

## Appendix

### Consolidated Technical Analysis

The following table provides a list of 10 CFR Part 35 regulations and conditions the NRC has determined are applicable for use of Akesis Galaxy RTi. Licensees shall comply with all regulations which address use of Akesis Galaxy RTi. The table also provides specific regulations and conditions which the NRC has determined are necessary for the medical use of Akesis Galaxy RTi. Applicants may submit alternative list of regulations and specific conditions to be reviewed on a case-by-case basis by NRC staff.

Section	Description	Regulation Applicable to Akesis	Deviation Explanation and Specifics for Licensing Guidance
<b>Subpart A – General Information</b>			
<a href="#">35.1</a>	Purpose and scope	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2</a>	Definitions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.5</a>	Maintenance of records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.6</a>	Provisions for the protection of human research subjects	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.7</a>	FDA, other Federal, and State requirements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.8</a>	Information collection requirements: OMB approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.10</a>	Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.11</a>	License required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.12</a>	Application for license, amendment, or renewal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.13</a>	License amendments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.14</a>	Notifications	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.15</a>	Exemptions regarding Type A specific licenses of broad scope	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.18</a>	License issuance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.19</a>	Specific exemptions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Subpart B – General Administrative Requirements</b>			

Section	Description	Regulation Applicable to Akesis	Deviation Explanation and Specifics for Licensing Guidance
<a href="#">35.24</a>	Authority and responsibilities for the radiation protection program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.26</a>	Radiation protection program changes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Standard 10 CFR 35.1000 language will be added.
<a href="#">35.27</a>	Supervision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.40</a>	Written directives (WDs)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	A written directive (WD) is required to be followed but the specifications of the WD are different as provided in the guidance. The WD will contain the patient or human research subject's name; the total dose; the treatment site; dose per fraction; number of fractions; and the X, Y, Z target coordinate values; gamma angle; beam rotation start and stop angle and collimator size for each treatment shot within an anatomically distinct treatment site.
<a href="#">35.41</a>	Procedures for administrations requiring a WD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Requirements in 10 CFR 35.41 can be followed but additional commitments should be included as listed in the guidance. For the Akesis Galaxy® RTi GSR unit, procedures that provide high confidence that each administration is in accordance with the WD will address verification that any computer-generated dose calculations are correctly transferred into the Akesis Galaxy® RTi control system.

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<a href="#">35.49</a>	Suppliers for sealed sources or devices for medical use	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SS&D to be issued by CDPH.
<a href="#">35.50</a>	Training for Radiation Safety Officer (RSO) and Associate RSO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Will mirror regulations but updated for 10 CFR 35.1000.
<a href="#">35.51</a>	Training for an authorized medical physicist (AMP)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Will mirror regulations but updated for 10 CFR 35.1000.
<a href="#">35.55</a>	Training for an authorized nuclear pharmacist (ANP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.57</a>	Training for experienced RSO, teletherapy or medical physicist, AMP, authorized user (AU), nuclear pharmacist, and ANP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Member(s) must have device specific training per 10 CFR 35.690(c).
<a href="#">35.59</a>	Recentness of training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Subpart C – General Technical Requirements</b>			
<a href="#">35.60</a>	Possession, use, and calibration of instruments used to measure the activity of unsealed byproduct material	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.61</a>	Calibration of survey instruments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.63</a>	Determination of dosages of unsealed byproduct material for medical use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.65</a>	Authorization for calibration, transmission, and reference sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.67</a>	Requirements for possession of sealed sources and brachytherapy sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.69</a>	Labeling of vials and syringes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.70</a>	Surveys of ambient radiation exposure rate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.75</a>	Release of individuals containing unsealed byproduct material or implants containing byproduct material	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.80</a>	Provision of mobile medical service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.92</a>	Decay-in-storage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	The licensee will not be allowed to have decay in storage for unused Akesis Co-60 material.

