

cordis®

Cordis Laboratories
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Miami, Florida 33137, U.S.A.
Telephone: 305 634-5411

January 19, 1977



Mrs. Patricia Vacca
Nuclear Regulatory Commission
Radioisotopes Licensing Branch
Division of Fuel Cycle & Material Safety
Washington, D.C. 20555

Dear Mrs. Vacca:

On Tuesday, January 18, 1977, your office granted an amended license number to the V.A. Hospital in Washington, D.C. This letter is to confirm the V.A. Hospital of Washington has been selected by Cordis Corporation to participate in our clinical evaluation of the Nuclear Powered Omni-Stanicator. We have authorized the V.A. Hospital of Washington, D.C. a total of 10 nuclear powered Omni-Stanicators.

Thank you for your assistance.

Best regards,

A handwritten signature in dark ink, reading "Thomas V. Brown".

Thomas V. Brown
Product Marketing Specialist

TVB/slm

cc: B. Shannon
J. Hurley

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REG1 LIC70
SNM-1605 PDR

MATERIALS DATA INPUT S/SNM

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REFERENCE COPY

A. TYPE OF ACTION AND IDENTIFICATION CODES

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|---|---|---|-------------------------------|----------------------------|------------------------------|--|
| <input type="checkbox"/> NEW LICENSE | <input type="checkbox"/> AMENDMENT TO RENEW LICENSE | <input type="checkbox"/> AMENDMENT TO TERMINATE | <input type="checkbox"/> VOID | DOCKET NUMBER 070-02199 | MAIL CONTROL NUMBER 04033 | CHANGE NAME/ ADDRESS <input type="checkbox"/> |
| <input type="checkbox"/> NEW LICENSE AND NEW LICENSEE | <input checked="" type="checkbox"/> OTHER AMENDMENT | <input type="checkbox"/> CLERICAL CHANGE NO AMENDMENT | | | | |

B. INDICATIVE INFORMATION:

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| INDIVIDUAL LICENSEE | NAME (LAST, FIRST, MIDDLE) | NAME (LAST, FIRST, MIDDLE) |
| | NAME (LAST, FIRST, MIDDLE) | NAME (LAST, FIRST, MIDDLE) |
| | NAME (LAST, FIRST, MIDDLE) | NAME (LAST, FIRST, MIDDLE) |

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| ORGANIZATION LICENSEE | ORGANIZATION NAME (ALPHABETIC SEQUENCE) |
| | Veterans Administration Hospital |
| | DEPARTMENT OR BUREAU |

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|---------|------------------|------------|-------|----------|
| ADDRESS | BUILDING, STREET | CITY | STATE | ZIP CODE |
| | 50 Irving Street | Washington | DC | 20422 |

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| TYPE OF APPLICANT | <input checked="" type="checkbox"/> U.S. GOVERNMENT AGENCY | DATE REQUEST RECEIVED | INSTITUTION CODE | PENDING PROG. CODE | ACTUAL PROG. CODE |
| | <input type="checkbox"/> INDIVIDUAL LICENSEE | 01/12/77 | 03604 | | |
| | <input type="checkbox"/> ORGANIZATIONAL LICENSEE | | | | |

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| SECONDARY PROGRAM CODES AS REQUIRED: | | | | |
| #1 | #2 | #3 | #4 | #5 |

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| LICENSE NUMBER | DATE LICENSE ISSUED OR ACTION COMPLETED | EXPIRATION DATE |
| SNM-1005 | | |

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| APPLICANT'S COMMUNICATION DATED: | CLASSIFICATION | ASSIGNED TO: | RESULTING AMD. NO. |
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ENCLOSURES:

UNCLASSIFIED DESCRIPTION:

DISTRIBUTION:

OTHER REFERRALS

| NAME | DATE | NAME | DATE |
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