

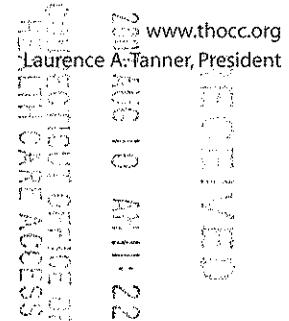


# The Hospital of Central Connecticut

at New Britain General and Bradley Memorial

100 Grand Street  
New Britain, CT 06050  
860-224-5011 or 860-224-6244

81 Meriden Avenue  
Southington, CT 06489  
860-276-5000



August 9, 2007

Cristine A. Vogel, Commissioner  
Office of Health Care Access  
410 Capital Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

RE: Letter of Intent  
The Hospital of Central Connecticut  
At New Britain General Campus  
Acquisition of a 64 Slice CT Scanner with PET

Dear Commissioner Vogel:

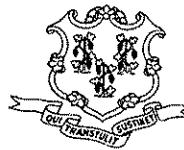
Enclosed are an original and five copies of the Letter of Intent submitted on behalf of The Hospital of Central Connecticut ("HCC") regarding our proposal to replace an existing CT scanner that will be relocated to our newly expanded and renovated emergency room with a 64 slice CT scanner with PET. With the recent growth in ED visits and overall CT volume, relocating the existing CT scanner will better serve those patients with timely scans and improved quality. The replacement CT/PET scanner will be located in the NBGC Radiology Department where it will provide state of the art imaging at levels previously unattainable with existing equipment. The replacement scanner will address the increase in CT volume and allow for cardiac imaging. We look forward to working with OHCA on this project.

If you require any additional information about this proposal, please contact Claudio Capone, Director of Strategic and Business Planning at (860) 224-5279.

Sincerely,

Clarence J. Silvia  
Senior Vice President, Operations and  
Chief Operating Officer





# State of Connecticut

## Office of Health Care Access

### Letter of Intent Form

### Form 2030

All Applicants involved with the proposal must be listed for identification purposes. A proposal's Letter of Intent (LOI) form must be submitted prior to a Certificate of Need application submission to OHCA by an Applicant, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please complete and submit Form 2030 to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

#### SECTION I. APPLICANT INFORMATION

If this proposal has more than two Applicants, please attach a separate sheet, supplying the same information for each additional Applicant in the format presented in the following table.

|   | Applicant One   | Applicant Two |
|---|---|---------------|
| Full legal name   | The Hospital of Central Connecticut at New Britain General and Bradley Memorial |               |
| Doing Business As   | The Hospital of Central Connecticut ("HCC")                                     |               |
| Name of Parent Corporation  | Central Connecticut Health Alliance   |               |
| Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail                                   | 100 Grand Street<br>New Britain, CT 06050                                       |               |
| What is the Applicant's Status:<br>P for Profit or<br>NP for Nonprofit  | NP  |               |
| Does the Applicant have Tax Exempt Status?  | <u>Yes</u> No   | Yes      No   |
| Contact Person, including Title/Position:<br>This Individual will be the Applicant's Designee to receive all correspondence in this matter. | Claudio A. Capone<br>Director of Planning                                       |               |
| Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail  | 100 Grand Street<br>New Britain, CT 06050                                       |               |

|                                   |                  |  |
|-----------------------------------|------------------|--|
| Contact Person's Telephone Number | 860.224.5279     |  |
| Contact Person's Fax Number       | 860.224.5740     |  |
| Contact Person's e-mail Address   | ccapone@nbgh.org |  |

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Acquisition of a 64 Slice CT Scanner with PET

b. Type of Proposal, please check all that apply:

Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc)      |
| <input type="checkbox"/> Expansion (F, S, Fnc)      | <input type="checkbox"/> Relocation             | <input type="checkbox"/> Service Termination         |
| <input type="checkbox"/> Bed Addition               | <input type="checkbox"/> Bed Reduction          | <input type="checkbox"/> Change in Ownership/Control |

Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

Project expenditure/cost greater than \$ 3,000,000

Equipment Acquisition

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> New     | <input checked="" type="checkbox"/> Replacement | <input checked="" type="checkbox"/> Major Medical (> \$3,000,000) |
| <input checked="" type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator     |   |

Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$3,000,000

c. Location of proposal, identifying Street Address, Town and Zip Code:

100 Grand Street, New Britain, CT 06050

d. List each town this project is intended to serve: Berlin, Burlington, Cheshire, Cromwell, Farmington, Meriden, Middletown, New Britain, Newington, Plainville, Southington, West Hartford

e. Estimated starting date for the project: January 2008

f. Type of project: 22, 34  
(Fill in the appropriate number(s) from page 7 of this Form)

**Number of Beds (to be completed if changes are proposed)**

| Type | Existing Staffed | Existing Licensed | Proposed Increase or (Decrease) | Proposed Total Licensed |
|------|------------------|-------------------|---------------------------------|-------------------------|
|      |                  |                   |                                 |                         |
|      |                  |                   |                                 |                         |

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

a. Estimated Total Project Cost: \$ 4.3 Million

b. Please provide the following tentative capital expenditure/costs related to the proposal:

|   |                         |
|---|-------------------------|
| Medical Equipment Purchases                                 |                         |
| Major Medical Equipment Purchases                           | <u>3,751,622</u>        |
| Non-Medical Equipment Purchases*                            | <u>63,000</u>           |
| Land/Building Purchases                                     |                         |
| Construction/Renovation                                     | <u>500,000</u>          |
| Other (Non-Construction) Specify:                           |                         |
| <b>Total Capital Expenditure</b>                            | <b><u>4,314,622</u></b> |
| Medical Equipment – Fair Market Value of Leases             |                         |
| Major Medical Equipment – Fair Market Value of Leases       |                         |
| Non-Medical Equipment – Fair Market Value of Leases*        |                         |
| Fair Market Value of Space – Capital Leases Only            |                         |
| <b>Total Capital Cost</b>                                   |                         |
| <b>Total Project Cost</b>                                   | <b><u>4,314,622</u></b> |
| Capitalized Financing Costs<br>(Informational Purpose Only) |                         |

\* Provide an itemized list of all non-medical equipment to be purchased and leased.

c. If the proposal has a total capital expenditure/cost of \$20,000,000 or more, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check the your preference as follows:

No       Yes

If you checked "Yes" above, please check the appropriate box below:

Energy  Fire Safety Code  Non Substantive

If you checked "Yes" to the Waiver of Public Hearing, please provide the following:

a) Supporting documentation from elected town officials  
(i.e. letter from Mayor's Office).

**Major Medical and/or Imaging Equipment Acquisition:**

| Equipment Type   | Name                    | Model         | Number of Units | Cost per unit |
|------------------|-------------------------|---------------|-----------------|---------------|
| General Electric | 64 Slice PET/CT Scanner | Discovery VCT | 1               | 3,751,622     |
|                  |                         |               |                 |               |

Note: Provide a copy of the vendor contract or quotation for the major medical/imaging equipment.

**SEE ATTACHMENT C**

d. Type of financing or funding source (more than one can be checked):

Applicant's Equity       Capital Lease       Conventional Loan  
 Charitable Contributions       Operating Lease       CHEFA Financing  
 Funded Depreciation       Grant Funding       Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please provide a description of the proposed project, highlighting each of its important aspects, on at least one, but not more than two separate 8.5" X 11" sheets of paper. At a minimum each of the following items need to be addressed, if applicable.

1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.
2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.
3. Identify the current population served and who is the target population to be served.
4. Identify any unmet need and describe how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.
7. Who will be responsible for providing the service?
8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?

**SEE ATTACHMENT A**

## AFFIDAVIT

### To be completed by each Applicant

Applicant: The Hospital of Central Connecticut

Project Title: Acquisition of a 64 Slice CT Scanner with PET

I, Clarence J. Silvia, COO  
(Name) (Position – CEO or CFO)

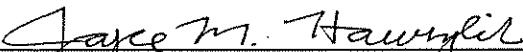
of The Hospital of Central Connecticut being duly sworn, depose and state that the information provided in this CON Letter of Intent (Form 2030) is true and accurate to the best of my knowledge, and that The Hospital of Central Connecticut complies with the (Facility Name)

appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

  
Signature

8/9/07  
Date

Subscribed and sworn to before me on August 9, 2007

  
Notary Public/Commissioner of Superior Court

**JOYCE M. HAWRYLIK**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES DEC. 31, 2009

My commission expires: \_\_\_\_\_

## Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### **Inpatient**

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### **Outpatient**

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. PET/CT Scanner
23. Other Imaging Services
24. Lithotripsy
25. Other Medical Equipment
26. Mobile Services
27. Other Outpatient
28. Central Services Facility
29. Occupational Health

### **Non-Clinical**

30. Facility Development
31. Non-Medical Equipment
32. Land and Building Acquisitions
33. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
34. Renovations
35. Other Non-Clinical

# ATTACHMENT A

## PROJECT DESCRIPTION

**The Hospital of Central Connecticut  
Letter of Intent  
Acquisition of a 64 Slice CT Scanner with PET**

**Project Description**

**Introduction**

In this Letter, The Hospital of Central Connecticut ("HCC") is announcing its proposal to acquire a 64 Slice CT scanner with PET to be installed at the New Britain General Campus ("NBGC").

**Project Description**

HCC's mission is to provide high quality and high technology diagnostic imaging modalities to the communities located in Central Connecticut. The proposal of purchasing a 64 Slice CT scanner with PET to replace an existing CT scanner will provide our patients with the next evolution in diagnostic imaging. The existing 4 slice Lightspeed CT scanner will be relocated to the NBGC Emergency Department. This unit will undergo an operating system upgrade further enhancing its capabilities and offer the same user interface as the proposed new unit. HCC made the decision to purchase a third CT scanner for the New Britain Campus based on the rapid growth in volume of CT exams of 57% over the past five years. As of June, CT volume is up an additional 14% at HCC. In its current configuration, the mobile PET/CT unit that is only available on Mondays at the New Britain campus has presented unexpected barriers to its effective utilization. By acquiring a fixed CT scanner with PET, HCC believes that it can overcome issues such as availability of the mobile PET/CT and difficulty of egress to inpatients and nursing home residents. The total cost of the project is estimated to be about \$4,314,622.

There is a demonstrated need to augment HCC's PET/CT capability. With the growth in CT volume, barriers to access for the mobile PET/CT and the addition to the NBGC Emergency Department, purchasing a third CT scanner that also offers PET would better position HCC to meet current and future demand.

New Britain General Hospital will fund this project either through its own equity and/or borrowing.

**Conclusion**

This proposal will have no adverse affect on the delivery of care as well as no significant impact on rates or patient charges. It will allow for faster and better diagnostic imaging capabilities at HCC. We respectfully request a favorable determination by the Office of Health Care Access on this matter.

