

**NRC FORM 7**  
(6-2006)  
10 CFR 110

**U.S. NUCLEAR REGULATORY COMMISSION**

**APPROVED BY OMB: NO. 3150-0027**

**EXPIRES: 06/30/2009**

# **APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL**

(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 [infocollects@nrc.gov](mailto: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.

<b>PART A. FOR NRC USE ONLY</b>	<input type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC	DATE RECEIVED
LICENSE NUMBER <i>IBP82</i>	DOCKET NUMBER	ADAMS ACCESSION NUMBER

## **PART B. TO BE COMPLETED FOR ALL 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.)

1. NAME AND ADDRESS OF APPLICANT/LICENSEE  Rhode Island Hospital 593 Eddy Street Providence, RI 02903	1a. NAME OF APPLICANT'S CONTACT  Ninni Jacob	1b. APPLICANT'S REFERENCE NUMBER
	1c. PHONE NUMBER  (401) 444-5961	1d. FAX NUMBER  (401) 444-4446
	1e. E-MAIL ADDRESS  <a href="mailto:njacob@lifespan.org">njacob@lifespan.org</a>	
2. TYPE OF NRC LICENSE REQUESTED (Check One)  <input type="checkbox"/> EXPORT (Parts B, C, E) <input checked="" type="checkbox"/> IMPORT (Parts B, D, E) <input type="checkbox"/> COMBINED EXPORT/IMPORT (Parts B, C, D, E) <input type="checkbox"/> AMENDMENT/RENEWAL Existing License Number:		

3. CONTRACT NUMBER(S)	4. FIRST SHIPMENT DATE  08/01/2007	5. LAST SHIPMENT DATE	6. PROPOSED EXPIRATION DATE  12/31/2012
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## **PART C. TO BE COMPLETED FOR EXPORT 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.)

7. NAME(S) / ADDRESS(ES) OF SUPPLIERS AND/OR OTHER PARTIES TO THE EXPORT	8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)	9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)	
7a. LIST FUNCTIONS PERFORMED/SERVICE PROVIDED	8a. INTERMEDIATE USE(S)	9a. ULTIMATE END USE(S)	
10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS	10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)	10b. MAX ENRICHMENT OR WGT %	10c. MAX ISOTOPE WGT (KG)

11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)
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# **APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL (Continued)**


LICENSE NUMBER	DOCKET NUMBER	ADAMS ACCESSION NUMBER	<input type="checkbox"/> PUBLIC <b>OR</b> <input checked="" type="checkbox"/> NON-PUBLIC
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## **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.)

12. NAME(S) / ADDRESS(ES) OF FOREIGN SUPPLIERS AND/OR OTHER PARTIES TO IMPORT  MDS Nordion 447 March Road Ottawa, Ontario, K2K 1X8 CANADA	13. NAME(S) / ADDRESS(ES) OF INTERMEDIATE CONSIGNEE(S)	14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S)  Dr. Peter J. Quesenberry M.D. CORO WEST [REDACTED] 1 Hoppin Street Providence, RI 02903
12a. NRC EXPORT LICENSE NUMBER(S) (if applicable)	13a. LICENSE NUMBER(S) / EXPIRATION DATE(S)	14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)
	13b. INTERMEDIATE USE(S)	14b. INTERMEDIATE USE(S)
15. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES  Cesium-137 Two sealed sources Chemical Form: Element Physical Form: Solid Device is in Gamma Cell 40	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)  155.4TBq (4200Ci)	15b. MAX ENRICHMENT OR WGT %  15c. MAX ISOTOPE WGT (KG)  207 R-3 M 6:00 RECEIVED OIP
16. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)		

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

17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input 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.	
18a. PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL  August Cordeiro Vice President for Patient Support Services Chief Administrator Officer	18b. SIGNATURE - AUTHORIZED OFFICIAL  
18c. DATE  02/02/2007	