                                                                                                                                                          |  |                                                                        |                                                                                                                               | 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 and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to <a href="mailto:infocollects@nrc.gov">infocollects@nrc.gov</a> , 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. |                                                                                                                           |                                                                         |  |
| <b>PART A. FOR NRC USE ONLY</b>                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC |                                                                                                                               | DATE RECEIVED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                         |  |
| LICENSE NUMBER                                                                                                                                                                                                                                                                                                   |  | DOCKET NUMBER                                                          |                                                                                                                               | ADAMS ACCESSION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                         |  |
| <b>PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, OR RENEWALS</b><br>(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)                                                                                                        |  |                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                         |  |
| <b>1. NAME AND ADDRESS OF APPLICANT/LICENSEE</b><br>New York Blood Center<br>150 Amsterdam Avenue<br>New York, NY 10023                                                                                                                                                                                          |  |                                                                        | <b>1a. NAME OF APPLICANT'S CONTACT</b><br>John J. Svagr                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1b. APPLICANT'S REFERENCE NUMBER</b>                                                                                   |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                  |  |                                                                        | <b>1c. PHONE NUMBER</b><br>212/570-3020                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1d. FAX NUMBER</b><br>212/794-1474                                                                                     |                                                                         |  |
|                                                                                                                                                                                                                                                                                                                  |  |                                                                        | <b>1e. E-MAIL ADDRESS</b><br><a href="mailto:jsvagr@NYBloodCenter.org">jsvagr@NYBloodCenter.org</a>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                         |  |
| <b>2. TYPE OF NRC LICENSE REQUESTED (Check One)</b><br><input type="checkbox"/> EXPORT (Parts B, C, E) <input type="checkbox"/> IMPORT (Parts B, D, E) <input checked="" type="checkbox"/> COMBINED EXPORT/IMPORT (Parts B, C, D, E) <input type="checkbox"/> AMENDMENT/RENEWAL (Existing License Number: _____) |  |                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                         |  |
| <b>3. CONTRACT NUMBER(S)</b><br>PO # 1043282                                                                                                                                                                                                                                                                     |  | <b>4. FIRST SHIPMENT DATE</b><br>[REDACTED]                            |                                                                                                                               | <b>5. LAST SHIPMENT DATE</b><br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | <b>6. PROPOSED EXPIRATION DATE</b><br>[REDACTED]                        |  |
| <b>PART C. TO BE COMPLETED FOR EXPORT ONLY OR COMBINED LICENSES, AMENDMENTS, OR RENEWALS</b><br>(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)                                                                                    |  |                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                         |  |
| <b>7. NAME(S) / ADDRESS(ES) OF SUPPLIERS AND/OR OTHER PARTIES TO THE EXPORT</b><br>MDS Nordion<br>447 March Road<br>Ottawa, Ont. K2K 1X8<br><br>New York Blood Center<br>150 Amsterdam Avenue<br>New York, NY 10023                                                                                              |  |                                                                        | <b>8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)</b><br>MDS Nordion<br>447 March Road<br>Ottawa, Ont. K2K 1X8 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)</b><br>MDS Nordion<br>447 March Road<br>Ottawa, Ont. K2K 1X8 |                                                                         |  |
| <b>7a. LIST FUNCTIONS PERFORMED/SERVICE PROVIDED</b><br>Decommission Blood Irrad.                                                                                                                                                                                                                                |  | <b>8a. INTERMEDIATE USE(S)</b><br>Transport to Disposal                |                                                                                                                               | <b>9a. ULTIMATE END USE(S)</b><br>Diposal or Reprocess Source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |                                                                         |  |
| <b>10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS</b><br>CEA Oris Model 437 C Gamma Irradiator<br>[REDACTED] Cesium 137 Solid<br>Serial Number: 90-303                                                                                                   |  |                                                                        |                                                                                                                               | <b>10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)</b><br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | <b>10b. MAX ENRICHMENT OR WGT %</b><br>N/A                              |  |
|                                                                                                                                                                                                                                                                                                                  |  |                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | <b>10c. MAX ISOTOPE WGT (KG)</b><br>21<br>N/A<br>10: 40<br>RECEIVED OIP |  |
| <b>11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)</b><br>N/A                                                                                                                                                                                                                     |  |                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           |                                                                         |  |

**NRC FORM 7**  
(5-2006)  
10 CFR 110

**U.S. NUCLEAR REGULATORY COMMISSION**

**APPLICATION FOR NRC EXPORT/IMPORT  
LICENSE, AMENDMENT, OR RENEWAL (Continued)**

|                       |                      |                               |                                                                        |
|-----------------------|----------------------|-------------------------------|------------------------------------------------------------------------|
| <b>LICENSE NUMBER</b> | <b>DOCKET NUMBER</b> | <b>ADAMS ACCESSION NUMBER</b> | <input type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC |
|-----------------------|----------------------|-------------------------------|------------------------------------------------------------------------|