**Supplemental Information:**

- 1. List the types of services are currently being provided. If applicable, provide a copy of each Department of Public Health (DPH) license held by the Applicant.**

The Hospital of Central Connecticut reflects the combined talent, resources, and capabilities of New Britain General Hospital and Bradley Memorial Hospital. It is a 414-bed acute care teaching hospital affiliated with the University of Connecticut School of Medicine and serves as the primary referral center for the central Connecticut region, serving a population of 250,000. As a full-service hospital, The Hospital of Central Connecticut offers many clinical services that are recognized for their comprehensiveness and excellence. They include: The George Bray Cancer Center; The Wolfson Palliative Care Program; The Joslin Center for Diabetes at The Hospital of Central Connecticut; The Wound Care Center; The Family BirthPlace; Critical Care Services, and The Sleep Disorders Center.

A copy of the Department of Public Health license held by this facility is presented in Attachment C.

**2. List the types of services are being proposed and what DPH licensure categories will be sought, if applicable.**

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to acquire a 64 Slice CT scanner with PET to augment its current imaging capabilities at the New Britain General Campus. No new DPH licensure categories are being sought.

**3. Identify the current population served and who is the target population to be served.**

The Hospital of Central Connecticut currently receives nearly 80% of its volume from the towns of New Britain, Berlin, Newington, Southington and Plainville. The remainder of the patients originates from the secondary service area comprised of the towns of Farmington, Burlington, Bristol, Cromwell, West Hartford, Meriden and Cheshire. There will be no change in the population served.

**4. Identify any unmet need and describe how this project will fulfill that need.**

In the five years spanning fiscal year 2002 to fiscal year 2006, HCC's at NBGC has seen CT volume rise from 17,000 to 27,000. The ED CT volume portion went from 6,600 to 13,600. Accompanying this was a 15% gain in PET scans from fiscal year 2005 to fiscal year 2006. With the demand driven from ED volume gains of 8%, and the increase in overall volume, relocating the existing CT scanner to the ED and purchasing a new scanner for the Radiology department, HCC will be better poised to accommodate this growth.

**5. Are there any similar existing service providers in the proposed geographic area?**

Since HCC is currently a provider in this area, this proposal is not expected to have a significant impact on the patient volumes, financial stability or the quality of care offered by the other providers of service. The closest provider is John Dempsey Hospital.

**6. Describe the anticipated effect of this proposal on the health care delivery system in the State of Connecticut.**

This proposal will improve the delivery of health care in central Connecticut by providing increased access to PET/CT services at HCC's New Britain Campus. With the construction of an additional eleven beds, demand for CT scans will only increase. Relocating the existing 4 slice CT scanner to the newly renovated and expanded Emergency Department will allow for increased access which can potentially reduce ED wait times. Replacing that CT scanner with a 64 Slice PET/CT scanner in the Radiology Department provides seven day a week PET coverage, increased image quality and the ability to perform biopsies through clinically preferred single slice CT fluoroscopy. Finally, it affords the community improved access to care, reduced waiting time, and improved diagnostic imaging.

**7. Who will be responsible for providing the service?**

The responsibility for providing services for the new equipment would not be changed by this project. The unit will be part of HCC's Radiology Department.

**8. Who are the current payers of this service and identify any anticipated payer changes when the proposed project becomes operational?**

There is no anticipated impact on payer mix.

## ATTACHMENT B

### DPH LICENSE

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0052**

**General Hospital**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

The Hospital of Central Connecticut at New Britain General and Bradley Memorial of New Britain, CT, d/b/a The Hospital of Central Connecticut is hereby licensed to maintain and operate a General Hospital.

**The Hospital of Central Connecticut** is located at 100 Grand Street, New Britain, CT 06050

The maximum number of beds shall not exceed at any time:

32 Bassinets

414 General Hospital beds

This license expires December 31, 2006 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2005.

License revised to reflect:

Change of facility d/b/a name and change of Licensee name only eff. 10/1/06.

Addition of Satellite eff. 10/1/06 due to merger. Added 84 beds eff. 10/1/06.

**Satellites**

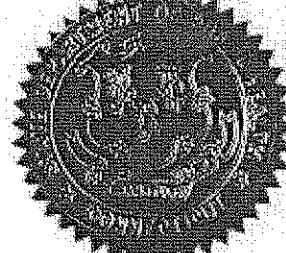
Older Adult Program, 33 Highland Street, New Britain, CT

Hispanic Counseling Center, 24 Whiting Street, New Britain, CT

New Britain General Counseling Center, 30 Grand Street, New Britain, CT

Substance Abuse Services, 33 Highland Street, New Britain, CT

\*The Hospital of Central Connecticut & Bradley Memorial, 81 Meriden Avenue, Southington, CT



*J. Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner

## ATTACHMENT C

### EQUIPMENT QUOTE

Quotation Number: P9-C16312 V 2

New Britain General Hospital  
 100 Grand St  
 New Britain CT 06052

Attn: MR TED LOMBARDO  
 RAD MANAGER  
 100 Grand St  
 New Britain CT 06052

Date: 08-08-2007

This agreement is by and between the customer and the GE Healthcare entity (referred to herein as "GE Healthcare"), each as identified in the applicable signature block below. GE Healthcare agrees to provide and customer agrees to pay for the products and/or services set forth in this agreement, all in accordance with the terms and conditions set forth herein. This agreement is comprised of:

- 1) This GE Healthcare Quotation (together with any applicable schedules referred to herein) that identifies the product and/or service offerings purchased or licensed by customer;
- 2) The attached (i) GE Healthcare Warranty documentation, (ii) GE Healthcare Additional Terms and Conditions documentation and (iii) GE Healthcare Statement of Service Deliverables documentation, as applicable; and
- 3) The attached GE Healthcare Standard Terms and Conditions-Sales and Service.

In the event of conflict among the foregoing items, the order of precedence is as numbered above. This agreement constitutes the complete agreement of the parties relating to GE Healthcare's delivery of the products and/or services identified in the GE Healthcare Quotation and supersedes all prior oral or written proposals, statements, agreements, commitments, or understandings with respect to the matters provided for herein. Quotation expiration date is as stated below unless otherwise indicated. This Quotation is subject to pricing, configuration and credit approval.

|                              |  |
|------------------------------|--|
| • Terms of Delivery:         | CIF, per the attached Standard Terms and Conditions  |
| • Quotation Expiration Date: | 10-05-2007   |
| • Billing Terms:             | 10% down / 70% delivery / 20% installation or first patient use  |
| • Payment Terms:             | UPON RECEIPT   |
| • Contract Price Protection: | 12 months from date of contract execution, subject to increase 0.5% per month after such 12 months period. |

Each party has caused this agreement to be signed by an authorized representative on the date set forth below.

General Electric Company, GE Healthcare

A GE Healthcare business

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

[www.gemedical.com](http://www.gemedical.com)

|               |   |      |               |  |      |
|---------------|---|------|---------------|--|------|
| Submitted By: | Darin Emons<br>Sales Representative<br><br>209 Farm Meadow Ln<br>Cheshire, CT 06410<br>US<br>Phone: 203 271 2825<br>Fax: 203 306 3210<br>Darin.Emons@ge.com | Date | Agreed To By: | Authorized Company<br>Representative<br><br>Please return to your local sales representative.<br>PO# | Date |
|---------------|---|------|---------------|--|------|

CUSTOMER

Agreed To By:

|                                       |      |
|---------------------------------------|------|
| Authorized Customer<br>Representative | Date |
| Print or Type Name                    |      |
| Title                                 |      |

1/22



Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
| 1   |             | Discovery VCT   |
| 1   | S9164LE     | <p>Discovery(TM) VCT PET-CT Scanner (With Discovery Dimension Console)</p> <p>Discovery(TM) VCT world's first clinical volume PET-CT system can be used as a standalone Volume CT scanner or an integrated PET/CT scanner for all clinical and research applications. It supports PET-CT procedures with full flexibility in CT and PET protocol combinations. Discovery VCT includes Elite PET Detector, XstreamFX workflow technology, VUE Point PET Iterative Reconstruction, and multiple motion PET acquisition capability.</p> <p>The GE Discovery(TM) VCT Scanner consists of: One integrated gantry containing slip-ring design Volume CT X-Ray tube &amp; 64 slice 40 mm coverage detector, 24 PET detector rings, high-speed acquisition electronics and image reconstruction system with high performance array processor.</p> <p>Patient port diameter: 70 cm One patient imaging table, head holder, and comfort accessories One fully integrated Discovery Dimension Console featuring: VUE Point: Precision Iterative PET Image Reconstruction with iterative image corrections. Rad Rx: advanced PET/CT protocol prescription. 4Dx: Diagnostic multi-gated PET acquisition (requires optional gating monitor). Volume Share: customizable multi-modality processing including fused Review, quantification, and data export Cardiac VUE: Cardiac PET processing including automatic volume orientation, and 3D filtering. Dynamic VUE Dynamic PET processing. ACQC PET/CT attenuation correction QC management tool Completely customizable protocol-driven scan control Two 19" color displays for high resolution PET/CT review, images and scanner controls at a glance. PET Subsystem High sensitivity Detector ring: 13,440 BGO 4.7 mm transaxial, 6.3 mm axial, 30 mm radial crystals, arranged in 24 rings of 560 crystals, 88.6 cm diameter. Transaxial FOV: 70 cm Axial FOV: 15.7 cm Number of image planes: 47 with 3.27 mm sampling interval Detector front and back Shielding and automatically retractable 0.8 mm tungsten inter-plane septa, 5.4 cm long minimize random and scattered coincidences. Laser positioning and large display on front and back of the gantry showing system count rate and acquisition time. Fast Automated PET QC and calibration System for minimum personnel exposure (Requires 68Ge rod source, not included). PET Acquisition and Reconstruction Individual position, energy, and timing mapping of each crystal improve spatial, energy, and timing resolution. Measured Detector Dead-time correction for enhanced count rate accuracy and quantification Random real time or off-line correction from acquired singles or delayed events. Static, whole body, multiple phase dynamic, ECG and respiratory multi-gated acquisitions (requires optional gating monitor). Coincidence Acquisition with or without axial septa and prospective reconstruction Volume Imaging Protocol (ViP) enabling retrospective data acquisition. Dynamic histogram memory 320 MB The VCT scanner sub-system includes: V-Res(TM) Detector technology with 58,368 detector elements of 64 0.625mm thick rows providing sub-mm acquisition in all scan modes. 40mm anatomical coverage per rotation at isocenter with 0.625mm slices Complete technology to support the 64 sub-mm slices acquisition per rotation including: Xstream(tm) FX, for reconstruction and network transfer rates of up to 16</p> |

