

NRC FORM 7 (8-2007) 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, NECB-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 8-24-09
LICENSE NUMBER PXB/31.00	DOCKET NUMBER N/A	ADAMS/ACCESSION NUMBER

PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS OR NOTIFICATIONS
 (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 Texas Health Presbyterian Hospital of Dallas 8200 Walnut Hill Lane Dallas, Texas 75231	1a. NAME OF APPLICANT'S CONTACT Gwenda McKee	1b. APPLICANT'S REFERENCE NUMBER 8200	1c. PHONE NUMBER (214) 345-7764 (OR 7763)	1d. FAX NUMBER (214) 345-8661
1e. E-MAIL ADDRESS gwendamckee@texashealth.org				
2. TYPE OF ACTION REQUESTED (Check One) <input checked="" type="checkbox"/> EXPORT (Parts B, C, E) <input type="checkbox"/> NOTIFICATION OF EXPORT OF INCIDENTAL RADIOACTIVE MATERIAL (PART C, E) <input 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 09/19/2009	5. LAST SHIPMENT DATE	6. PROPOSED EXPIRATION DATE 12/31/2009	

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 NA	8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S) NA	9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S) Best Theratronics 413 March Road Ottawa, Ontario K2K 0E4 Canada	
7a. FUNCTION(S) PERFORMED/SERVICE(S) PROVIDED	8a. INTERMEDIATE USE(S)	9a. ULTIMATE END USE(S) disposal	
10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS; FOR NUCLEAR EQUIPMENT INCLUDE TOTAL DOLLAR VALUE OF EQUIPMENT FOR EXPORT Cesium 137 Sealed Source Chemical form: Element Physical form: Solid 664 Curies of Cesium-137 in 1 pencil	10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq) Category 2	10b. MAX ENRICHMENT OR WGT %	10c. MAX ISOTOPE WGT (KG)
11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME) NONE			

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Rec'd 8-18-09 RB

NRC FORM 7
(8-2007)
10 CFR 110

U.S. NUCLEAR REGULATORY COMMISSION

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

LICENSE NUMBER <i>PXB13100</i>	DOCKET NUMBER <i>NA</i>	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) <i>(if applicable)</i>	13a. LICENSE NUMBER(S) / EXPIRATION DATE(S)	14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)	
	13b. INTERMEDIATE USE(S)	14b. ULTIMATE END 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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 <i>JOHN B. GAIDA SENIOR VP, TEXAS HEALTH RESOURCES for TEXAS HEALTH PRESBYTERIAN HOSPITAL OF DALLAS</i>	18b. SIGNATURE - AUTHORIZED OFFICIAL 	18c. DATE <i>8/14/09</i>
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PXB/31.00

Barnes, Robin

From: McKee, Gwenda [GwendaMcKee@texashealth.org]
Sent: Monday, August 24, 2009 9:37 AM
To: Barnes, Robin
Subject: Cover Letter per your request

*Rec'd
8-24-09
RB*



Laboratory Services / Transfusion Service

August 24, 2009

Robin Barnes
Nuclear Regulatory Commission
Rockville, MD

Dear Ms. Barnes:

Per your request for additional information regarding the disposal of the Cesium from the Gammacell 1000, I contacted the vendor, Best Theratronics.

I have been advised of the following Source information from Leanne Usher, Best Theratronics, Ltd:

“This source will be stored on-site here in Kanata for several years before being routed to the AECL Chalk River Waste Management facility for long term storage and eventual disposal”

I hope this will meet the needs of your request. Please contact me for any additional information you may require.

Sincerely Yours:

Gwen McKee MT(ASCP)SBB
Texas Health Presbyterian Hospital Dallas
Manager, Blood Bank / Tissue Bank
e-mail: gwendamckee@texashealth.org
Ph: 214-345-7764
fax: 214-345-8661

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PXB/3/00

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