

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, 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.

PART A. FOR NRC USE ONLY	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC	DATE RECEIVED 11-28-07
LICENSE NUMBER XBP95	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 Community Blood Center 800 SW Lane Street Topeka, KS 66606	1a. NAME OF APPLICANT'S CONTACT Gary Tegmeier, Ph.D	1b. APPLICANT'S REFERENCE NUMBER
	1c. PHONE NUMBER (816) 968-4044	1d. FAX NUMBER (816) 968-4430
	1e. E-MAIL ADDRESS get@cbckc.org	

2. TYPE OF NRC LICENSE REQUESTED (Check One)

☒ EXPORT (Parts B, C, E) ☐ IMPORT (Parts B, D, E) ☐ COMBINED EXPORT/IMPORT (Parts B, C, D, E) ☐ AMENDMENT/RENEWAL
Existing License Number: _____

3. CONTRACT NUMBER(S) NA	4. FIRST SHIPMENT DATE	5. LAST SHIPMENT DATE	6. PROPOSED EXPIRATION DATE
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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) MDS Nordion 447 March Road Ottawa, Ontario K2K 1X8 Canada	
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 Cesium 137 Sealed Sources Chemical Form: Element Physical Form: Solid Device: CIS-US IBL-437C Blood Irradiator	10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq) 1312.7 Ci = 48.57 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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U.S. NUCLEAR REGULATORY COMMISSION

APPLICATION FOR NRC EXPORT/IMPORT LICENSE, AMENDMENT, OR RENEWAL (Continued)

LICENSE NUMBER <i>XB895</i>	DOCKET NUMBER	ADAMS ACCESSION NUMBER	<input checked="" type="checkbox"/> PUBLIC OR <input 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	13. NAME(S) / ADDRESS(ES) OF INTERMEDIATE CONSIGNEE(S)	14. NAME(S) / ADDRESS(ES) OF ULTIMATE CONSIGNEE(S)	
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	15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)	15b. MAX ENRICHMENT OR WGT %	15c. MAX ISOTOPE WGT (KG)
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input checked="" 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 Gary Tegtmeier, Ph.D. Scientific Director	18b. SIGNATURE -- AUTHORIZED OFFICIAL <i>Gary Tegtmeier</i>
18c. DATE 11/20/07	