Section	Description	Regulation Applicable to Akesis	Deviation Explanation and Specifics for Licensing Guidance
<b>Subpart D – Unsealed Byproduct Material – Written Directive Not Required</b>			
<a href="#">35.100</a>	Use of unsealed byproduct material for uptake, dilution, and excretion studies for which a WD is not required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.190</a>	Training for uptake dilution, and excretion studies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.200</a>	Use of unsealed byproduct material for imaging and localization studies for which a WD is not required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.204</a>	Permissible Mo-99, Sr-82, Sr-85 concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.290</a>	Training for imaging and localization studies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>Subpart E – Unsealed Byproduct Material – WD Required</b>			
<a href="#">35.300</a>	Use of unsealed byproduct material for which a WD is required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.310</a>	Safety instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.315</a>	Safety precautions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.390</a>	Training for use of unsealed byproduct material for which a WD is required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.392</a>	Training for the oral administration of NaI I-131 requiring a WD in quantities $\leq$ 1.22 GBq (33 mCi)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.394</a>	Training for the oral administration of NaI I-131 requiring a WD in quantities $>$ 1.22 GBq (33 mCi)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.396</a>	Training for the parenteral administration of unsealed byproduct material requiring a WD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>Subpart F – Manual Brachytherapy</b>			
<a href="#">35.400</a>	Use of sources for manual brachytherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.404</a>	Surveys after source implant and removal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.406</a>	Brachytherapy sources accountability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.410</a>	Safety instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.415</a>	Safety precautions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

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<a href="#">35.432</a>	Calibration measurements of brachytherapy sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.433</a>	Sr-90 sources for ophthalmic treatments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.457</a>	Therapy-related computer systems	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.490</a>	Training for use of manual brachytherapy sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.491</a>	Training for ophthalmic use of Sr-90	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Subpart G – Sealed Sources for Diagnosis</b>			
<a href="#">35.500</a>	Use of sealed sources and medical devices for diagnosis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.590</a>	Training for use of sealed sources and medical devices for diagnosis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Subpart H – Photon Emitting Remote Afterloader Units, Teletherapy Units, and Gamma Stereotactic Radiosurgery (GSR) Units</b>			
<a href="#">35.600</a>	Use of a sealed source in a remote afterloader unit, teletherapy unit, or GSR unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Same intent of regulation but will be licensed under 10 CFR 35.1000.
<a href="#">35.604</a>	Surveys of patients and human research subjects treated with a remote afterloader unit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.605</a>	Installation, maintenance, adjustment, and repair	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.610</a>	Safety procedures and instructions for remote afterloader units, teletherapy units, and GSR units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SOPs shall be generated and provided to NRC for review during the application process as required by 10 CFR 35.610 for all GSR units.
<a href="#">35.615</a>	Safety precautions for remote afterloader units, teletherapy units, and GSR units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Some requirements in 10 CFR 35.615 can be followed as described in the guidance. However, due to engineering changes, some requirements are not applicable and additional safety precautions should be added as described in the guidance.

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			<p>Therefore, Akesis Galaxy® RTi unit licensees should confirm they are meeting the requirements in 10 CFR 35.615(f)(3) or the following:</p> <ol style="list-style-type: none"> <li>1) An AU and an AMP will be physically present during the initiation of all patient treatments involving the Akesis Galaxy® RTi unit;</li> <li>2) An AMP and either an AU or a physician, under the supervision of an AU, who has been trained in the operation and emergency response for the unit, will be physically present during continuation of all patient treatments involving the Akesis Galaxy® RTi unit; and</li> <li>3) An AU will return to the Akesis unit console if there is an interruption of treatment to evaluate the patient, to review any information related to an abnormal situation, and to ensure that the treatment is being delivered in accordance with the treatment plan and written directive prior to re-initiation of the treatment.</li> </ol>

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<a href="#">35.630</a>	Dosimetry equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.632</a>	Full calibration measurements on teletherapy units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.633</a>	Full calibration measurements on remote afterloader units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.635</a>	Full calibration measurements on GSR units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Some requirements in 10 CFR 35.635 can be followed as described in the guidance. However, due to engineering changes, most measurements will not apply.</p> <p>10 CFR 35.635 requires full calibration measurement procedures to be performed in accordance with published protocols accepted by nationally recognized bodies.</p> <p>The guidance provides a condition to use manufacturer full calibration procedures for components and features of the Akesis Galaxy® RTi unit as nationally recognized bodies have not yet published calibration procedures for the unit.</p> <p>The Licensee will follow the applicable full calibration requirements of 10 CFR 35.635 and the spot-check requirements in 10 CFR 35.645 and retain the information described in 10</p>

