HARTFORD HOSPITAL

80 Seymour Street
P.O. Box 5037
Hartford, CT 06102-5037
860/545-5000

March 22, 2010

Cristine A. Vogel, Deputy Commissioner
Department of Public Health, Office of Health Care Access
MS#13HCA
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

Dear Commissioner Vogel:

Enclosed please find for your review and consideration completed form 2030, a letter of intent for the purchase of a CT Simulator to be located in Hartford Hospital's Helen and Harry Gray Cancer Center. As you may recall from your previous meeting with Dr. Andrew Salner and Kevin Kinsella, the proposed machine will replace an antiquated unit installed in 1992 for an amount below the CON threshold in place at the time. Therefore, a CON was neither required nor obtained.

Please feel free to contact me directly at 860 545-1532 if you or your staff has any questions. Thank you in advance for your consideration of this matter.

Sincerely,

Karen T. Goyette
Vice President, Strategic Planning and Business Development

Encl.

000001

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 the Applicant(s), 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	**Hartford Hospital**	
Doing Business As	**Hartford Hospital**	
Name of Parent Corporation	**Hartford Healthcare Corporation**	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	**80 Seymouor Street P.O. Box 5037 Hartford, CT 06102-5037**	
Identify Applicant Status: P for Profit or NP for Nonprofit	**NP**	
Does the Applicant have Tax Exempt Status?	**Yes**	Yes No
Contact Person, including Title/Position: This Individual will be the Applicant Designee to receive all correspondence in this matter.	**Karen T. Goyette Vice President, Strategic Planning and Business Development**	
Contact Person's Mailing Address, if PO Box, include a street mailing address for Certified Mail (Zip Code Required)	**80 Seymouor Street P.O. Box 5037 Hartford, CT 06102-5037**	
Contact Person Telephone Number	**860-545-1532**	
Contact Person Fax Number	**860-545-2127**	
Contact Person e-mail Address	kgoyette@harthosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Project Title: **CT Simulator Replacement for Radiation Oncology**

b. Project Proposal: **Replacement of a CT Simulator for Radiation Oncology**

c. Type of Project/Proposal, please check all that apply:

Inpatient Service(s):

☒ Medical/Surgical ☐ Cardiac ☐ Pediatric ☐ Maternity
☐ Trauma Center ☐ Transplantation Programs
☐ Rehabilitation *(specify type)* _____
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Inpatient *(specify)* _____

Outpatient Service(s):

☐ Ambulatory Surgery Center ☐ Primary Care ☒ Oncology
☐ New Hospital Satellite Facility ☐ Emergency ☐ Urgent Care
☐ Rehabilitation *(specify type)* _____ ☐ Central Services Facility
☐ Behavioral Health (Psychiatric and/or Substance Abuse Services)
☐ Other Outpatient *(specify)* _____

Imaging:

☐ MRI ☐ CT Scanner ☐ PET Scanner
☒ CT Simulator ☐ PET/CT Scanner ☐ Linear Accelerator
☐ Cineangiography Equipment ☐ New Technology: _____

Non-Clinical:

☐ Facility Development ☐ Non-Medical Equipment ☒ Renovations
☐ Change in Ownership or Control ☐ Land and/or Building Acquisitions
☐ Organizational Structure (Mergers, Acquisitions, & Affiliations)
☐ Other Non-Clinical: _____

d. Does the proposal include a Change in Facility (F), Service (S)/Function (Fnc) pursuant to Section 19a-638, C.G.S.?

☒ Yes ☐ No

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

☐ New (F, S, Fnc) ☐ Additional (F, S, Fnc) ☒ Replacement
☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Termination of Service
☐ Reduction ☐ Change in Ownership/Control

e. Will the Capital Expenditure/Cost of the proposal exceed $3,000,000, pursuant to Section 19a-639, C.G.S.?