2/22



Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  |
|-----|-------------|--|
|     |             | images per second. Direct MPR: automatic prospective 3D image display of orthogonal planes. GE Volume CT Reconstruction delivering highest z-axis resolution Vari-Speed, GE's exclusive variable speed capability: 360 degree rotation in 0.35s, 0.37s, 0.4s, 0.42, 0.45, 0.47, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0s. Performix Pro X-ray tube and generator technology delivering 100kW with peak 800mA capacity OptiDose management including: bowtie filters for coronary angiography and pediatric body exams, fully 3-D and ECG dose modulation, cardiac specific image filters, collimator hardware and software for x-ray beam tracking. Exam Split: networking of patient images in separate anatomical groups.   |
| 1   | P5052PS     | Discovery ST Uninterruptible Power Supply  |
| 1   | P5851JD     | Discovery PET/CT Rear Gantry and Patient Laser Landmark Option   |
| 1   | S9113RD     | DST Complete PET/CT Cardiac Package<br><br>A comprehensive package for the acquisition, processing and review of PET viability and perfusion studies. This package includes CT Calcium Scoring and CT Coronary artery acquisition, processing and review. The Discovery PET/CT provides routine gated cardiac acquisition- a GE Exclusive.<br><br>This package includes: - IVY 3150 ECG Monitor w/ Stand and Starter Kit - ECG Simulator - ECG Simulator Adapter - SmartScore Calcium Scoring Software Package - SnapShot - CardIQ Physio - CardIQ Fusion<br><br>Cardiac training is essential for PET/CT for acquisition and application. W7004CT for CT (3 days) and W0002NM for PET and Fusion (2 days) is recommended. Not included in the package.<br><br>Note: Requires AW Hardware 8200 or greater or VolumeShare 2.<br><br>This catalog item does not include an AW workstation. Customer must have or separately purchase an AW workstation that meets the minimum configuration specified below. |
| 1   | S9111WF     | WideView software option for Discovery PET/CT<br><br>PET/CT-WFOV increases the maximum CT display field of view from 50 cm to 70 cm. This dramatic increase provides clinicians additional anatomical reference for large patients or radiation therapy simulation and planning.<br><br>Pre-requisite: Discovery Dimension Console   |
| 1   | S7803CY     | GE Oncology Workstation with SimMD<br><br>The Advantage Workstation VolumeShare is the platform with exceptional stability, quality and flexibility to deliver multi-modality image management, review, comparison and processing with simplicity and power. Powerful software is optimized for state-of-the-art technology to provide   |

3/22

Form 2030  
Revised 7/063200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
|     |             | modularity and leading edge performance.  |
|     |             | AW VolumeShare2 without Column Viewer 3, with One Flat Panel Monitor and 4GB of RAM   |
|     |             | AW VolumeShare2 provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing. It features state of the art 64 bit technology and 2 dual core processors for superior performance and large thin slice data set handling. In addition, AW VolumeShare2 features dramatic user interface enhancements that make processing routine cases easy and complex cases simpler.  |
|     |             | The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare2 software includes:  |
|     |             | <ul style="list-style-type: none"><li>Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images.</li><li>2D image viewer that displays RT, CT, MR, CR X-ray (Angio and R &amp; F), Digital X-ray (DX), MG, NM, PET, U/S, Secondary Capture, Secondary Capture Color DICOM Image Objects</li><li>Filmer: Multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved, networked or printed to a DICOM, DICOM color or a supported postscript printer. Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF, JPEG, PNG, MPEG, AVI, QuickTime(TM)VR).</li></ul>   |
|     |             | AW VolumeShare2 ships with:   |
|     |             | <ul style="list-style-type: none"><li>Post-processing software platform, Patient List, database, and DICOM networking</li><li>2D Viewer</li><li>Filmer</li><li>Data Export</li><li>Advanced X-ray Analysis</li><li>One 19" Flat Panel monitor</li><li>HP xw8400 Workstation:<ul style="list-style-type: none"><li>2 Intel Xeon Dual Core Processors @ 3.0GHz clock speed, 4MB shared L2 cache</li><li>4GB DDR-2 RAM (expandable to 12GB)</li><li>2 x 146 GB: SAS 15,000rpm hard disks (292 GB can be used for image storage)</li><li>1 x 73 GB: SAS 15,000rpm hard disk for OS and system files</li><li>Internal DVD-ROM drive with CD burner (40x read/write) for DICOM media interchange and writing of DataExport electronic films</li><li>10/100/1000 base-T network interface</li><li>USB Optical 3-button mouse</li></ul></li></ul> |

4/22

Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

General Electric Company

General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
|     |             | <ul style="list-style-type: none"><li>- 3 1/2 inch floppy drive for service use preset archive capability</li></ul>   |
|     |             | Advantage Sim MD Multi-Modality/Multi Phase   |
|     |             | Includes: Advantage Sim MD Organ Segmentation Multi-Modality/Multi Phase  |
|     |             | Advantage Sim MD is Used to Prepare Geometric and Anatomical Data Relating to a Proposed External Beam Radiotherapy Treatment Prior to Dosimetry Planning. Anatomical Volumes can be Defined automatically or manually in three dimensions using a set of CT images acquired with the patient in the proposed treatment position. Definition of the anatomical volumes may be assisted by additional CT, MR, PET or SPECT studies that have been co-registered with the planning CT scan. Additionally, CT & PET data from a respiratory tracked examination may be used to allow the user define the target or treatment volume over a defined range of the respiratory cycle. |
|     |             | The geometric parameters of a proposed treatment field are selected to allow non-dosimetric, interactive optimization of field coverage. Anatomical structures and geometric treatment fields are displayed on orthogonal plane CT images, or reformatted sagittal, coronal views structures are displayed with or without the digitally reconstructed radiograph.  |
|     |             | Integration: Review multi-modality image data (CT, PET & MR) on one desktop by using up to eight view ports on two monitors and increase your speed and precision by contouring on all simultaneously.  |
|     |             | Incorporation of CT simulation with the following enhancements in one integrated environment for advanced clinical functionality and flexibility. <ul style="list-style-type: none"><li>• Multi-modality target definition from registered MR &amp; PET image volumes</li><li>• 4D CT &amp; 4D PET respiratory review &amp; analysis</li></ul>  |
|     |             | Organ Auto-Segmentation: Contour and organ in less than 5 seconds with Auto-segmentation features that automatically delineates critical organs and structures in 3D at the touch of a button. This improves speed and accuracy of organ segmentation for conventional treatment methods as well as newer 4D techniques.  |
|     |             | Currently supported organs include: <ul style="list-style-type: none"><li>• Lung</li><li>• Spinal Cord</li><li>• Liver</li><li>• Kidney</li><li>• Spleen</li><li>• Eyes</li><li>• Optic Nerve</li></ul>   |
|     |             | 3D contour interpolation: This allows the user to define a full volume contour with a minimum of  |

5/22



Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  |
|-----|-------------|--|
| 1   | S9111RT     | <p>3 contours in orthogonal views. This may be particularly useful for bladder delineation.</p> <p><b>Ease of Use:</b></p> <p>The Package is Mouse Driven with a Windows User Interface. The Press of a Single Button Using Pre-Defined and Configurable Treatment Plan Templates Linked to Patient Anatomy Offers Many Functions. Protocol Specific Structure Names and Properties, Beam Geometry and Field Shape can be Loaded From a Palette of Templates. Pre-defined Sequences of Actions can Then be Applied Adding to the Ease of Use.</p> <p><b>Flexibility:</b></p> <p>Contouring and Field Definition Parameters can be Modified on the Fly to Allow Thresholds, Margins and Display Characteristics to be Tailored to a Given Patient Data Set.</p> <p><b>Efficiency:</b></p> <p>The Package is Designed for Use Independently of a Treatment Planning System, Enabling the Physician to Define Volumes and Select Treatment Technique at a Dedicated Workstation. Any Plan can be Saved and Pushed to an RTP System as Standard DICOM RT Objects. DICOM RT Structure Set and RT Plan Objects can also be Received from DICOM RT Compliant Systems.</p> <p><b>Advantage Fusion CT/MR</b></p> <p>Advantage Fusion is a Software Application Which Provides Easy Comparison of Three Dimensional (3D) Images From CT and MR. It Allows 3D Registration Between Two Volumetric Acquisitions.</p> <p>The Registration is Based on the Automatic Identification of Common Surfaces and User Validated by Localization of Common Landmarks. Visual Feedbacks and Scores are Provided to Assess Matching Accuracy.</p> <p>Advantage Fusion Displays Real Time Axial, Sagittal and Coronal MPR Views for Both Exams. Multiple Correlated or Fused Display Options Bring out the Full Information from Both Acquisitions.</p> <p>Advantage Fusion Results may either be a fused or Registered Stack of DICOM Images, and Registered Graphic Contours Defined from One Modality and Reported Into the Other Modality. Those Contours can be Saved Using the ACR NEMA DICOM RT Structure Set Standard Object.</p> <p>A comprehensive package for the acquisition, processing and review of PET and CT respiratory gating studies. The Discovery PET/CT provides routine respiratory acquisition- a GE Exclusive.</p> <p><b>Includes:</b></p> <ul style="list-style-type: none"> <li>• Advantage 4D software for CT gating</li> <li>• RTP flat table top</li> <li>• Varian RPM Monitor</li> </ul> |

6/22

Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

General Electric Company

General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
|     |             | <ul style="list-style-type: none"> <li>• 2 days onsite PET 4D training</li> <li>• 1.5 days onsite CT 4D training</li> <li>• Respiratory Options for DVCT</li> </ul> <p>Discovery Advantage 4D is a Non-invasive Software/Hardware Option That can be used to Provide and Display CT Images of All Phases of a Breathing Cycle for the Evaluation of Respiration-induced Motion. The Software will allow the user to retrospectively define the best respiratory phase from an Image Quality standpoint, and group images by the phase selected. Discovery Advantage 4D can also be used for Target or Treatment Volume (DICOM Radiation Therapy Structure Sets) Verification.</p> <p>RTP Exact Couch for PET Discovery VCT Systems is a Flat-panel table that inserts securely to lock into the GE PET/CT cradle for rapid, accurate and, repeatable patient set up and localization. Sturdy, lightweight foam core; durable carbon fiber construction. Designed for optimum patient comfort and treatment flexibility. Attaches quickly and securely to the Discovery ST cradle for more accurate studies.</p> <p>Dimensions: Maximum Working Load: 450 lbs. Uniformly distributed while being supported by the table. Accuracy: Repeatability of positioning will be accurate within 1mm when tabletop is setup correctly with proper techniques. Compatible with GE PET/CT Discovery VCT System</p> <p>Varian RPM Respiratory Gating Device is the hardware to capture the respiratory signal in from the patient. It includes installation by the manufacturer.</p> |
| 1   | P5064RR     | <p>Snapshot(TM) Pulse for Discovery VCT This Option requires Discovery VCT with 5-Beat option. It consists of the following items:</p> <p>SnapShot Pulse SnapShot(TM) Pulse is a cardiac CTA scanning technique that reduces patient dose and improves cardiac workflow, without sacrificing image quality.</p> <p>Discovery VCT is built upon LightSpeed VCT technologies that enable such an acquisition technique with: o 40-mm axial coverage high resolution V-Res detector with micro voxel technology. o High power, high speed Performix X-ray generating system o Real-time CT acquisition and patient table servo control.</p> <p>SnapShot(TM) acquisition turn on X-rays at the required heart phase and during an optimal duration . The technique captures a complete picture of the heart in three to four table positions at a precise patient cardiac cycle phase, resulting in a dose reduction of up to 70% relative to conventional cardiac CTA techniques. Discovery VCT with SnapShot(TM) Pulse option, you can perform a complete coronary CTA study in as few as 5 heart beats at doses as low as 3-6 mSv* with no loss in image quality SnapShot(TM) can also improve workflow by reducing the size of image sets to be reconstructed to as low as 10% of a typical helical technique image set while delivering the same clinical information.</p> <p>R-Peak Editor The R-Peak Editor allows retrospective Selection of trigger points identifying</p>   |

