


<b>NRC FORM 7</b> (11-2012) 10 CFR 110		 <b>U. S. NUCLEAR REGULATORY COMMISSION</b>		<b>APPROVED BY OMB: NO. 3150-0027</b>		<b>EXPIRES: (11/30/2015)</b>	
<b>APPLICATION FOR NRC EXPORT OR IMPORT LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S)</b> <i>(See Instructions on Pages 4 and 5)</i>							
<b>PART A. FOR NRC USE ONLY</b>			<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC			DATE RECEIVED 9-2-14	
LICENSE NUMBER PXB193.00			DOCKET NUMBER 11006169			ADAMS ACCESSION NUMBER	
<b>PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS, OR CONSENT REQUESTS</b> (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  Charleston Area Medical Center Memorial Hospital Lab 3200 MacCorkle Avenue, SE Charleston, WV 25304			1a. NAME OF APPLICANT'S CONTACT Kim Lowe, Pharm.D., BCNP, ARSO		1b. APPLICANT'S REFERENCE NUMBER BT14-0057		
			1c. PHONE NUMBER (304) 388-9295		1d. FAX NUMBER (304) 388-8922		
			1e. E-MAIL ADDRESS kim.lowe@camc.org				
2. TYPE OF ACTION REQUESTED <i>(Check One)</i>							
<input checked="" type="checkbox"/> EXPORT (Parts B, C, E)		<input type="checkbox"/> IMPORT (Parts B, D, E)		<input type="checkbox"/> AMENDMENT/RENEWAL Current License Number:		<input type="checkbox"/> CONSENT REQUEST (Parts B, C) Current License Number:	
3. CONTRACT NUMBER(S) 5222014		4. FIRST SHIPMENT DATE 8/15/2014 estimated		5. LAST SHIPMENT DATE 5/31/2015		6. PROPOSED EXPIRATION DATE 5/31/2015	
<b>PART C. TO BE COMPLETED FOR EXPORT LICENSES, AMENDMENTS, OR RENEWALS</b> (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  Best Theratronics, Ltd 7643 Fullerton Road Springfield, VA 22153			8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S)			9. NAME(S) / ADDRESS(ES) OF ULTIMATE FOREIGN CONSIGNEE(S)  Best Theratronics, Ltd 413 March Road Ottawa, Ontario K2K 0E4 Canada	
7a. FUNCTION(S) PERFORMED/SERVICE(S) PROVIDED See Attached			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 (model number C-1001, serial number A118) in a Gammacell 1000 irradiator (model 252)				10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq)  406.6 Ci as of 5/22/2014		10b. MAX ENRICHMENT OR WGT %  N/A	10c. MAX ISOTOPE WGT (KG)  N/A
11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME)							

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**APPLICATION FOR NRC EXPORT OR IMPORT  
LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S) (Continued)**

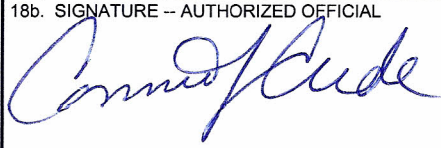
LICENSE NUMBER PXBI93.00	DOCKET NUMBER 11006169	ADAMS ACCESSION NUMBER	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC
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**PART D. TO BE COMPLETED FOR IMPORT LICENSES, AMENDMENTS, OR RENEWALS**

(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 U. S. 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. 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, RENEWALS OR CONSENT REQUEST(S)**

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 type="checkbox"/> YES <input checked="" 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 Connie Crede Corporate Director, Laboratory Charleston Area Medical Center	18b. SIGNATURE -- AUTHORIZED OFFICIAL 	18c. DATE 5/22/14

5/22/14  
MC

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LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S) (Continued)**

LICENSE NUMBER PXB 193.00	DOCKET NUMBER 11006169	ADAMS ACCESSION NUMBER	<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC
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ADDITIONAL INFORMATION (Reference applicable block numbers from page 1 and/or page 2 for each entry)

Here is a brief summary of what Best Theratronics, Ltd will do in removing Gammacell 1000 (model #252 with Cs-137 sealed source model number C-1001, serial number A118) back to Canada for disposal.

-Hire an approved transport company to ship the new Raycell/Gammacell 1000/3000 to Charleston Area Medical Center Memorial Hospital.

-Hire local riggers to assist the Best Theratronics technician to move the Gammacell 1000 from the current location to the loading dock where it is packed in the overpack for transport back to Canada.

-In most cases the metal stand, covers and electronics will be disposed of locally by the hospital. If that is not possible we can bring it back to Canada as well, but it is not the preferred solution.

5/22/2014

Deputy Director  
Office of International Programs  
U.S. Nuclear Regulatory Commission  
Washington, DC 20555-001

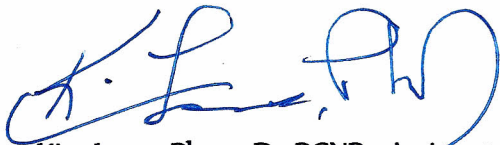
Re: Application for NRC Export

Dear Sirs,

Charleston Area Medical Center has received approval from its Board of Directors to replace its 20 year old blood irradiator, a Gammacell 1000 Model #252. Please find enclosed a completed NRC Form 7.

If there are any questions regarding this amendment please feel free to contact me at the telephone numbers provided below or you may e-mail your questions to me at [kim.lowe@camc.org](mailto:kim.lowe@camc.org).

Sincerely,



**Kim Lowe, Pharm.D., BCNP, Assistant RSO**  
Charleston Area Medical Center  
3200 MacCorkle Avenue, SE  
Charleston, WV 25304  
(304) 388-9295 office  
(304) 549-0147 mobile



**Connie Crede, Corporate Director, Laboratory**  
Charleston Area Medical Center  
3200 MacCorkle Avenue, SE  
Charleston, WV 25304  
(304) 388-5507

*Jim Neal  
7-27-14*