

From: John Jankovich
To: INTERNET: awarbick@mds.nordion.com
Date: Fri, Aug 27, 1999 10:06 AM
Subject: Reminder: affidavit

Ann,

Please note, as a reminder of our telephone conversation on August 11, 1999, that I need an affidavit from you to treat Procedure Nos. 990601. SPE and 990602.SPE contained in your application as proprietary information. You may find what the affidavit should address in 10 CFR 270. J.J.

Mail Envelope Properties (37C69B77.4E3 : 3 : 20021)

Subject: Reminder: affidavit
Creation Date: Fri, Aug 27, 1999 10:06 AM
From: John Jankovich

Created By: TWFN_DO.TWF4_PO:JPJ2

Recipients	Action	Date & Time
Post Office INTERNET awarbick (INTERNET: awarbick@mds.nordion.	Transferred	08/27 10:06 AM

Domain.Post Office	Delivered	Route
INTERNET		INTERNET:mds.nordion.com

Files	Size	Date & Time
MESSAGE	824	Friday, August 27, 1999 10:06 AM

Options

Auto Delete:	No
Expiration Date:	None
Notify Recipients:	Yes
Priority:	Standard
Reply Requested:	No
Return Notification:	None

Concealed Subject:	No
Security:	Standard

To Be Delivered:	Immediate
Status Tracking:	Delivered & Opened

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 MDS Nordion	REGION/LOCATION: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> HQ <input type="checkbox"/> LFARB
TELEPHONE NUMBER DATE 613-592-2790	TYPE OF ACTION REQUESTED (Check as appropriate) <input type="checkbox"/> SOURCE REVIEW <input type="checkbox"/> AMENDMENT OF REGISTRATION SHEET NUMBER(S) <input checked="" type="checkbox"/> DEVICE REVIEW <input type="checkbox"/> CUSTOM REVIEW
NAME OF APPLICANT Ann Warbick Cerone	
MAIL CONTROL NUMBER(S)	
LETTER/APPLICATION DATE LICENSE NUMBER(S) 07/02/1999	

COMMENTS:
**447 March Road
Kanata, Ontario
Canada K2K 1X8**

FOR SSSS USE ONLY			
REVIEWER John Jankovich	MODEL NUMBERS TheraSphere Yttrium-90 Glass	NUMBER ASSIGNED 99-44	
DATE RECEIVED 07/07/1999	DATE ASSIGNED 07/07/1999	DATE TO FEES 07/07/1999	

TYPE OF ACTION (Indicate the number of each type)			
<input checked="" type="checkbox"/> COMMERCIAL DISTRIBUTION (FORMAL)		<input type="checkbox"/> USE BY A SINGLE APPLICANT (CUSTOM)	
SOURCE (9C)	DEVICE (9A)	SOURCE (9D)	DEVICE (9B)
<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT
<input type="checkbox"/> NO SAFETY EVALUATION REQUIRED <input type="checkbox"/> NO FEES REQUIRED		<input type="checkbox"/> LICENSING ACTION REQUIRED (IF KNOWN)	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER (Specify)
Check 2047767 sent in the amount of \$910.00. See copy of check attached.

TOTAL NUMBER OF REVIEW HOURS	NOTES Application for an SS&D Evaluation
NUMBER OF DEFICIENCY LETTERS	
NUMBER OF DEFICIENCY CALLS	

FOR FEE USE ONLY			
TYPE OF FEE APP	FEE CATEGORY <input checked="" type="checkbox"/> 9A <input type="checkbox"/> 9B <input type="checkbox"/> 9C <input type="checkbox"/> 9D	LOG 99 JSSRD	
AMOUNT RECEIVED 910+	CHECK NUMBER 2,690/2047767/204822	DATE OF CHECK 8/30/99	DATE OF RETURN 8/30/99
APPROVED BY sh			
COMMENTS			