7/22



Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
|     |             | <p>R-peaks on ECG trace displayed on the console. This function may increase the cardiac acquisition success rate by enabling potential recovery of patient exams with irregular heartbeat or suboptimal cardiac triggers. 3D Neuro Filters These 3D filters are available at three levels of image noise reduction, potentially allowing the reduction of radiation dose while maintaining image quality.</p>  |
| 1   | M81511FB    | <p>AW VolumeShare2 with Two Flat Panel Monitors and 4GB of RAM</p> <p>AW VolumeShare2 provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing. It features state of the art 64 bit technology and 2 dual core processors for superior performance and large thin slice data set handling. In addition, AW VolumeShare2 features dramatic user interface enhancements that makes processing routine cases easy and complex cases simpler.</p> <p>The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare2 software includes:</p> <ul style="list-style-type: none"> <li>Volume Viewer 3: GE 3D software package that includes Volume Rendering, Volume Analysis, Navigator and other 3D visualization and analysis tools</li> <li>Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images.</li> <li>2D image viewer that displays RT, CT, MR, CR X-Ray (Angio and R&amp;F), Digital X-Ray (DX), MG, NM, PET, U/S, Secondary Capture, Secondary Capture Color DICOM Image Objects</li> <li>Filmer: Multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved, networked or printed to a DICOM, DICOM color or a supported postscript printer. Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF, JPEG, PNG, MPEG, AVI, QuickTime VR).</li> </ul> <p>AW VolumeShare 2 ships with:</p> <ul style="list-style-type: none"> <li>Post-processing software platform, Patient List, database, and DICOM networking</li> <li>Volume Viewer 3(VA, VR, Navigator)</li> <li>2D Viewer</li> <li>Filmer</li> <li>Data Export</li> <li>Advanced X-ray Analysis</li> <li>Two 19" flat panel monitors</li> <li>HP xw8400 Workstation: <ul style="list-style-type: none"> <li>2 Intel Xeon Dual Core Processors @ 3.0GHz clock speed, 4MB shared L2 cache</li> </ul> </li> </ul> |

8/22

Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
 General Electric Company  
 General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty   | Catalog No. | Description   |
|---|-------------|---|
| <ul style="list-style-type: none"><li>- 4GB DDR-2 RAM (expandable to 12GB)</li><li>- 2 x 146 GB: SAS 15,000rpm hard disks (292 GB can be used for image storage)</li><li>- 1 x 73 GB: SAS 15,000rpm hard disk for OS and system files</li><li>- Internal DVD-ROM drive with CD burner (40x read/write) for DICOM media interchange and writing of DataExport electronic films</li><li>- 10/100/1000 base-T network interface</li><li>- USB Optical 3-button mouse</li><li>- 3 inch floppy drive for service use and preset archive capability</li></ul> |             |   |
| 1   | M81521VT    | <p>DOES NOT INCLUDE AUTOBONE XPRESS SOFTWARE OR ANY OTHER ADVANCED APPLICATIONS NOT LISTED</p> <p>PET Volume Viewer 3 for Review Functionality.</p> <p>This catalog provides the License Key to enable PET Review Functionality in Volume Viewer 3. Features include:</p> <ul style="list-style-type: none"><li>• SUV, Triangulation</li><li>• PET/CT Drag and Drop Fusion</li><li>• Isocontours</li></ul>  |
| 1   | M80281FR    | <p>Additional LCD Flat Panel Monitor for AW 4.1/4.2 and 4.2P systems.</p> <p>Supports 4.1, 4.2 and 4.2P Second Monitor for Existing Single Flat Panel Monitor Configuration</p> <p>Includes:</p> <p>1280x1024 Landscape Monitor</p>   |
| 1   | M80311BH    | <p>AW RemoteAccess Software Package for xw8400 Hardware.</p> <p>AW RemoteAccess allows remote access to GE Healthcare's Advantage Workstation products in a secure fashion for convenience and collaboration. It includes two modes:</p> <ul style="list-style-type: none"><li>• Virtual AW - Allows one user to remotely "drive" all host AW features and applications from a suitably configured PC or laptop.</li><li>• Remote Review - Allows up to three concurrent remote users to conduct interactive MIP/MPR review of datasets on the host AW from any suitably configured PC or laptop.</li></ul> <p>AW RemoteAccess is ONLY available for HP xw8000, xw8200 and xw8400 hardware with AW 4.2 or later software. 4GB of additional RAM for xw8400 hardware is included with this package to ensure optimal performance of AW RemoteAccess and minimal impact on host AW performance.</p> |
| 1   | P50801FT    | Advantage Fusion PET/CT Software for the AW 4.1 and Higher  |

9/22

Form 2030  
Revised 7/063200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  |
|-----|-------------|--|
|     |             | <p>Advantage Fusion is a Software Application Which Provides Easy Comparison of Three Dimensional (3D) Images From CT and PET and/or Nuclear Medicine (with Hawkeye Option Only). It Allows 3D Registration Between Two Volumetric Acquisitions Which may Come From Different Acquisition Modalities (CT/PET or CT/NM).</p> <p>The Registration Mechanism is Based on the Semi-Automatic Identification of Common Surface and User Validated by Localization of Common Landmarks. Visual Feedbacks and Scores are Provided to Assess Matching Accuracy.</p> <p>Advantage Fusion Displays Real Time Axial, Sagittal and Coronal MPR Views for Both Exams. Multiple Correlated or Fused Display Options Bring Out the Full Information From Both Acquisitions.</p> <p>Advantage Fusion Results may Either be Fused or Registered Stack of DICOM Images, and Registered Graphic Contours Defined From One Modality and Reported Into the Other Modality. Those Contours can be Saved Using the ACR NEMA DICOM RT Structure Set Standard Object. The Resultant DICOM-RT Structure Set can Then be Reloaded by a Compatible Planning or Simulation System, Such as Advantage SIM 4.1 and Advantage SIM 5.0. System Requirements: AW 4.1 or Higher.</p> <p>All software Purchases are Non-Transferable to Other Hardware and are Non-Returnable.</p> |
| 1   | B79821SN    | <p>CardIQ Express Pro for Advantage Windows VolumeShare2</p> <p><b>Feature Summary:</b></p> <p>The CardIQ Pro option allows the user to:</p> <ul style="list-style-type: none"><li>• Extract, render and display 2D/3D coronary vascular tree images with single seed point deposit</li><li>• Reformat standard axial CT images of single or multiple cardiac phases automatically into short, long and two chamber long axis of the heart for easy review</li><li>• 2D reformat review with predefined views to review all coronary vessels.</li><li>• For functional evaluation of the heart, cine capability for multiphase beating heart images are available in an easy click</li><li>• Protocol selection within the review step area allowing user to select a different protocol without exiting application</li><li>• Automatically track, extract and display coronary artery vessels using Coronary Vessel Analysis tool form single or multiple cardiac phase image data sets</li><li>• Various measurements of coronary artery vessels to include stenosis, density and length</li><li>• PlaqID assigns customizable color maps to HU values for improved visualization of plaque pathology</li><li>• One touch angiographic view protocol display's coronary vessel tree and myocardium</li></ul>                                |

10/22

Form 2030  
Revised 7/063200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty  | Catalog No. | Description  |
|--|-------------|--|
| with automatic extraction of heart chambers for cath comparative view  |             |  |
| <ul style="list-style-type: none"> <li>• Heart Transparency model allowing for full visualization of coronaries in relations to the heart chambers with the ability to fade out the chambers of the heart</li> <li>• One-Touch semi-automatic extraction of the left ventricle in end systole and end diastole for quick ejection fraction measurements</li> <li>• Oblique reformat views in the standard cath angles are provided for easy analysis of the coronary vessels</li> <li>• Load multi-phase images, review the data and decide which phase or phase will be reviewed for further processing by dropping the non-essential phases</li> <li>• One-touch protocols are available for performing 3D analysis of the heart quickly with predefined presets to view the cardiac vessels and chambers. Available with single or multiphase sets</li> <li>• Phase registration - ability to register images from different cardiac phases into a unique data set. The data set can then be saved as a 3D object and/or used for further analysis</li> </ul> |             |  |
| System requirements: Advantage Workstation VolumeShare2 2 G Byte of RAM Volume Analysis Plus   |             |  |
| 1  | B77121BA    | <p>VesselIQ Xpress &amp; AutoBone Xpress</p> <p>CT VesselIQ Xpress and AutoBone Xpress is for AW VolumeShare2</p> <p>VesselIQ Xpress provides an optimized non-invasive application to analyze vascular anatomy and pathology and aid in determining treatment plans from a set of CTA images. This software supports the physician in:</p> <ul style="list-style-type: none"> <li>• Assessment of aneurysms with or without thrombus (false lumen) for size and volume measurements with the capability to track the size and volume over time, stenosis analysis, pre/post stent and surgical planning and directional vessel tortuosity visualization.</li> <li>• Automatic tools for the segmentation of bony structures in the brain and neck and other vascular areas for accurate identification of the vessels, single or double click vessel analysis.</li> <li>• Sizing the vessel, analyzing calcified and non-calcified plaque to determine the densities of plaque within a vessel, measure areas of abnormalities within a vessel (like stenosis, plaque, thrombus, dissection or leakage).</li> <li>• Semi-automated detection and segmentation of thrombus for subsequent measurements within the application.</li> <li>• Dedicated anatomy based protocols for improved workflow.</li> <li>• Compare a patient's previous exam to their current exam in order to measure and track any changes over time of their vascular structures.</li> </ul> |

