

### 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 <b>International Isotopes, Inc.</b>		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"/> LFRB	
TELEPHONE NUMBER <b>800-699-3108</b>	DATE	TYPE OF ACTION REQUESTED (Check as appropriate)	
NAME OF APPLICANT <b>John J. Miller</b>		<input checked="" type="checkbox"/> SOURCE REVIEW	<input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		<input type="checkbox"/> DEVICE REVIEW	
LETTER/APPLICATION DATE <b>04/17/2006</b>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	

COMMENTS:  
**4137 Commerce Circle  
Idaho Falls, ID 83401**

#### FOR SSSS USE ONLY

REVIEWER <i>Jonathan Rivera</i>	MODEL NUMBERS <b>INIS-SF-CS-1J &amp; INIS-SF-CS-2J</b>	NUMBER ASSIGNED <b>06-25</b>
DATE RECEIVED <b>04/24/2006</b>	DATE ASSIGNED	DATE TO FEES

#### 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 checked="" type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW	<input type="checkbox"/> NEW
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> AMENDMENT	<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

OTHER (Specify)  
*Fee paid - \$2,200. CK #005642*

TOTAL NUMBER OF REVIEW HOURS	NOTES <b>Request to register Cs-137 source capsules for Model Numbers INIS-SF-CS-1J &amp; INIS-SF-CS-2J.</b>
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

#### FOR FEE USE ONLY

TYPE OF FEE <i>Application</i>		FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input checked="" type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED <b>\$2200</b>	CHECK NUMBER <b>005642</b>	DATE OF CHECK <b>4/17/06</b>	LOG <b>MAY 06 SSI D</b>
APPROVED BY <i>Dealy - C</i>		DATE OF RETURN <b>5/15/06</b>	

COMMENTS