☐ Yes ☒ No

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

☐ New equipment acquisition and operation

☐ Replacement equipment with disposal of existing equipment

☐ Major medical equipment

☐ Change in ownership or control

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

80 Seymour Street, Hartford, CT, 06102-5037

g. List each town this project is intended to serve:

Primary Service Area

Avon	Hartford	Simsbury
Bloomfield	Manchester	South Windsor
Bolton	New Britain	West Hartford
East Hartford	Newington	Wethersfield
Farmington	Rocky Hill	Windsor
Glastonbury		

Secondary Service Area

Andover	Enfield	Portland
Barkhamsted	Franklin	Preston
Berlin	Granby	Salem
Bozrah	Haddam	Somers
Bristol	Hartland	Southington
Burlington	Harwinton	Stafford
Canton	Hebron	Suffield
Colchester	Lebanon	Tolland
Columbia	Mansfield	Torrington
Coventry	Marlborough	Union
Cromwell	Meriden	Vernon
East Granby	Middlefield	Wallingford
East Haddam	Middletown	Winchester
East Hampton	New Hartford	Windham
East Windsor	Norwich	Windsor Locks
Ellington	Plainville	

h. Estimated starting date for the project: **September 1, 2010**

i. If the proposal includes change in the number of beds provide the following information:

Not applicable. This proposal does not result in any change in number of beds

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

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: $ 999,414

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

Major Medical Equipment Purchases*	$ 599,262
Medical Equipment Purchases*	178,819
Non-Medical Equipment Purchases*	9,333
Land/Building Purchases	0
Construction/Renovation	185,000
Other (Non-Construction) Specify: **Contingency**	27,000
Total Capital Expenditure	**$ 999,414**
Major Medical Equipment – Fair Market Value of Leases Medical	
Equipment – Fair Market Value of Leases	
Non-Medical Equipment – Fair Market Value of Leases*	
Fair Market Value of Space – Capital Leases Only	
Total Capital Cost	**$ 999,414**
Total Project Cost	**$ 999,414**
Capitalized Financing Costs (Informational Purpose Only)	

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased. **(See Attachment 1)**

c. If the proposal has a total capital expenditure/cost exceeding $20,000,000 or if the proposal is for major medical equipment exceeding $3,000,000, you may request a Waiver of Public Hearing pursuant to Section 19a-643-45 of OHCA's Regulations? Please check your preference.

☐ Yes ☒ No

1. If you checked "Yes" above: please check the appropriate box below indicating the basis of the projects eligibility for a waiver of hearing

   ☐ Energy Conservation ☐ Health, Fire, Building and Life Safety Code

   ☐ Non Substantive

2. Provide supporting documentation from elected town officials (i.e. letter from Mayor's Office).

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Large Bore CT Simulator	Toshiba	Aquillion	1	$ 599,262

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment. **See Attachment 2**

e. 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

In paragraph format, 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 being proposed and what DPH licensure categories will be sought, if applicable.

3. Identify the current population served and 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?

AFFIDAVIT

To be completed by each Applicant

Applicant: **Hartford Hospital**

Project Title: **Replacement of a CT Simulator for Radiation Oncology**

I, Thomas Marchozzi, Chief Financial Officer of Hartford Hospital
(Name) (Position) (Facility Name)

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 Hartford Hospital (Facility Name) complies with the 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 3/23/10 Date

Subscribed and sworn to before me on March 23, 2010

Rebecca Scibelli
Notary Public/Commissioner of Superior Court

My commission expires: 02/28/2010

Rebecca Scibelli
Notary Public, Connecticut
My Commission Expires Feb. 28, 2012

RECEIVED
2010 MAR 25 P 2:11
CONNECTICUT OFFICE OF HEALTH CARE ACCESS

Form 2030
Revised 10/2007

Project Description

This is a proposal for the replacement of a Philips SLS 9 simulator with a Toshiba Aquillion 16 slice Large Bore CT Simulator, as well as for the relocation of an existing Varian Acuity simulator within the department of Radiation Oncology at Hartford Hospital's Helen and Harry Gray Cancer Center. The existing Philips conventional simulator was installed in 1992 at a cost of $400,000. Since this amount did not exceed the Certificate of Need threshold in place at the time, no CON was required nor obtained. The Philips simulator no longer provides the standard of care associated with modern radiation oncology departments. The large bore of the proposed CT will allow simulation of more patients in the treatment position with various treatment devices. Many larger patient cannot be treated in conventional (smaller bore) CT Scanners. The acquisition of this scanner will also reduce the Cancer Center's dependence on other CT Scanners located in the Department of Radiology and the Emergency Department, thus freeing up those scanners for routine and emergent studies. The addition of this scanner will allow the provision of limited diagnostic services to bariatric patients. The Cancer Center will also be able to provide service to a limited number of Oncology patients who may require urgent scanning when not available elsewhere. The Acuity simulator will be relocated into the HDR suite, where it will be used for brachytherapy applications and some conventional external beam simulation. This will free up the current Acuity space for the CT Simulator.