11/22



Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  |
|-----|-------------|--|
|     |             | <ul style="list-style-type: none"> <li>After review of the exams, there are multiple ways to film, archive and capture information for future review.</li> </ul> <p><b>System Requirements:</b></p> <ul style="list-style-type: none"> <li>AW VolumeShare2</li> </ul> <p><b>Note:</b> All software are Non-Transferable to other hardware and are Non-Returnable.</p>  |
| 1   | E8007NG     | Medrad Stellant DX Dual-Flow Ceiling Mount Injection System with Short Post. Floor to mounting plate is less than 9 in. Requires E8007NZ Mounting Plate be added to the order...E  |
| 1   | E8007NZ     | OCS Mounting Plate   |
| 1   | E4502AE     | CT Main Disconnect Panel - 125 Amp<br><br>This 125-amp main disconnect panel serves as the main power disconnect between the CT system and the facility 400-480V power source. It provides short circuit, overload, under voltage release, automatic restart, and emergency shut down for the CT system. It also reduces installation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components, and its standardized design and testing assures high product quality and system reliability. On systems where the optional 12.5 KVA partial system UPS is ordered (E4502KT), the main disconnect panel also provides mandated emergency power off control via a UPS output disconnect function included in the panel design. It also provides a standardized platform for future UPS or other GE-engineered modifications or upgrades. This panel is compatible with GEHC LightSpeed Pro 16, Pro 32, LightSpeed VCT and RT CT systems. Customer is responsible for rigging and arranging for installation by a licensed electrician. This ITEM IS NON-RETURNABLE AND NON-REFUNDABLE. Warranty Code: Y |
| 1   | E8505PE     | LAP Green Laser Marking System (Wall Mounted); The CT-4-3 consists of a single moving line laser to project the sagittal plane, two moving lateral lasers to project the coronal plane, and fixed lasers to project the axial plane.<br><br>LAP Part #: CT-4-3 W-G; Sold per Each.   |
| 1   | E8505NE     | MEDTEC Silverman Clear Plastic Head Support  |
| 1   | E8500NB     | Patient Arm Support for NM, PET/CT, MR<br><br>Padded Arm Rest combines total arm support and passive restraint, increasing patient comfort during extended procedures. Designed to accommodate virtually all patients. Compatible with most Nuclear Imaging systems and can also be used in MRI, CT and PET applications.<br>Constructed with a comfortable, full support polyfoam with a seamless coated finish. Warranty Code: H   |
| 1   | E8500NC     | Patient Leg Rest for Nuclear, PET/CT, MRI  |

12/22



Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
|     |             | Contoured Leg Rest prevents low back stress and pain that occurs during supine imaging and treatment, measures 7 in. H x 17 in. D x 13 in. W. Designed to accommodate virtually all patients. Compatible with most Nuclear Imaging systems and can also be used in MRI, CT and PET applications. Constructed with a comfortable, full support polyfoam with a seamless coated finish. Warranty Code: H  |
| 1   | E8500PC     | 3 Piece Leg Rest Set<br><br>Set of three including: 5 in., 7 in., and 10 in. in height. Contoured Leg Rest prevents low back stress and pain that occurs during supine imaging and treatment. measures 7 in. H x 17 in. D x 13 in. W. Designed to accommodate virtually all patients. Compatible with most Nuclear Imaging systems and can also be used in MRI, CT and PET applications. Constructed with a comfortable, full support polyfoam with a seamless coated finish...H  |
| 1   | E8016AN     | Slicker - VCT 2000 Systems (2-pc Set)<br><br>Protective table cover and cushion set for the CT VCT 2000 systems. This two-piece, sealed slicker cushion set have comfort pads enclosed inside the slicker cover and extender cover. Durable, clear PVC plastic covers facilitate faster, more thorough cleanup of blood and fluids. Also help to increase system uptime by protecting table from spills and particulate contaminants, easy to install and comfortable for patients. Thermo-sealed seams and flaps prevent contaminate buildup in hard to clean areas. Includes table cushion, extender cushion and catheter bag holder. Warranty Code: H                            |
| 1   | E8690AD     | Discovery ST Pin Source   |
| 1   | P5005LT     | 2-Day PET/CT Masters Series<br><br>The 2-Day PET/CT Masters Series is Designed to Give Physicians an Avenue to Learn About Clinical PET/CT and Help Them Deliver Better Patient Care While Maximizing Productivity. These Classes are Balanced with Class Work, Image Interpretation and Small Class Sizes That Ensure Active Participation and are Taught by Leading Physicians and Scientists who Provide Instruction in PET and PET/CT Imaging. <ul style="list-style-type: none"> <li>• Comprehensive Agenda</li> <li>• Read with the Experts</li> <li>• Hands-on Experience</li> <li>• Clinical Applications</li> <li>• PET/CT Technology</li> <li>• Radio Pharmacy</li> </ul> |

13/22

Form 2030  
Revised 7/063200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
| 1   | B7500CT     | <ul style="list-style-type: none"> <li>• CME Credits (Scottsdale Medical Imaging Ltd. Offers 16 CME Credits)</li> </ul> <p>CT Advantage Sim Training</p> <ul style="list-style-type: none"> <li>• (1) 2.5 Day On Site Visit for Training Advantage Sim and Advantage CT/MR Fusion</li> </ul>  |
| 7   | B7600MF     | <p>Cardiac CTA 5 Day Advanced Course</p> <p>This 5 day course is designed for physicians who have already attended an introductory course and are ready to start interpreting cardiac studies. Course includes observation and interpretation of live case studies, hands-on AW workstation experience, overreads of case studies and and mentoring by expert physicians. The price of this course includes tuition only. Travel and living are not included. There are several options for 5-DAy advanced cardiac CT courses. For details and selection please go to:<br/> <a href="http://www.gehealthcare.com/usen/ct/education/products/masterseries.html">http://www.gehealthcare.com/usen/ct/education/products/masterseries.html</a></p> <p>Can be sold with any CT or VCT or any PET CT system.</p>   |
| 1   | W0100PT     | <p>6 Day PET TiP Onsite System Training</p> <p>PET Onsite Training for a new PET system</p> <ul style="list-style-type: none"> <li>• One 4 day onsite visit to coincide with system start-up.</li> <li>• One 2 day onsite follow-up visit 6-8 weeks post system start up.</li> </ul> <p>During the first visit, the applications specialist will work with the medical and technical staff on system operation and patient procedures. The training produces the best results when a dedicated core group of 2-4 PET technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the protocol implementation and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures.</p> <p>The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 PET technologists from the initial visit complete the session with a modified patient schedule.</p> |
| 1   | W0100CT     | <p>6 Day CT TiP Onsite System Training</p> <p>CT Onsite Training for a new CT system</p> <ul style="list-style-type: none"> <li>• One 4 day onsite visit to coincide with system start-up.</li> <li>• One 2 day onsite follow-up visit 6-8 weeks post system start up.</li> </ul> <p>During the first visit, the applications specialist will work with the medical and technical staff on</p>  |

14/22



Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
 General Electric Company  
 General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  |
|-----|-------------|--|
|     |             | <p>system operation and patient procedures. The training produces the best results when a dedicated core group of 2-4 CT technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the protocol implementation and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures.</p> <p>The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the customer. The training produces the best results when the same dedicated core group of 2-4 CT technologists from the initial visit complete the session with a modified patient schedule.</p> |
| 1   | W0400PT     | <p>4 Days TiP PET Onsite Training Cardiac PET-CT</p> <p>One 4 day visit for customer new to cardiac PET-CT.</p> <p>This program spans 4 consecutive days and targets technologists who are new to cardiac PET-CT imaging.</p>  |
| 1   | W0950PT     | <p>PET Workstation TiP Virtual Assist 4 Hrs</p> <p>4 hours of remote PET Workstation training using TiP Virtual Assist.</p> <p>Requires Xeleris 1.1 or greater or AW and broadband connectivity with customer upload speed of at least 400 kbps.</p>   |
| 2   | W0601PT     | <p>2 Days TiP Onsite Training Advantage Workstation--PET</p> <p>One 2 day TiP onsite visit for PET Advantage Workstation training. Includes T&amp;L expenses. Days provided consecutively.</p>   |
| 1   | W0009HC     | <p>TiP HQ Class CT Cardiac Imaging - Full Service</p> <p>3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses.</p> <p>This course covers anatomy, patient preparation, scanning, data reconstruction, and post processing.</p>   |
| 1   | W0021HC     | <p>TiP HQ Class LightSpeed VCT - Full Service</p> <p>3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses.</p> <p>This course is designed to introduce the technologist to the CT LightSpeed VCT system.</p>   |
| 1   | W3009HC     | <p>TiP HQ Class Intro to Discovery PET/CT Full Service</p> <p>3.5 day TiP Discovery PET/CT course held in the Milwaukee area. Includes travel and modest living expenses.</p>  |

15/22



Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

General Electric Company

General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   |
|-----|-------------|---|
|     |             | This course is designed to prepare technologists for performing the daily operations of combined PET/CT imaging. The program includes classroom instruction on physics, instrumentation, quality control, and acquisition.  |
| 1   | W7004CT     | CT TiP Onsite Cardiac SnapShot, CardIQ Analysis, and CardIQ Function Software Training<br><br>One 3 day TiP onsite visit for CT Cardiac SnapShot, CardIQ Analysis, and CardIQ Function software training. Includes travel and living expenses. Days provided consecutively. |
| 1   |             | NonProducts   |
| 1   |             | (1) P0001FZ-166 Slot UDO Juke, (300)P0001EP-30GB UDO Media  |

## Quote Summary:

Total Quote Net Selling Price \$3,392,891.99

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)

16/22

Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

## Options

(These items are not included in the total quotation amount)

| Qty | Catalog No. | Description   | Ext Sell Price |
|-----|-------------|---|----------------|
| 1   | M81511FB    | <p>AW VolumeShare2 with Two Flat Panel Monitors and 4GB of RAM</p> <p>AW VolumeShare2 provides 3D visualization and analysis with exceptional stability, quality and flexibility for powerful multi-modality image management, review, comparison and processing. It features state of the art 64 bit technology and 2 dual core processors for superior performance and large thin slice data set handling. In addition, AW VolumeShare2 features dramatic user interface enhancements that makes processing routine cases easy and complex cases simpler.</p> <p>The AW software family improves diagnostic/treatment workflow and enhances clinician-patient communication. AW VolumeShare2 software includes:</p> <ul style="list-style-type: none"> <li>Volume Viewer 3: GE 3D software package that includes Volume Rendering, Volume Analysis, Navigator and other 3D visualization and analysis tools</li> <li>Advanced X-ray Analysis: Accommodates routine and special procedures, providing tools specifically for the review of DICOM x-ray images.</li> <li>2D image viewer that displays RT, CT, MR, CR X-Ray (Angio and R&amp;F), Digital X-Ray (DX), MG, NM, PET, U/S, Secondary Capture, Secondary Capture Color DICOM Image Objects</li> <li>Filmer: Multimedia export tool that creates standard or free-format electronic films in DICOM SR that can be saved, networked or printed to a DICOM, DICOM color or a supported postscript printer. Electronic films can also be exported out of the DICOM environment in a variety of multimedia formats (HTML, PDF, JPEG, PNG, MPEG, AVI, QuickTime VR).</li> </ul> <p>AW VolumeShare 2 ships with:</p> <ul style="list-style-type: none"> <li>Post-processing software platform, Patient List, database, and DICOM networking</li> <li>Volume Viewer 3(VA, VR, Navigator)</li> <li>2D Viewer</li> <li>Filmer</li> <li>Data Export</li> <li>Advanced X-ray Analysis</li> </ul> | \$115,000.00   |