**PART D. TO BE COMPLETED FOR IMPORT ONLY, OR COMBINED LICENSES, AMENDMENTS, OR RENEWALS**  
(If more space is needed to complete any of the items, use Pages 3-4 first, and then attach additional sheets, if necessary.)

|                                                                                                                                                   |                                                                                                                            |                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12. NAME(S) / ADDRESS(ES) OF FOREIGN SUPPLIERS AND/OR OTHER PARTIES TO IMPORT</b><br><br>MDS Nordion<br>447 March Road<br>Ottawa, Ont. K2K 1X8 | <b>13. NAME(S) / ADDRESS(ES) OF INTERMEDIATE CONSIGNEE(S)</b><br><br>MDS Nordion<br>447 March Road<br>Ottawa, Ont. K2k 1X8 | <b>14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S)</b><br><br>New York Blood Center<br>45-01 Vernon Blvd.<br>Long Island City, NY 11101 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                    |                                                                                                                             |                                                                                                                                           |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12a. NRC EXPORT LICENSE NUMBER(S)</b><br><i>(if applicable)</i> | <b>13a. LICENSE NUMBER(S) / EXPIRATION DATE(S)</b>                                                                          | <b>14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)</b><br><br>74-2946-01 Exp: 07/30/06<br>Renewal submitted to<br>NYCDOH-Bureau of Rad. Hlth. |
|                                                                    | <b>13b. INTERMEDIATE USE(S)</b><br><br>Install new replacement<br>Blood Irradiator and install<br>Cesium 137 Source at NYBC | <b>14b. INTERMEDIATE USE(S)</b>                                                                                                           |

|                                                                                                                                               |                                                                                  |                                                |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| <b>15. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES</b><br><br>GammaCell 3000 Elan - Model II<br>Cesium 137 Solid | <b>15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)</b><br><br> | <b>15b. MAX ENRICHMENT OR WGT %</b><br><br>N/A | <b>15c. MAX ISOTOPE WGT (KG)</b><br><br>N/A |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|

**16. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)**  
N/A

**PART E. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, OR RENEWALS**

|                                                                                                                                                          |                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <b>17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

**18. CERTIFICATION:** I, the applicant's authorized official, hereby certify that this application is prepared in conformity with Title 10, Code of Federal Regulations, and that all information provided is correct to the best of my knowledge.

|                                                                                                                       |                                                      |                                   |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|
| <b>18a. PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL</b><br><br>John J. Svagr<br>Director - Env. Health & Safety - RSO | <b>18b. SIGNATURE -- AUTHORIZED OFFICIAL</b><br><br> | <b>18c. DATE</b><br><br>7/19/2006 |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|

Carlotta A. Coates  
Licensing Officer  
Office of International Programs  
U.S. Nuclear Regulatory Commission  
11555 Rockville Pike  
Rockville, MD 20852

July 19, 2006

Re: Export/Import License Nuclear Material and Equipment

Dear Licensing Officer Coates:

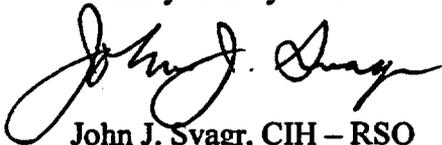
Please accept our application for an Export/Import License of Nuclear Material and Equipment. The New York Blood Center location at 150 Amsterdam Avenue; NY, NY is being relocated to a new facility at 45-01 Vernon Blvd in Long Island City, NY. Presently the Blood Irradiator (CEA 437C) located at 150 Amsterdam Avenue will be decommissioned by MDS Nordion of Ottawa, Ontario Canada.

A new blood irradiator (GammaCell 3000 Élan Model II) is being purchased from MDS Nordion and will be delivered, installed and commissioned at the 45-01 Vernon Blvd.; Long Island City, NY location on the same day that the CEA instrument is decommissioned.

Per your instruction I am enclosing the Import/Export license application, a copy of our current license that permits possession of the Cesium 137-Solid source material, the NYBC Purchase Order, a check for \$2400, documentation of the transaction with the named vendor, and documentation of our "Not-For-Profit status." During our conversation you stated it might be possible that the NRC will return the check of \$2400 if they do not charge fees to Not-For-Profit institutions.

I trust this will provide you and your office with the information required. If you need additional information, please telephone me at the number listed below or send me an e-mail via: [jsvagr@nybloodcenter.org](mailto:jsvagr@nybloodcenter.org)

Thank you for your assistance in this matter,



John J. Svagr, CIH – RSO  
Director, Environmental Health and Safety

**WITHOLD FROM PUBLIC DISCLOSURE UNDER 10 CFR 2.390**

2006 JUL 21 AM 10:10  
RECEIVED OIP