| NRC FORM 7 (11-2012) 10 CFR 110 APPLICATION FOR NRC I LICENSE, AMENDME OR CONSENT R (See Instructions on | NT, RENEWA EQUEST(S) | IPORT | Estimated burden per res submittal is reviewed considerations are satisf Services Branch (T-5 F53 or by internet e-mail to Information and Regulat Budget, Washington, DC | ponse to con to ensure fied. Send c b), U.S. Nucle Infocollects ory Affairs, 20503. If a OMB contro | ply with this mandato that the applicable comments regarding l aar Regulatory Commi Resource@nrc.gov, a NEOB-10202, (3150- means used to impos I number, the NRC r | EXPIRES: (11/30/2015 ry collection request: 2.4 hours. This statutory, regulatory, and policy burden estimate to the Information ission, Washington, DC 20555-0001 and to the Desk Officer, Office o 0027), Office of Management and e an information collection does no nay not conduct or sponsor, and a n. | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PART A. FOR NRC USE ONLY | PUBLIC | OR | NON-PUBLIC | DATE RECEIVED 9-2-14 | | | |
| ICENSE NUMBER | | 1 (1 | | ADAMS ACCESSION NUMBER | | | |
| YXB193,00 PART B. TO BE COMPLETED FOR | ALL LICENSE | | NDMENTS, REI | I | S. OR CON | SENT REQUESTS | |
| (If more space is needed to compl | ete any of the items, | use Pages | 3-4 first, and then a | | | | |
| 1. NAME AND ADDRESS OF APPLICANT/LICENSEE | | | ant's contact n.D., BCNP, ARS | | D. APPLICANT'S F T14-0057 | REFERENCE NUMBER | |
| Charleston Area Medical Center Memorial Hospital Lab | 1c. PHON | NE NUMBER | R 1d. FAX NUMBER | | | | |
| 3200 MacCorkle Avenue, SE | | , , | 388-9295 | | (304 | 4) 388-8922 | |
| Charleston, WV 25304 | | IL ADDRESS ve@camc. | | | | | |
| 2. TYPE OF ACTION REQUESTED (Check One | | Geume. | 0 | | 00110 | | |
| EXPORT IMPC (Parts B, C, E) (Parts B | RT T | | IDMENT/RENEWAL ent License Number: | - | | ENT REQUEST Parts B, C) License Number: | |
| 3. CONTRACT NUMBER(S) 4. FIRST SHI | PMENT DATE | 5. LAS | ST SHIPMENT DATE | **** | 6. PROPOSI | ED EXPIRATION DATE | |
| 5222014 8/15 | /2014 estimated | | 5/31/2015 | | | 5/31/2015 | |
| PART C. TO BE COMPL | | | · · · · · · · · · · · · · · · · · · · | | · ·····• | | |
| (If more space is needed to comple . NAME(S) / ADDRESS(ES) OF SUPPLIERS | 8. NAME(S) / ADDRE | | | | | S) OF ULTIMATE | |
| AND/OR OTHER PARTIES TO THE EXPORT | FOREIGN CONSIG | GNEE(S) | | FORE | IGN CONSIGNEE | (S) | |
| Best Theratronics, Ltd 7643 Fullerton Road Springfield, VA 22153 | | | 41 Ot | | Best Theratronics, Ltd 413 March Road Ottawa, Ontario K2K 0E4 Canada | | |
| a. FUNCTION(S) PERFORMED/SERVICE(S) PROVIDED | UNCTION(S) PERFORMED/SERVICE(S) PROVIDED 8a. INTERMEDIATE USE(S) | | | 9a. ULTIMATE END USE(S) | | | |
| See Attached | | | | Disposal | | | |
| 10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS; FOR NUCLEAR EQUIPMENT INCLUDE TOTAL DOLLAR VALUE OF EQUIPMENT FOR EXPORT | | ELEM | TOTAL VOLUME / ENT WGT (KG), OR L ACTIVITY (TBq) | 10b. MAX ENRICHMENT OR WGT % | | 10c. MAX ISOTOPE WGT (KG) | |
| Cesium-137 sealed source (model number C-1001, serial number A118) n a Gammacell 1000 irradiator (model 252) | | 406.6 Ci | as of 5/22/2014 N/A N/A | | N/A | | |
| 1. FOREIGN OBLIGATIONS (BY COUNTRY AND BY F | ERCENTAGE OF MAX | IMUM TOTA | L VOLUME) | | | I | |
| RC FORM 7 (11-2012) | | | | | | Javsi | |

| WK 193.00 IIbud 49 PART D. TO BE COMPLETED FOR IMPORT LICENSES, AMENDMENTS, OR REINEWALS (If more space is needed to complete any of the items, use Pages 3-4 first, and then attach addinal sheets, If necessary.) 12: NMRC STORESSES) OF FOREICS SUPPLIES AND/OR OTHER PARTIES 13. NAME(S) (ADDRESSES) OF INTERMEDIATE 14. NAME(S) (ADDRESSES) OF ULTIMATE U.S. CONSIGNEE(S) 12: NMRC EXPORT LICENSE NUMBER(S) (If application) 13. LICENSE NUMBER(S) (EXPIRATION DATE(S) 14. LICENSE NUMBER(S) (EXPIRATION DATE(S) 12: NMRC EXPORT LICENSE NUMBER(S) (If application) 13. LICENSE NUMBER(S) (EXPIRATION DATE(S) 14. LICENSE NUMBER(S) (EXPIRATION DATE(S) 13: INTERMEDIATE USE(S) 14. LICENSE NUMBER(S) (EXPIRATION DATE(S) 14. LICENSE NUMBER(S) (EXPIRATION DATE(S) 14: DESCRIPTION OF PADIOACTIVE MATERIALS, SEALED SOURCES. 15. MAX (TOTAL VOLUME (ENTRATE USE(S)) 15. MAX ENRICHMENT 15. MAX (SOTOPE NUCLEAR FACILITES 15. MAX (SOTOPE USE (MUST VGT VGT, OR) OR WGT % 15. MAX (SOTOPE WGT (G) PART E. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS OR CONSENT REQUEST(S) 14. CONSIGNER(S) USED AND (The ADD BY PERCENTAGE OF MAXIMUM TOTAL VOLUME) 17. COPIES OF RECIPIENTS AUTHORIZATIONS PROVIDED? YES NO 15. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME) 17. COPIES OF RECIPIENTS AUTHORIZATIONS PROVIDED? YES NO 16. FOREIGN OBLIGATIONS (BY COUN | | | | | Page 2 of 3 | |
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| 18. CERTIFICATION: with Title10, Code of Federal Regulations, and that all information provided is correct to the best of my knowledge. 8a. PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL 18b. SIGNATURE AUTHORIZED OFFICIAL 18c. DATE Connie Crede Corporate Director, Laboratory 18b. SIGNATURE AUTHORIZED OFFICIAL 18c. DATE Charleston Area Medical Center S/22/14 5/22/14 | | | | S PROVIDED? | | |
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APPLICATION FOR NRC EXPORT OR IMPORT LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S) (Continued)

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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.

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