17/22



Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

General Electric Company

General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty   | Catalog No. | Description   | Ext Sell Price |
|---|-------------|---|----------------|
| <ul style="list-style-type: none"> <li>• Two 19" flat panel monitors</li> <li>• HP xw8400 Workstation: <ul style="list-style-type: none"> <li>- 2 Intel Xeon Dual Core Processors @ 3.0GHz clock speed, 4MB shared L2 cache</li> <li>- 4GB DDR-2 RAM (expandable to 12GB)</li> <li>- 2 x 146 GB: SAS 15,000rpm hard disks (292 GB can be used for image storage)</li> <li>- 1 x 73 GB: SAS 15,000rpm hard disk for OS and system files</li> <li>- Internal DVD-ROM drive with CD burner (40x read/write) for DICOM media interchange and writing of DataExport electronic films</li> <li>- 10/100/1000 base-T network interface</li> <li>- USB Optical 3-button mouse</li> <li>- 3 inch floppy drive for service use and preset archive capability</li> </ul> </li> </ul>   |             |   |                |
| DOES NOT INCLUDE AUTOBONE XPRESS SOFTWARE OR ANY OTHER ADVANCED APPLICATIONS NOT LISTED   |             |   |                |
| 1   | M80311BH    | AW RemoteAccess Software Package for xw8400 Hardware. | \$24,000.00    |
| <p>AW RemoteAccess allows remote access to GE Healthcare's Advantage Workstation products in a secure fashion for convenience and collaboration. It includes two modes:</p> <ul style="list-style-type: none"> <li>• Virtual AW - Allows one user to remotely "drive" all host AW features and applications from a suitably configured PC or laptop.</li> <li>• Remote Review - Allows up to three concurrent remote users to conduct interactive MIP/MPR review of datasets on the host AW from any suitably configured PC or laptop.</li> </ul> <p>AW RemoteAccess is ONLY available for HP xw8000, xw8200 and xw8400 hardware with AW 4.2 or later software. 4GB of additional RAM for xw8400 hardware is included with this package to ensure optimal performance of AW RemoteAccess and minimal impact on host AW performance.</p> |             |   |                |
| 1   | M80171LC    | AW Floating License Concurrency Enabler               | \$5,000.00     |
| <p>AW Floating License Concurrency Enabler provides all pre-requisite software required for floating licenses to be enabled on the AW and makes the license server visible to the AW. Requires 4.2P or later software. Every AW in your facility that needs to use floating licenses for one or more applications needs to be concurrency enabled.</p>  |             |   |                |

18/22

Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

General Electric Company

General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description   | Ext Sell Price |
|-----|-------------|---|----------------|
|     |             | Included with this order is the AW Floating License Concurrency Enabler package.  |                |
| 1   | M80141LC    | AW Concurrency Enabler Software License Transfer for x8400 Hardware Upgrades.<br><br>AW Concurrency Enabler Software License Transfer for existing AW's Concurrency Enabled being Upgraded to x8400 Hardware.<br><br>Host ID of existing AW system must be provided when ordering this software transfer.   | Incl.          |
| 1   | M81171SW    | AW Floating Licenses Software Package<br><br>AW Floating Licenses Software Package includes all pre-requisite software required for floating licenses to function on an AW and also the server software that goes on the license server hardware provided by the customer. The package does not include license keys for any software. The keys will be part of individual catalog numbers such as Floating License Manager, Concurrency Enabler, etc.<br><br>Included with this order is the AW Floating Licenses Software Package.  | \$10.00        |
| 1   | M80171LS    | AW Floating License Manager<br><br>AW Floating license manager is the license server software that manages AW floating licenses at your facility. You will need ONE license server per facility to manage licenses. The software will be loaded on hardware provided and maintained by your IT department. The hardware should meet the following minimum specifications:<br><br>• P4 1.5GHz Processor<br>• 512 MB RAM<br>• 100MB free hard disk space (5GB recommended for license metering log files)<br><br>Operating System specifications:<br><br>• Windows 2000 Professional, Server, 2003 Server or XP Professional<br><br>Included with this order is the AW Floating license manager software package. | Incl.          |
| 1   | B79831SM    | Convert CardIQ Xpress Pro from Node Locked to Floating License Ready  | \$10.00        |
| 1   | B79971FG    | CT Colonography Pro Floating License Ready  | \$45,500.00    |

19/22

Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
 General Electric Company  
 General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  | Ext Sell Price |
|-----|-------------|--|----------------|
|     |             | <p>CT Colonography Pro Floating License Ready is a pre-requisite to purchase additional floating licenses for this application. This purchases does not provide you with a license for the application but entitles you to additional single floating license purchases for CT Colonography Pro application.</p> <p>Included with this order is the CT Colonography Pro Floating License Ready package.</p>  |                |
| 1   | B78121MH    | <p>Lung VCAR Floating License Ready</p> <p>Lung VCAR Floating License Ready is a pre-requisite to purchase additional floating licenses for this application. This purchases does not provide you with a license for the application but entitles you to additional single floating license purchases for Lung VCAR.</p> <p>Requires AW VS2 hardware</p> <p>Included with this order is the Lung VCAR Floating License Ready package.</p>  | \$60,000.00    |
| 1   | B77131VF    | <p>VesselIQ Xpress/AutoBone Xpress Conversion from Node Locked to VesselIQ Xpress and AutoBone Xpress Floating License Ready.</p> <p>Conversion from Node Locked to Floating License Ready converts an existing node locked license owned by the customer to Floating License Ready. This conversion will entitle you to additional single floating license purchases for this application. Requires proof of ownership by providing host ID of the AW which has the node locked license installed. Upon conversion, existing mode locked license will be removed from the AW.</p> <p>Included with this order is the Conversion of Node Locked to Floating License Ready.</p> <p>Pre-requisite is AW VolumeShare2</p>   | \$10.00        |
| 1   | B77121BC    | <p>VesselIQ Xpress &amp; AutoBone Xpress Single Floating</p> <p>VesselIQ Xpress Software if for AW VolumeShare2 running on AW</p> <p>VesselIQ Xpress provides an optimized non-invasive application to analyze vascular anatomy and pathology and aid in determining treatment plans from a set of CTA images. This software supports the physician in:</p> <ul style="list-style-type: none"> <li>Assessment of aneurysms with or without thrombus (false lumen) for size and volume measurements with the capability to track the size and volume over time, stenosis analysis, pre/post stent and surgical planning and directional vessel tortuosity visualization.</li> <li>Automatic tools for the segmentation of bony structures in the brain</li> </ul> | \$21,500.00    |

20/22



Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188

General Electric Company

General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  | Ext Sell Price |
|-----|-------------|--|----------------|
|     |             | <p>and neck and other vascular areas for accurate identification of the vessels, single or double click vessel analysis.</p> <ul style="list-style-type: none"> <li>• Sizing the vessel, analyzing calcified and non-calcified plaque to determine the densities of plaque within a vessel, measure areas of abnormalities within a vessel (like stenosis, plaque, thrombus, dissection or leakage).</li> <li>• Semi-automated detection and segmentation of thrombus for subsequent measurements within the application.</li> <li>• Dedicated anatomy based protocols for improved workflow.</li> <li>• Compare a patient's previous exam to their current exam in order to measure and track any changes over time of their vascular structures.</li> <li>• After review of the exams, there are multiple ways to film, archive and capture information for future review.</li> </ul> <p>System Requirements:</p> <ul style="list-style-type: none"> <li>• AW VolumeShare2</li> </ul> <p>Note: All software are Non-Transferable to other hardware and are Non-Returnable.</p> |                |
| 1   | P50801BA    | Cortex ID offers easy, robust and clinically validated review/analysis of PET and PET-CT neuro scans.  | \$45,000.00    |
|     |             | <p>Key features include:</p> <ul style="list-style-type: none"> <li>• Structure-function analysis with PET-CT</li> <li>• Fully automated, well proven, robust analysis method: 3D stereotactic surface projection (3D SSP)</li> <li>• Comparison to age-stratified asymptomatic normals database with MMSE evaluation and MR imaging</li> <li>• Qualitative and Quantitative assessment 1 minute</li> <li>• Effortless comparison to previous FDG PET</li> <li>• Effortless comparison to previous MRI (T1, T2, Flair)</li> <li>• Straightforward comparison to previous PET or PET-CT images with FDG or any other tracers</li> <li>• Intuitive and efficient workflow from image loading to saving and restoring results</li> <li>• Customizable and interactive reporting tool</li> </ul> <p>Cortex ID Requirements: AW 4.2P or later Dual-screen AW</p>  |                |

21/22

Form 2030  
Revised 7/063200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare

Quotation Number: P9-C16312 V 2

| Qty | Catalog No. | Description  | Ext Sell Price |
|-----|-------------|--|----------------|
| 1   | B79971JG    | Smartscore 3.5 for AW Linux for AW 4.1 and higher  | \$30,000.00    |
| 1   | W0009HC     | TiP HQ Class CT Cardiac Imaging - Full Service<br><br>3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses.<br><br>This course covers anatomy, patient preparation, scanning, data reconstruction, and post processing.  | \$5,100.00     |
| 1   | W0021HC     | TiP HQ Class LightSpeed VCT - Full Service<br><br>3.5 day CT course held in the Milwaukee area. Includes travel and modest living expenses.<br><br>This course is designed to introduce the technologist to the CT LightSpeed VCT system.  | \$3,800.00     |
| 1   | W3009HC     | TiP HQ Class Intro to Discovery PET/CT Full Service<br><br>3.5 day TiP Discovery PET/CT course held in the Milwaukee area. Includes travel and modest living expenses.<br><br>This course is designed to prepare technologists for performing the daily operations of combined PET/CT imaging. The program includes classroom instruction on physics, instrumentation, quality control, and acquisition. | \$3,800.00     |

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable. )

22/22

Form 2030  
Revised 7/06

3200 N. Grandview Blvd., Mail Code WT-897, Waukesha, WI 53188  
General Electric Company  
General Electric Company, GE Healthcare



# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

August 20, 2007

Claudio Capone  
Director of Planning  
The Hospital of Central Connecticut  
100 Grand Street  
New Britain, CT 06050

RE: Certificate of Need Application Forms; Docket Number: 07-31020-CON  
The Hospital of Central Connecticut  
Acquisition and Operation of a 64-Slice PET/CT Scanner

Dear Mr. Capone:

Enclosed are the application forms for The Hospital of Central Connecticut's Certificate of Need ("CON") proposal for the acquisition and operation of a 64-Slice PET/CT scanner with an associated capital expenditure of \$4,314,622. According to the parameters stated in Sections 19a-638 and 19a-639 of the Connecticut General Statutes, the CON application may be filed between October 9, 2007, and December 8, 2007.

