NRC FORM 567
(9-2012)

U.S. NUCLEAR REGULATORY COMMISSION

REQUEST FOR A SEALED SOURCE OR DEVICE EVALUATION

INSTRUCTIONS: Send this request AND a copy of all related letters/applications and drawings to the Chief, Sealed Source Safety Section, OWFN Mail Stop O-6 H3. Change the License Tracking System milestone to 19 and assign to reviewer code 1-5.
NOTE: Retain a copy of this request with the application and background files.

REQUESTER		REGION/LOCATION:
Elekta, Inc.		☐ I ☐ II ☐ III ☐ IV ☐ OCHCO ☐ LFARB
TELEPHONE NUMBER	DATE	**TYPE OF ACTION REQUESTED** *(Check as appropriate)*
NAME OF APPLICANT		☐ SOURCE REVIEW ☑ AMENDMENT OF REGISTRATION SHEET NUMBER(S)
MAIL CONTROL NUMBER(S)		☑ DEVICE REVIEW
LETTER/APPLICATION DATE: 10/1/2013	LICENSE NUMBER(S)	☐ CUSTOM REVIEW GA-497-S-113-S

COMMENTS:
400 Perimeter Circle Terrace
Suite 50
Atlanta, GA 30346

FOR SSSS USE ONLY

REVIEWER	MODEL NUMBERS	NUMBER ASSIGNED
Lymari Sepulveda	Brachytherapy Implant Seed	14-09
DATE RECEIVED	**DATE ASSIGNED**	**DATE TO FEES**
10/1/2013	10/1/2013	10/23/2013

TYPE OF ACTION *(Indicate the number of each type)*

☑ COMMERCIAL DISTRIBUTION (FORMAL) ☐ USE BY A SINGLE APPLICANT (CUSTOM)

SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
☐ NEW	☐ NEW	☐ NEW	☐ NEW
☑ AMENDMENT	☐ AMENDMENT	☐ AMENDMENT	☐ AMENDMENT

☐ NO SAFETY EVALUATION REQUIRED
NO FEES REQUIRED

☐ LICENSING ACTION REQUIRED (IF KNOWN) ☐ YES ☑ NO

☑ OTHER *(Specify)*

	TOTAL NUMBER OF REVIEW HOURS	NOTES Amendment of GA-497-S-113-S ADAMS Package: ML13296A439
	NUMBER OF DEFICIENCY LETTERS	
	NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY

TYPE OF FEE		FEE CATEGORY	
		☑ 9A ☐ 9B ☐ 9C ☐ 9D	
AMOUNT RECEIVED	CHECK NUMBER	DATE OF CHECK	LOG
APPROVED BY			DATE OF RETURN
COMMENTS			