

## 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"/> LFARB	
TELEPHONE NUMBER	DATE	TYPE OF ACTION REQUESTED <i>(Check as appropriate)</i>	
NAME OF APPLICANT <b>John J. Miller</b>		<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 <b>11/21/2006</b>	LICENSE NUMBER(S)	<input type="checkbox"/> CUSTOM REVIEW	<b>NR-1235-S-103-S</b>

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

FOR SSSS USE ONLY			
REVIEWER <b>Nima Ashkeboussi</b>	MODEL NUMBERS <b>INIS-SF-CS-1J &amp; INIS-SF-CS-2J</b>	NUMBER ASSIGNED <b>07-15</b>	
DATE RECEIVED <b>12/28/2006</b>	DATE ASSIGNED <b>12/28/2006</b>	DATE TO FEES <b>12/28/2006</b>	

TYPE OF ACTION <i>(Indicate the number of each type)</i>			
<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 checked="" 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 checked="" type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> OTHER <i>(Specify)</i>			

	TOTAL NUMBER OF REVIEW HOURS	NOTES <b>Request to amend NR-1235-S-103-S to include a range of source capsules between the current dimensions of the Model 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 <b>Amendment</b>		FEE CATEGORY <input type="checkbox"/> 9A <input type="checkbox"/> 9B <input checked="" type="checkbox"/> 9C <input type="checkbox"/> 9D	
AMOUNT RECEIVED <b>N/A</b>	CHECK NUMBER <b>N/A</b>	DATE OF CHECK <b>N/A</b>	LOG <b>DEC 06 SSSD</b>
APPROVED BY <i>Rosalyn Jones</i>			DATE OF RETURN <b>1/11/07</b>
COMMENTS			