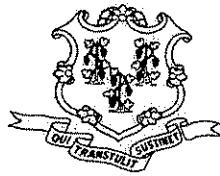
**When submitting your CON Application, please paginate and date each page contained in your submission. In addition, please submit one (1) original and five hard copies; as well as a scanned copy of the complete Application, including all attachments, on CD or Diskette. OHCA requests that the electronic copy be in Adobe or MS Word format and that the Financial Attachment and other data as appropriate be in MS Excel format.**

The OHCA analyst assigned to the CON application is Jack A. Huber. Please feel free to contact him at (860) 418-7034, if you have any questions.

Sincerely,

Kimberly Martone  
Certificate of Need Supervisor

Enclosures



## State of Connecticut Office of Health Care Access Certificate of Need Application

Please complete all questions. If any question is not relevant to your project, a response of "Not Applicable" may be considered an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than October 9, 2007, and may be submitted no later than December 8, 2007. The OHCA Analyst assigned to your application is Jack A. Huber. He may be reached at the Office of Health Care Access at (860) 418-7034.

**Docket Number:** 07-31020-CON

**Applicant Name:** The Hospital of Central Connecticut

**Contact Person:** Claudio Capone

**Contact Title:** Director of Planning

**Contact Address:** The Hospital of Central Connecticut  
100 Grand Street  
New Britain, CT 06050

**Project Location:** New Britain

**Project Name:** Acquisition and Operation of a 64-Slice PET/CT Scanner

**Proposal Type:** Sections 19a-638 and 19a-639, C.G.S.

**Estimated Total  
Capital Expenditure:** \$4,314,622

## OFFICE OF HEALTH CARE ACCESS

## REQUEST FOR NEW CERTIFICATE OF NEED

## FILING FEE COMPUTATION SCHEDULE

|                      |                                  |       |         |
|----------------------|----------------------------------|-------|---------|
| APPLICANT: _____     | FOR OHCA USE ONLY:               | DATE  | INITIAL |
| PROJECT TITLE: _____ | 1. Check logged (Front desk)     | _____ | _____   |
| DATE: _____          | 2. Check rec'd (Clerical/Cert.)  | _____ | _____   |
|                      | 3. Check correct (Superv.)       | _____ | _____   |
|                      | 4. Check logged (Clerical/Cert.) | _____ | _____   |

| SECTION A – NEW CERTIFICATE OF NEED APPLICATION  |       |              |  |
|--|-------|--------------|--|
| 1. Check statute reference as applicable to CON application (see statute for detail):  |       |              |  |
| 19a-638. Additional function or service, change of ownership, service termination.<br><b>No Fee Required.</b>  |       |              |  |
| 19a-639 Capital expenditure exceeding \$3,000,000 or capital expenditure exceeding \$3,000,000 for major medical equipment, CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator.<br><b>Fee Required.</b>   |       |              |  |
| 19a-638 and 19a-639.<br><b>Fee Required.</b>   |       |              |  |
| 2. Enter \$0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section.   |       |              |  |
| 3. Enter \$400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator less than \$3,000,000  |       |              |  |
| 4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$3,000,000 or other capital expenditure exceeding \$3,000,000 is checked above <u>OR</u> if both 19a-638 and 19a-639 are checked): |       |              |  |
| a. Base fee: _____   | _____ | \$ 1,000.00  |  |
| b. Additional Fee: (Capital Expenditure Assessment) _____<br>(To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) (\$ _____ x .0005)   | _____ | \$ _____ .00 |  |
| c. Sum of base fee plus additional fee: (Lines A4a + A4b) _____  | _____ | \$ _____ .00 |  |
| d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).  | _____ |              |  |
| SECTION B TOTAL FEE DUE: _____   |       | \$ _____ .00 |  |

ATTACH HERE CERTIFIED OR CASHIER'S CHECK ONLY (Payable to: Treasurer, State of Connecticut)

## HOSPITAL AFFIDAVIT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Position – CEO or CFO)

of \_\_\_\_\_ being duly sworn, depose and state that the (Hospital Name) information submitted in this Certificate of Need application is accurate and correct to the best of my knowledge. With respect to the financial impact related to this CON application, I hereby affirm that:

1. The proposal will have a capital expenditure in excess of \$15,000,000.  
 Yes       No
  
2. The combined total expenses for the proposal's first three years of operation will exceed one percent of the actual operating expenses of the Hospital for the most recently completed fiscal year as filed with the Office of Health Care Access.  
 Yes       No

---

Signature

---

Date

Subscribed and sworn to before me on \_\_\_\_\_

---

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

## 1. Expansion of Existing or New Service

What services are currently offered at your facility that the proposed expansion or new service will augment or replace? Please list.

Augment: \_\_\_\_\_

Replace: \_\_\_\_\_  
\_\_\_\_\_

## 2. State Health Plan

No questions at this time.

## 3. Applicant's Long Range Plan

Is this application consistent with your long-range plan?

Yes       No

If "No" is checked, please provide an explanation.

## 4. Clear Public Need

A. Explain how it was determined there was a need for the proposal in your service area.

- i) Provide the following information:
  - a) Primary and secondary service area towns for the CT service and PET/CT service.
  - b) The unit of service (i.e. CT and PET/CT scans) for the past three fiscal years by service area town, subtotalized for primary and secondary service areas and totaled for the entire service area.
  - c) The population to be served, including the number of individuals to receive the proposed services. Include demographic information, as appropriate.
  - d) Scheduling backlogs in the service area.
  - e) Travel distance from proposed site to service area towns.
  - f) Hours of operation of existing CT and PET/CT services by Hospital service and of the proposed CT and PET/CT services by Hospital service.
  - g) Description of the scanning units that constitutes the Hospital's CT scanning services and the PET/CT scanning service.
- ii) What will be the effect of your proposal on existing PET/CT providers (i.e. patient volume, financial stability, quality of care, etc.)?

iii) Provide the units of service projected for the first three years of operation of the proposed PET/CT and reconfigured CT scanning service. **Include the derivation/calculation.**

iv) Provide the information as outlined in the following table concerning the existing providers' (in the Applicant's Primary Service Area) current operations:

| Description of Service <sup>1</sup> | Provider Name and Location | Hours and Days of Operation <sup>2</sup> | Current Utilization <sup>3</sup> |
|-------------------------------------|----------------------------|--|----------------------------------|
|                                     |                            |  |                                  |
|                                     |                            |  |                                  |
|                                     |                            |  |                                  |
|                                     |                            |  |                                  |
|                                     |                            |  |                                  |
|                                     |                            |  |                                  |
|                                     |                            |  |                                  |

<sup>1</sup> If proposal concerns imaging equipment, provide a description of the equipment used by the Provider, if known.

<sup>2</sup> Specify days of the week and start and end time for each day.

<sup>3</sup> Number of scans performed on specified scanner by Provider for the most recent 12 month period, if known.

v) What is the projected number of PET scans that will be used for specifically for detecting metastatic disease by the hospital? Will this use relate to a reduction in other imaging modalities?

B. Will your proposal remedy any of the following barriers to access? Please provide an explanation.

Cultural       Transportation  
 Geographic       Economic  
 None of the above       Other (Identify) \_\_\_\_\_

If you checked other than None of the above, please provide an explanation.

C. Provide copies of any of the following plans, studies or reports related to your proposal:

Epidemiological studies       Needs assessments  
 Public information reports       Market share analysis  
 Other (Identify) \_\_\_\_\_

None: *explain* why no reports, studies or market share analysis was undertaken related to the proposal:

---

---

---

## 5. Quality Measures

A. If the proposal is for a new technology or procedure, have all appropriate agencies approved the proposed procedure (e.g., FDA etc.)?

Yes  No  Not Applicable

If "No", please provide an explanation.

B. Check off all the Standard of Practice Guidelines that will be utilized by the Applicant for the proposed service. Please submit the most recent copy of each report related to the proposal:

|  |  |  |
|--|--|--|
| <input type="checkbox"/> American College of Cardiology                | <input type="checkbox"/> National Committee for Quality Assurance          | <input type="checkbox"/> Public Health Code & Federal Corollary                          |
| <input type="checkbox"/> National Association of Child Bearing Centers | <input type="checkbox"/> American College of Obstetricians & Gynecologists | <input type="checkbox"/> American College of Surgeons                                    |
| <input type="checkbox"/> Report of the Inter-Radiology Services        | <input type="checkbox"/> American College of Abuse and Mental Health       | <input type="checkbox"/> Substance Society Council for Radiation Oncology Administration |
| <input type="checkbox"/> Other: Specify _____                          |  |  |

C. Describe in detail how the Applicant plans to meet the each of the guidelines checked off above.

D. Submit a list of **all** key professional and administrative personnel, including the Applicant's Chief Executive Officer (CEO) and Chief Financial Officer (CFO), Medical Director, physicians, etc., related to the proposal and a copy of their Curriculum Vitae.

**Note:** For physicians, please provide a list of hospitals where the physicians have admitting privileges.

E. Provide a copy of the most recent inspection reports and/or certificate for your facility:

|   |  |
|---|--|
| <input type="checkbox"/> DPH                  | <input type="checkbox"/> JCAHO   |
| <input type="checkbox"/> Fire Marshall Report | <input type="checkbox"/> Other States Health Dept.<br>Reports (new out-of-state providers) |
| <input type="checkbox"/> AAAHC                | <input type="checkbox"/> AAAASF  |
| <input type="checkbox"/> Other: _____         |  |

**Note:** Above referenced acronyms are defined below.<sup>1</sup>

F. Provide a copy of the following (as applicable):

A copy of the Radiology Department's Quality Assurance plan

## 6. Improvements to Productivity and Containment of Costs

In the past year has your facility undertaken any of the following activities to improve productivity and contain costs?

|  |  |
|--|--|
| <input type="checkbox"/> Energy conservation   | <input type="checkbox"/> Group purchasing  |
| <input type="checkbox"/> Reengineering   | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.) |  |
| <input type="checkbox"/> Other (identify) _____  |  |

## 7. Miscellaneous

A. Will this proposal result in any change to your teaching or research responsibilities?

Yes       No

If you checked "Yes," please provide an explanation.

---

<sup>1</sup> DPH – Department of Public Health; JCAHO – Joint Commission on Accreditation of Hospitals Organization; AAAHC – Accreditation Association for Ambulatory Health Care, AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

B. Are there any characteristics of your patient/physician mix that makes your proposal unique?

Yes       No

If you checked "Yes," please provide an explanation.

