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NRC FORM 7 (6-2006) 10 CFR 110 APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL (See Instructions on Page 5)					APPROVED BY OMB: NO. 3150-0027 EXPIRES: 06/30/2009 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 FOLA/Privacy Services Branch (T-5 F52), 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.				
PARTA FOR NRC USE C	ŇĽY		UBLIC	OR	NON-PUBLIC	Se 11.52	26-0	an anna an Anna an Anna an Anna	
		DOCKET					ESSION NUN		
PART B. TO (If more space is nee	O BE COMF ded to complet	PLETED ie any of th	FOR <u>AL</u> e items, u	L LICE	NSES, AMENDM 3-4 first, and then at	IENTS, O tach addition	R RENEW al sheets, if	VALS necessary.)	
NAME AND ADDRESS OF APPLICANT/LICENSEE				1a. NAME OF APPLICANT'S CONTACT			1b. APPLICAN'TS REFERENCE NUMBER		
Duaghters of Charity Health Services of Austin dba Dell Children's Medical Center of Central Texas 4600 Mueller Blvd. Austin, Texas 78723				ert Bowm			DCMC-01		
			1c. PHONE NUMBER				10. FAX NUMBER ミリン - 324-8900		
			(512) 324-7188				512-527 3100		
			-	man@se	-				÷
TYPE OF NRC LICENSE REQU	ESTED (Chec	k One)							
(Parts B, C, E)	IMPORT (Parts B, D, E	E)		IBINED EX s B, C, D,	KPORT/IMPORT E)	_	NDMENT/RE		
CONTRACT NUMBER(S) NA					ST SHIPMENT DATE 6. PROPOSED EXPIRATION DATE 7/01/2008 07/01/2008				
PART C. TO BE COMPLE	ETED FOR I		ONLY			SES, AME		S, OR RENEW	VALS
AND/OR OTHER PARTIES TO THE EXPORT FO			NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S) NA			9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S) NA			
	-								
									a. LIST FUNCTIONS PERFORMED/SERVICE PROVIDED 8a. INTER
10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOU NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS NA			CES,	ELEN	TOTAL VOLUME / IENT WGT (KG), OR	10b. MAX ENRICHMENT OR WGT %		10c. MAX ISOTOPE WGT (KG)	
					L ACTIVITY (TBq)	NA		NA	
FOREIGN OBLIGATIONS (BY COU	NTRY AND BY P	ERCENTAG	E OF MAX		AL VOLUME)	·,		<u> </u>	
INA C FORM 7 (6-2006)		• • • • • • • • • • • • • • • • • • •	يدا اعتراب ا			a v sv. state state		PRINTED ON RECYCL	

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NRC FORM 7 (6-2006) 10 CFR 110			U.S. NUCLEAR REGU	JLATORY COMMISSION		
		OR NRC EXPORT/IN IT, OR RENEWAL(
LICENSEINUMBER TEGP 73	ER	ADAMS ACCESSION NUMBER				
PART D. TO BE COMPLETED FOR (If more space is needed to complete						
12. NAME(S) / ADDRESS(ES) OF FOREIGN SUPPLIERS AND/OR OTHER PARTIES TO IMPORT MDS Nordion 447 March Road	13. NAME(S) / ADDR CONSIGNEE(S) NA	ESS(ES) OF INTERMEDIATE	14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S) Same as Block 1			
Ottawa, Ontario K2K 1X8 Canada			Duaghters of Charity Health Services of Austin dba Dell Children's Medical Center of Central Texas 4600 Mueller Blvd. Austin, Texas 78723			
12a. NRC EXPORT LICENSE NUMBER(S) (if applicable) NA	13a. LICENSE NUMB NA	BER(S) / EXPIRATION DATE(S)	14a. LICENSE NUMBER(S) / EXPIRATION DATE(S) RAML LOGOGS			
	13b. INTERMEDIATE NA	USE(S)	EXP: MAY 31, 2.017 14b. INTERMEDIATE USE(S) To irradiate blood and blood products.			
15. DESCRIPTION OF RADIOACTIVE MATERIALS, SE NUCLEAR FACILITIES Cesium-137 sealed sources USNRC #NR-0220-D-102 Chemical form: element Physical form: solid Device is a Gammacell 3000	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq) Maximum activity: 120.8 TBq (3264 Ci)	15b. MAX ENRICHMENT OR WGT %	15c. MAX ISOTOPE WGT (KG) NA			
16. FOREIGN OBLIGATIONS (BY COUNTRY AND BY F	ERCENTAGE OF MA	XIMUM TOTAL VOLUME)				
PART E. TO BE COMF	LETED FOR A	<u>LL</u> LICENSES, AMENDI	MENTS, OR RENEW	ALS		
17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS?	YES 📝 NO	17a. COPIES OF RECI AUTHORIZATION		YES NO		
		hereby certify that this applinat all information provided				
188. PRINT NAME AND TITLE OF AUTHORIZED OFFIC ROBERT E. BOWMAN NETWORK RADIATION SA SETON FAVILLY OF HOSP	FETY OFFICE	18b. SIGNATURE – AUTHORIZI		18c. DATE 7 - 27 - 2007		

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