1 of 3

	(8) ×			NO 2450 0027	EX	PIRES: 08/31/2012	
II & NIICI	EAR REGULATOR	RY COMMISSION	APPROVED BY OMB:	nse to comply with t	his mandatory collection	request: 2.4 hours. This	
NRC FORM 7 U.S. NUCL (3-2010)				APPROVED BY OMB: NO. 3150-0027 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 submittal is reviewed to ensure that the applicable statutory, regulatory, and policy considerations submittal is reviewed to ensure that the applicable statutory, regulatory, and policy considerations and FOIA/Privacy are satisfied. Send comments regarding burden estimate to the Records and FOIA/Privacy are satisfied. Send comments regarding burden estimates to the Records and FOIA/Privacy are satisfied. Send comments are satisfied.			
10 CFR 110							
TOP NO	C EVDORT	MPORT					
APPLICATION FOR NR	CEAPORIN	EANAI					
LICENSE, AMENDME	LICENSE, AMENDMENT, OR RENEWAL			or by metric e-main control of the first state of t			
Live in the stance of	n Page 5)	/	display a currently valid Own is not required to respond to	o, the information co	ollection.		
(See Instructions o	II Page 3)			DATE RECEIV	ED		
	-h	- 00	NON-PUBLIC	DATE			
PART A. FOR NRC USE ONLY	PI	JBLIC OR	MOIA! OPE.	N	MY 1 1 2010		
PARI A. FOR III.	DOCKET NUMBER ADAMS ACCESSION NUMB DOCKET NUMBER			SSION NUMBER	20		
LICENSE NUMBER	DOCKET	OMPEK		IAA I	11 310		
				1010		ATIONS	
PART B. TO BE COMPLI	TOP ALL	LICENSES	AMENDMENTS, F	RENEWALS	S OR NOTIFIC	ATIONS	
PART B. TO BE COMPLI (If more space is needed to	TED FOR AL	LICENSES,	es 3-4 first, and then at	ttach additiona	il sheets, if necess	saly.)	
(If more space is needed to	complete any or tr	le items, user ag	PLICANT'S CONTACT	1b. API	LICANI O ILL.		
1. NAME AND ADDRESS OF APPLICANT/LIC	ENSEE	Ta. MAINE OF ALL		1	01-07-07		
		Scott F	oley, M.S./R.S.O.				
Nebraska Methodist Hospital		1c. PHONE NUME	BER	1d. FA	1d. FAX NUMBER		
Department of Pathology		(4	02) 354-4108		(402) 354	-8/01	
8303 Dodge ST.							
Omaha, NE. 68114		1e. E-MAIL ADDR	RESS	a l . O-mb	e ora		
			scott.	foley@nmh	5.01 g		
2. TYPE OF ACTION REQUESTED (C	heck One)	-	COMBINED EX	PORT/IMPOR	T AMENDI	MENT/RENEWAL License Number:	
2. TYPE OF ACTION TELESCOPE NOTIFICAT	TION OF	IMPORT	(Parts B, C, D, E	Ξ)	Existing	License ivamber.	
EXPORT C	F	(Parts B, D, E)	(
i inciderati	AL						
RADIOACT	(PART C, E)				6 PROPOSED E	XPIRATION DATE	
	FIRST SHIPMENT DA	ATE	5. LAST SHIPMENT DAT			/30/2010	
3 CONTRACT NUMBER		040	12/01/20	10			
PART C. TO BE COMPLETE			I IOE	NCES AM	ENDMENTS.	OR RENEWALS	
PART C. TO BE COMPLETE (If more space is needed	ED FOR EXPO	RT ONLY OR	COMBINED LICE	ottach addition	onal sheets, if nec	essary.)	
PART C. TO BE COMPLETE	to complete any o	f the items, use P	ages 3-4 first, and their	Tattacit duam	S) / ADDRESS(ES) (OF ULTIMATE	
(If More shace is used		AE(S) / ADDRESS(E	S) OF INTERMEDIATE		ONSIGNEE(S)		
7. NAME(S) / ADDRESS(ES) OF SUPPLIE	RS FOR	REIGN CONSIGNEE	(S)	1 OKLES			
7. NAME(S) / ADDRESS(ES) OF SOIT ELECTION AND/OR OTHER PARTIES TO THE EXP	OK!			1			
N.A. Import Only				1			
146716 200-							
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1	1				MATE END USE(S)		
	Or 11	TERMEDIATE USE(S)		9a. ULTIN	MATE END USE(S)		
7a. FUNCTION(S) PERFORMED/SERVICE(S)	PROVIDED 8a. In	11 -1 111					
				- / A0h 84/	X ENRICHMENT	10c. MAX ISOTOPE	
	ATERIALS SEALED		0a. MAX TOTAL VOLUM ELEMENT WGT (KG)		R WGT %	WGT (KG)	
10. DESCRIPTION OF RADIOACTIVE N NUCLEAR FACILITIES, EQUIPMEN	T. OR COMPONENTS	S; FOR	TOTAL ACTIVITY (TE	3q)			
LUCI EAR FOIIPMENT INCLUDE	OTAL DOLLAR VAL	UE OF	101111				
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11 FOREIGN OBLIGATIONS (BY COL	INTRY AND BY PER	CENTAGE OF MAX	IMUM TOTAL VOLUME)				
FOREIGN ORLIGATIONS (BY COL	MIKTANDBIFER						