C. Provide a copy of the State of Connecticut Department of Public Health license currently held.

## 8. Financial Information

A. Type of ownership: (Please check off all that apply)

Corporation (Inc.)     Limited Liability Company (LLC)  
 Partnership             Professional Corporation (PC)  
 Joint Venture             Other (Specify): \_\_\_\_\_

B. Provide the following financial information:

- i) Please submit the Applicant's audited financial statements for the most recently completed fiscal year. If the Applicant has no audited financial statements, please submit a compilation report or an unaudited Balance Sheet and Statement of Operations for the most recently completed fiscal year. These statements should be externally prepared and submitted on the preparer's letterhead.
- ii) Identify the entity that will be billing for the proposed PET/CT scanning service.

## 9. Major Cost Components/Total Capital Expenditure

Submit a final version of all capital expenditures/costs as follows:

|   |  |
|---|--|
| Medical Equipment (Purchase)                                |  |
| Major Medical Equipment (Purchase)                          |  |
| Non-Medical Equipment (Purchase)*                           |  |
| Land/Building (Purchase)                                    |  |
| Construction/Renovation                                     |  |
| Other (Non-Construction) Specify:                           |  |
| <b>Total Capital Expenditure</b>                            |  |
| Medical Equipment (Lease (FMV))                             |  |
| Major Medical Equipment (Lease (FMV))                       |  |
| Non-Medical Equipment (Lease (FMV))*                        |  |
| Fair Market Value of Space – (Capital Leases Only)          |  |
| <b>Total Capital Cost</b>                                   |  |
| Capitalized Financing Costs<br>(Informational Purpose Only) |  |
| <b>Total Capital Expenditure with Cap. Fin. Costs</b>       |  |

\* Provide an itemized list of all non-medical equipment.

## 10. Capital Equipment Lease/ Purchase

If the CON involves any capital equipment lease and/or purchase, please answer all of the following that apply:

|  |          |
|--|----------|
| What is the anticipated residual value at the end of the lease or loan term?           | \$ _____ |
| What is the useful life of the equipment?  | Years    |
| Please submit a copy of the vendor quote or invoice as an attachment.                  |          |
| Please submit a schedule of depreciation for the purchased equipment as an attachment. |          |

For multiple items, please attach a separate sheet for each item in the above format.

## 11. Type of Financing

A. Check type of funding or financing source and identify the following anticipated requirements and terms: (Check all which apply)

Applicant's equity:

Source and amount:

|                                       |          |
|---------------------------------------|----------|
| Operating Funds<br>Source/Entity Name | \$ _____ |
| Available Funds                       | _____    |
| Contributions                         | \$ _____ |
| Funded depreciation                   | \$ _____ |
| Other                                 | \$ _____ |

Grant:

|                             |       |
|-----------------------------|-------|
| Amount of grant             | _____ |
| Funding institution/ entity | _____ |

Conventional loan or  
 Connecticut Health and Educational Facilities Authority (CHEFA) financing:

|                             |       |
|-----------------------------|-------|
| Current CHEFA debt          | _____ |
| CON Proposed debt financing | _____ |
| Interest rate               | %     |
| Monthly payment             | _____ |
| Term                        | Years |
| Debt service reserve fund   | _____ |

Lease financing or  
CHEFA Easy Lease Financing:

|  |       |
|--|-------|
| Current CHEFA Leases                                     |       |
| CON Proposed lease financing                             |       |
| Fair market value of leased assets at<br>lease inception |       |
| Interest rate  | %     |
| Monthly payment  |       |
| Term   | Years |

Other financing alternatives:

|                                     |  |
|-------------------------------------|--|
| Amount                              |  |
| Source (e.g., donated assets, etc.) |  |

B. Please provide copies of the following, if applicable:

- i. Letter of interest from the lending institution,
- ii. Amortization schedule (if not level amortization payments),
- iii. Lease agreement.

## 12. Revenue, Expense and Volume Projections

### A.1. Payer Mix Projection

Please provide both the current payer mix and the projected payer mix with the CON proposal for the Total Facility based on Net Patient Revenue in the following reporting format:

| Total Facility Description                    | Current Payer Mix | Year 1 Projected Payer Mix | Year 2 Projected Payer Mix | Year 3 Projected Payer Mix |
|---|-------------------|----------------------------|----------------------------|----------------------------|
| Medicare*                                     | %                 | %                          | %                          | %                          |
| Medicaid* (includes other medical assistance) |                   |                            |                            |                            |
| CHAMPUS and TriCare                           |                   |                            |                            |                            |
| <b>Total Government Payers</b>                |                   |                            |                            |                            |
| Commercial Insurers*                          |                   |                            |                            |                            |
| Uninsured                                     |                   |                            |                            |                            |
| Workers Compensation                          |                   |                            |                            |                            |
| <b>Total Non-Government Payers</b>            |                   |                            |                            |                            |
| <b>Payer Mix</b>                              | 100.0%            | 100.0%                     | 100.0%                     | 100.0%                     |

\*Includes managed care activity.

A.2. Please describe the impact of the proposal on the interests of consumers of health care services and the payers of such services.

B. Does the Applicant have Tax Exempt Status?  Yes  No

C. Provide the following for the financial and statistical projections:

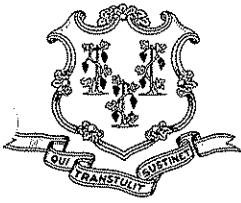
- i) A summary of revenue, expense and volume statistics, without the CON project, incremental to the CON project, and with the CON project. Please complete the enclosed **OHCA's Financial Attachment I**. Please note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.
- ii) The assumptions utilized in developing the projections (e.g., FTE's by position, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

- iii) An explanation for any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.
- iv) Please complete the enclosed **OHCA's Financial Attachment II**.
- v) Provide a copy of the rate schedule for the proposed service.
- vi) Describe how this proposal is cost effective.

**12.C. (i).** Please provide one year of actual results and three years of Total Hospital Health System projections of revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

\*Volume Statistics:  
Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

| 12. C.6v Please provide three years of projections of <u>incremental</u> revenue, expense and volume statistics attributable to the proposal in the following reporting format: |     |     |     |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Type of Service Description   | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| Type of Unit Description:   |     |     |     |     |     |     |     |     |     |
| # of Months in Operation  |     |     |     |     |     |     |     |     |     |
| <b>Year 1</b>   |     |     |     |     |     |     |     |     |     |
| <b>FY Projected Incremental Expenses:</b>   |     |     |     |     |     |     |     |     |     |
| Total Incremental Expenses:   |     |     |     |     |     |     |     |     |     |
|   |     |     |     |     |     |     |     |     |     |
| <b>Total Facility by Payer Category:</b>  |     |     |     |     |     |     |     |     |     |
|   |     |     |     |     |     |     |     |     |     |
| <b>Medicare</b>   |     |     |     |     |     |     |     |     |     |
| Medicaid  | \$0 |     |     |     |     |     |     |     |     |
| CHAMPUS/TriCare   | \$0 |     |     |     |     |     |     |     |     |
| <b>Total Governmental</b>   | 0   |     |     |     |     |     |     |     |     |
|   |     |     |     |     |     |     |     |     |     |
| <b>Commercial Insurers</b>  |     |     |     |     |     |     |     |     |     |
| Uninsured   | \$0 |     |     |     |     |     |     |     |     |
| <b>Total NonGovernment</b>  | \$0 | 7   | \$0 |     | \$0 | \$0 |     |     |     |
| <b>Total All Payers</b>   | \$0 | 7   | \$0 |     | \$0 | \$0 |     |     |     |



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

August 24, 2007

Claudio Capone  
Director of Planning  
The Hospital of Central Connecticut  
100 Grand Street  
New Britain, CT 06050

RE: Certificate of Need Application Forms; Docket Number: 07-31020-CON  
The Hospital of Central Connecticut at New Britain General  
Acquisition and Operation of a 64-Slice, PET-CT Scanner

Dear Mr. Capone:

On August 10, 2007, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of The Hospital of Central Connecticut for the acquisition and operation of a 64-slice, PET-CT scanner, at a total capital expenditure of \$4,314,622.

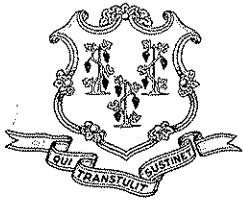
A notice to the public regarding OHCA's receipt of a LOI was published in *The Herald* pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes. Enclosed for your information is a copy of the notice to the public.

Sincerely,

*Kimberly Martone /jrt.*

Kimberly R. Martone  
Certificate of Need Supervisor

KRM:JAH:lmg



# STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

August 24, 2007

Requisition # HCA08-038  
FAX: 225-2611

The Herald  
One Herald Square  
New Britain, CT 06050

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Tuesday, August 28, 2007**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact **Jack Huber** at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

*Kimberly Martone / qm*

Kimberly R. Martone  
Certificate of Need Supervisor

Attachment

KRM:JAH:lmg

c: Sandy Salus, OHCA

*An Affirmative Action / Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

**PLEASE INSERT THE FOLLOWING:**

Statute References: 19a-638 and 19a639 C.G.S.  
Applicant: The Hospital of Central Connecticut  
Town: New Britain  
Docket Number: 07-31020  
Proposal: Acquisition and Operation of a 64-Slice, PET-CT Scanner  
Capital Expenditure: \$4,314,622

The Applicant may file its Certificate of Need application between October 9, 2007 and December 8, 2007. Interested persons are invited to submit written comments to Cristine A. Vogel, Commissioner Office of Health Care Access, 410 Capitol Avenue, MS13HCA P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available for inspection at OHCA. A copy of the Letter of Intent or a copy of Certificate of Need Application, when filed, may be obtained from OHCA at the standard charge. The Certificate of Need application will be made available for inspection at OHCA, when it is submitted by the Applicant.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

|                   |             |
|-------------------|-------------|
| TX/RX NO          | 2475        |
| RECIPIENT ADDRESS | 92252611    |
| DESTINATION ID    |             |
| ST. TIME          | 08/24 09:28 |
| TIME USE          | 00 '55      |
| PAGES SENT        | 2           |
| RESULT            | OK          |



M. JODI RELL  
GOVERNOR

**STATE OF CONNECTICUT**  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

August 24, 2007

Requisition # HCA08-038  
FAX: 225-2611

The Herald  
One Herald Square  
New Britain, CT 06050

Gentlemen/Ladies:

Please make an insertion of the attached copy, in a single column space, set solid under legal notices, in the issue of your newspaper by no later than **Tuesday, August 28, 2007**.

Please provide the following **within 30 days** of publication:

- Proof of publication (copy of legal ad. acceptable) showing published date along with the invoice.

If there are any questions regarding this legal notice, please contact **Jack Huber** at (860) 418-7001.

**KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.**

Sincerely,

*Kimberly Martone/gm*

Kimberly R. Martone  
Certificate of Need Supervisor

Attachment