NRC FORM 7 U.S. NUCLEAR R (6-2006) 10 CFR 110  APPLICATION FOR NRC EX LICENSE, AMENDMENT, C (See Instructions on Page	Estimated burden per res submittal is reviewed to e are satisfied. Send com Services Branch (T-5 FS) or by internet e-mail to in Regulatory Affairs, NEOE DC 20503. If a means us	sponse to comply with this mandate insure that the applicable statutory iments regarding burden estimat 2), U.S. Nuclear Regulatory Commit infocollects@nrc.gov, and to the Di 3-10202, (3150-0027), Office of Mi ed to impose an information collect e NRC may not conduct or spon	EXPIRES: 06/30/2009 ory collection request: 2.4 hours. This regulatory, and policy considerations to the Records and FOIA/Privacy pission, Washington, DC 20555-0001 esk Officer, Office of Information and anagement and Budget, Washington, tion does not display a currently valid sor, and a person is not required to					
PART A. FOR NRC USE ONLY	DATE RECEIVED	^ 7						
	PUBLIC OR NON-PUBLIC		10-29-07					
LICENSE NUMBER CBP94	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.)								
name and address of applicant/Licensee University of Kansas Hospit	al Ruth Schukman-Dakota			REFERENCE NUMBER				
Authority 3901 Rainbow Blvd.	1c. PHONE NUMBER 913-588-1713		1d. FAX NUMBER 913-588-8301					
Kansas City, KS 66160-7183								
2. TYPE OF NRC LICENSE REQUESTED (Check	k One)			· · · · · · · · · · · · · · · · · · ·				
EXPORT IMPORT X COMBINED EXPORT/IMPORT AMENDMENT/RENEWAL (Parts B, C, E) (Parts B, C, D, E) Existing License Number:								
3. CONTRACT NUMBER(S) 4. FIRST SHIP	MENT DATE	5. LAST SHIPMENT DATE	6. PROPOSI	ED EXPIRATION DATE				
12/1/0	7	12/1/08	01/01	1/09				
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) / ADDRES FOREIGN CONSIGN	S(ES) OF INTERMEDIATE IEE(S)	9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)					
University of Kansas Hospital Authority 3901 Rainbow Blvd. Kansas City, KS 66160-7183	N/A		MDS Nordian 447 March Road Ottawa, ON K2K1X8 Canada					
			. •					
7a. LIST FUNCTIONS PERFORMED/SERVICE PROVIDED	8a. INTERMEDIATE USE(S)		9a. ULTIMATE END USE(S)					
Source Exchange	None		Disposal recycle or reuse					
10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEA NUCLEAR FACILITIES, EQUIPMENT, OR COMPONE Co-60 special form		10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)	10b. MAX ENRICHMENT OR WGT %	10c. MAX ISOTOPE WGT (KG)				
sealed source Model C-146		282 TBq	N/A	N/A				
				·				
11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PE	RCENTAGE OF MAXIN	NUM TOTAL VOLUME)						

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NRC FORM 7 (6-2006)				U.S. NUCLEAR REG	GULATORY COMMISSION
10 CFR 110			OR NRC EXPORT/II NT, OR RENEWAL		
LICENSE NUMBER	DOCKET NUM	BER	ADAMS ACCESSION NUMBER	PUBLIC OI	R NON-PUBLIC
			/, OR COMBINED LICEN use Pages 3-4 first, and then		
12. NAME(S)/ADDRESS(ES) OF FOREIGN SUPPLIERS AND/OR OTHER PARTIES TO IMPORT MDS Nordin 447 March Road Ottawa, ON K2K1X8		RESS(ES) OF INTERMEDIATE	14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S)		
		University of Kansas Authority 3901 Rainbow Blvd. Kansas City, KS 661		ow Blvd.	
					·
(if applicable) N/A N/A		BER(S) / EXPIRATION DATE(S)	14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)		
		N/A		State of Kansas License 18-C801 Expiration 12/31/2010	
		13b. INTERMEDIATE USE(S)		14b. INTERMEDIATE USE(S)	
		N/A		None	
15. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES  CO-60 Special Form		15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)	15b. MAX ENRICHMENT OR WGT %	15c. MAX ISOTOPE WGT (KG)	
sealed source Model C-146	OLIII		282 TBq	N/A	N/A
rodel G-140					
6. FOREIGN OBLIGATIONS (BY	COUNTRY AND BY F	PERCENTAGE OF MA	XIMUM TOTAL VOLUME)	<u> </u>	
	TO BE COMP	LETED FOR A	LL LICENSES, AMENDI	MENTS, OR RENEW	ALS
17. ADDITIONAL INFORMATION PROVIDED ON PAGES 3, 4, AND/OR ON SEPARATE SHEETS?  X NO			17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED?  X YES NO		
			hereby certify that this applinat all information provided i		
18a. PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL Calvin P. Myers		18b. SIGNATURE – AUTHORIZED OFFICIAL 18c. DATE 9/21/2007		18c. DATE 9/21/2007	
,			90.		