Section	Description	Regulation Applicable to Akesis	Deviation Explanation and Specifics for Licensing Guidance
			CFR 35.2632 for each full calibration and 10 CFR 35.2645 for each check except for those involving helmets, helmet factors, helmet micro-switches, trunnions, and hydraulic backup of the treatment table retraction system. Licensee's will keep each record of the full calibration and spot-checks for 3 years.
<a href="#">35.642</a>	Periodic spot-checks for teletherapy units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.643</a>	Periodic spot-checks for remote afterloader units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.645</a>	Periodic spot-checks for GSR units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Spot-check required in 10 CFR 35.645 are applicable except for those involving helmets, helmet factors, helmet micro-switches, trunnions, and hydraulic backup of the treatment table retraction system. Therefore, some requirements in 10 CFR 35.645 can be followed as described in the guidance. However, due to engineering changes, some requirements will not apply and additional spot check commitments should be added as described in the guidance.
<a href="#">35.647</a>	Additional technical requirements for mobile remote afterloader units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.652</a>	Radiation surveys	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.655</a>	Full-inspection servicing for teletherapy and GSR units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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<a href="#">35.657</a>	Therapy-related computer systems	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.690</a>	Training for use of remote afterloader units, teletherapy units, and GSR units	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	The recommended training and experience criteria is listed in the guidance. This criterion is similar to that listed in 10 CFR 35.690 for other GSR units, but updated to be specific to the Akesis as AU of the Akesis should have training in this unit prior to use.
<b>Subpart L – Records</b>			
<a href="#">35.2024</a>	Records of authority and responsibilities for radiation protection programs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2026</a>	Records of radiation protection program changes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2040</a>	Records of WDs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2041</a>	Records for procedure for administrations requiring a WD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2060</a>	Records of calibrations of instruments used to measure the activity of unsealed byproduct materials	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2061</a>	Records of radiation survey instrument calibrations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2063</a>	Records of dosages of unsealed byproduct material for medical use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#">35.2067</a>	Records of leaks tests and inventory of sealed sources and brachytherapy sources	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2070</a>	Records of surveys for ambient radiation exposure rate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2075</a>	Records of the release of individuals containing unsealed byproduct material or implants containing byproduct material	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.2080</a>	Records of mobile medical services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

<b>Section</b>	<b>Description</b>	<b>Regulation Applicable to Akesis</b>	<b>Deviation Explanation and Specifics for Licensing Guidance</b>
<a href="#"><u>35.2092</u></a>	Records of decay-in-storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#"><u>35.2204</u></a>	Records of Mo-99, Sr-82, and Sr-85 concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2310</u></a>	Records of safety instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2404</u></a>	Records of surveys after source implant and removal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#"><u>35.2406</u></a>	Records of brachytherapy source accountability	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#"><u>35.2432</u></a>	Records of calibration measurements of brachytherapy sources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2433</u></a>	Records of decay of Sr-90 sources for ophthalmic treatments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2605</u></a>	Records of installation, maintenance, adjustment, and repair of remote afterloader units, teletherapy units, and GSR units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#"><u>35.2610</u></a>	Records of safety procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2630</u></a>	Records of dosimetry equipment used with remote afterloader units, teletherapy units, and GSR units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2632</u></a>	Records of teletherapy, remote afterloader, and GSR full calibrations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Updated to reflect the 10 CFR Part 35.635 calibration tests completed and those that cannot be completed due to engineering design.
<a href="#"><u>35.2642</u></a>	Records of periodic spot-checks for teletherapy units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2643</u></a>	Records of periodic spot-checks for remote afterloader units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2645</u></a>	Records of periodic spot-checks for GSR units	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Updated similar to 10 CFR 35.645.
<a href="#"><u>35.2647</u></a>	Records of additional technical requirements for mobile remote afterloader units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<a href="#"><u>35.2652</u></a>	Records of surveys of therapeutic treatment units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Section	Description	Regulation Applicable to Akesis	Deviation Explanation and Specifics for Licensing Guidance
<a href="#">35.2655</a>	Records of full-inspection servicing for teletherapy and GSR units	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Subpart M – Reports			
<a href="#">35.3045</a>	Report and notification of a medical event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.3047</a>	Report and notification of a dose to an embryo/fetus or a nursing child	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.3067</a>	Report of a leaking source	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.3204</a>	Report and notification for an eluate exceeding permissible Mo-99, Sr-82, and Sr-85 concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Subpart N – Enforcement			
<a href="#">35.4001</a>	Violations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<a href="#">35.4002</a>	Criminal penalties	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	