U.S. NUCLEAR REGULATORY COMMISSION

NRC FORM 7 (3-2010) 10 CFR 110

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

ı	LICENSE, AMENDME	NI, OICICETE				
ENSENUMBER	DOCKET NUMBER	ADAMS ACCESSION NUMBER	1 PUBLIC OR	NON-PUBLIC		
PTB139(10)	·		OF AMENDMENTS.	OR RENEWALS		
ART D. TO BE COMPL	ETED FOR IMPORT ONL eded to complete any of the items	Y, OR COMBINED LICENS	tach additional sheets, if necessary	essary.)		
(If more space is no	CONTRACTOR OF THE POPULATION O	DRESS(ES) OF INTERMEDIATE	14. NAME(S) / ADDRESS(ES) C CONSIGNEE(S)	F ULTIMATE		
NAME(S) / ADDRESS(ES) OF FO SUPPLIERS AND/OR OTHER PA TO IMPORT	REIGN RTIES CONSIGNEE(S	S)	See Box 1 Part B			
Best Theratronics, Ltd.	N.A.		NIE DAM License#)1-07-07		
113 March Road			Item # 12 -Additional u at: Nebraska Methodis	init to be placed		
Ottawa, Ontario			at: Nebraska Methodis 707 North 190th Pl	aza,		
K2K 0E4 Canada			Omaha, NE. 68022			
Canta						
			14a. LICENSE NUMBER(S) / EXPIRATION DATE(S)			
2a. NRC EXPORT LICENSE NUM	BER(S) 13a. LICENSE N	UMBER(S) / EXPIRATION DATE(S)	NE. R.A.M. 01-07-07	1		
(if applicable)			Expiration 9-30-2010			
	13b. INTERMED	DIATE USE(S)	14b. ULTIMATE END USE(S)			
	100.111		See 14.			
			15b. MAX ENRICHMENT	15c. MAX ISOTOPE		
TOORINTION OF PADIOACT	TIVE MATERIALS, SEALED SOURCE	S, 15a. MAX TOTAL VOLUME / ELEMENT WGT (KG), O	R OR WGT %	WGT (KG)		
NUCLEAR FACILITIES		TOTAL				
Radioactive Material -C	hemical Form Physical Form	n 56.4 TBq				
Cesium-137	Element Solid	50.4 1 Bq				
(Sealed Source)		(1524 Ci)				
Device	y 2000					
Gammacell-1000 or Gai	mmacell-3000					
		TOTAL VOLUME)				
16. FOREIGN OBLIGATIONS (B	Y COUNTRY AND BY PERCENTAGE	OF MAXIMUM TOTAL VOLUME)				
			NOMENTS OF RENE	WALS		
PART	E. TO BE COMPLETED F	OR <u>ALL</u> LICENSES, AME	NUMENTS, OR KENE			
		- CODITE OF	DECIPIENTS'	YES NO		
17. ADDITIONAL INFORM, PROVIDED ON PAGES AND/OR ON SEPARAT	TE SHEETS?	NO AUTHORIZA	TIONS PROVIDED:	conformity with Title1		
18. CERTIFICATION:	I, the applicant's authorized Code of Federal Regulations	official, hereby certify that this s, and that all information prov		of my knowledge.		
18a. PRINT NAME AND TITLE		10h SIGNATURE - AUT	HORIZED OF FIGURE			
18a. PRINT NAME AND TITLE	iction Safety Officer	Scott Ful	ey	April 50		
Scott Foley, M.S. Rad Nebraska Methodist	Hospital	1000	//	0		
& Nebraska Women'	s		/			
Hosp.						

Page	3	of	3
	Contract Con		

NRC FORM 7 (3-2010)

U.S. NUCLEAR REGULATORY COMMISSION

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

LICENSE, AMENDI	VIENT, OK KENTER			
LICENSE NUMBER DOCKET NUMBER	ADAMS ACCESSION NUMBER	PUBLIC	OR	NON-PUBLIC
Reference applicable block nur	mbers from page 1 and/or page 2 for	each entry)		

ADDITIONAL INFORMATION (Reference applicable block numbers from page 1 and/or page 2 for each entry)

Part B Box #1

- 1. Please see the attached Nebraska-R.A.M. License # 01-07-07 Nebraska Methodist Hospital, Pathology Dept. 8303 Dodge ST. Omaha NE. 68114.
- 2. Please see item 12 page 1 of this master RAM License. This license was amended to include a second "Blood Irradiator" unit at: Nebraska Methodist Women's Hospital, 707 North 190th Plaza, Omaha, NE. 68022
- 3. Attached please find a copy of Best Theratronics Ltd. Radioactive Materials License # 45-31299-01.

We have attached a map that describes the location of this additional site.