


NRC FORM 7 (11-2012) 10 CFR 110		 U. S. NUCLEAR REGULATORY COMMISSION		APPROVED BY OMB: NO. 3150-0027		EXPIRES: (11/30/2015)	
<p align="center">APPLICATION FOR NRC EXPORT OR IMPORT LICENSE, AMENDMENT, RENEWAL, OR CONSENT REQUEST(S) (See Instructions on Pages 4 and 5)</p>							
PART A. FOR NRC USE ONLY			<input checked="" type="checkbox"/> PUBLIC OR <input type="checkbox"/> NON-PUBLIC			DATE RECEIVED 4-6-15	
LICENSE NUMBER XB198.00			DOCKET NUMBER 110006196			ADAMS ACCESSION NUMBER	
PART B. TO BE COMPLETED FOR ALL LICENSES, AMENDMENTS, RENEWALS, OR CONSENT REQUESTS (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 CTCA @Midwestern Regional Medical Center 2520 Elisha Avenue Zion IL 60099			1a. NAME OF APPLICANT'S CONTACT Cheryl Gottsacker, B.S., MLS (ASCP)		1b. APPLICANT'S REFERENCE NUMBER 2015B1		
			1c. PHONE NUMBER (847) 872-6116		1d. FAX NUMBER (847) 872-6408		
			1e. E-MAIL ADDRESS cheryl.gottsacker@ctca-hope.com				
2. TYPE OF ACTION REQUESTED (Check One)							
<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)		4. FIRST SHIPMENT DATE May 1, 2015		5. LAST SHIPMENT DATE December 31, 2015		6. PROPOSED EXPIRATION DATE March 31, 2016	
PART C. TO BE COMPLETED FOR EXPORT 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.)							
7. NAME(S) / ADDRESS(ES) OF SUPPLIERS AND/OR OTHER PARTIES TO THE EXPORT Best Theratronics Ltd. 7643 Fullerton Road Springfield VA 22153 USA			8. NAME(S) / ADDRESS(ES) OF INTERMEDIATE FOREIGN CONSIGNEE(S) None		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 Remove and transport old unit			8a. INTERMEDIATE USE(S)		9a. ULTIMATE END USE(S)		
10. DESCRIPTION OF RADIOACTIVE MATERIALS, SEALED SOURCES, NUCLEAR FACILITIES, EQUIPMENT, OR COMPONENTS; FOR NUCLEAR EQUIPMENT INCLUDE TOTAL DOLLAR VALUE OF EQUIPMENT FOR EXPORT Blood Irradiator Cs-137, Sealed source - Isomedix Model RAMCO-50 or ISO 1000, 1300 Ci per source Nodion, GC1000, SN:154, Sept. 1, 1986, 2392 Ci or 88.504TB, Unit currently installed in the hospital's laboratory				10a. MAX TOTAL VOLUME / ELEMENT WGT (KG), OR TOTAL ACTIVITY (TBq) 2600 Ci or 96.2TBq		10b. MAX ENRICHMENT OR WGT %	10c. MAX ISOTOPE WGT (KG)
11. FOREIGN OBLIGATIONS (BY COUNTRY AND BY PERCENTAGE OF MAXIMUM TOTAL VOLUME) None							

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U. S. NUCLEAR REGULATORY COMMISSION

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

LICENSE NUMBER PXB198.00	DOCKET NUMBER 11006196	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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17a. COPIES OF RECIPIENTS' AUTHORIZATIONS PROVIDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 Cheryl Gottsacker, B.S., MLS, (ASCP) Laboratory/Transfusion Services Supervisor	18b. SIGNATURE -- AUTHORIZED OFFICIAL <i>Cheryl Gottsacker</i>	18c. DATE 3/30/15
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*Added
4-6-15
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**APPLICATION FOR NRC EXPORT OR IMPORT
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LICENSE NUMBER PXB/98.00	DOCKET NUMBER 11006196	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)

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Rev
4-6-15
Jmy