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.**

Response: Hartford Hospital Department of Radiation Oncology delivers Radiation treatments in the form of Image Guided Radiation Oncology, Intensity Modulated Radiation Therapy, stereotactic radiation therapy, and convention radiation oncology treatments. The hospital also provides HDR and LDR brachytherapy services as well as Simulation and Treatment Planning services. Similar external radiation therapy services are provided at the hospital's Avon facility, utilizing a CT simulator very similar to the proposed CT simulator. All services would be provided under Hartford Hospital's license.

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

Response: The services associated with this application are currently being provided. CT based treatment planning is considered to be the standard in Radiation Oncology treatment. Patients currently receive CT scans in the hospital's Radiology and Emergency Departments. These facilities are used heavily and do not always permit as timely a service for cancer patients as would be indicated. The location of these units are not in proximity to the Cancer Center and therefore mandates the transportation of the patient, treatment record and treatment devices. This is inconvenient for the patient and inefficient for the staff. The current bore size of existing HH Scanners limits the scanning of patients in the treatment position due to the size of the devices required. The Large Bore of the proposed scanner will alleviate this issue as well as enable the provision of this service within the Cancer Center, thus reducing the stress and enhancing access for our patients and staff. No additional licenses will be sought.

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

Response: The new CT scanner will continue to serve the current population of patients receiving care in Radiation Oncology. Also, the addition of this CT scanner will make available to Hartford Hospital limited diagnostic scanning capability for the bariatric and cancer patient population.

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

Response: As noted above, this service is currently being provided by Hartford Hospital, however. the existing Philips simulator no longer provides the standard of care associated with modern radiation oncology departments. The large bore of the proposed CT will allow simulation of more patients in the treatment position with various treatment devices. Many larger patients cannot be simulated in conventional (smaller bore) CT Scanners. The acquisition of this scanner will also reduce dependence on existing CT Scanners located in the Department of Radiology and the Emergency Department, thus freeing up those scanners for routine and emergent studies. The addition of this scanner will also allow the provision of limited diagnostic services to bariatric patients. Finally, we will also be able to provide service to a limited number of Oncology patients that are in the Cancer Center that may require urgent scanning when not available elsewhere.

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

Response: Hartford Hospital's Helen and Harry Gray Cancer Center is the primary provider of this service in the area. Approval of this proposal will make it possible for the hospital to continue to provide high quality radiation oncology services. Other providers of radiation oncology in the immediate area are St, Francis Hospital and Medical Center and the University of Connecticut Health Center.

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

Response: This proposal will not have a significant effect upon the health care delivery system in the State of Connecticut, since the services it will enable are, in large part, already being provided at Hartford Hospital. It will, however, have a significant impact upon the quality and efficiency of the care provided to patients receiving radiation oncology services at Hartford Hospital.

7. Who will be responsible for providing this service?

Response: Hartford Hospital will provide this service.

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

Response: The current payers of this service include Medicare, Medicaid, Anthem Blue Cross, Aetna, and ConnectiCare. No change is anticipated.

Project Description

This is a proposal for the replacement of a Philips SLS 9 simulator with a Toshiba Aquillion 16 slice Large Bore CT Simulator, as well as for the relocation of an existing Varian Acuity simulator within the department of Radiation Oncology at Hartford Hospital's Helen and Harry Gray Cancer Center. The existing Philips conventional simulator was installed in 1992 at a cost of $400,000. Since this amount did not exceed the Certificate of Need threshold in place at the time, no CON was required nor obtained. The Philips simulator no longer provides the standard of care associated with modern radiation oncology departments. The large bore of the proposed CT will allow simulation of more patients in the treatment position with various treatment devices. Many larger patient cannot be treated in conventional (smaller bore) CT Scanners. The acquisition of this scanner will also reduce the Cancer Center's dependence on other CT Scanners located in the Department of Radiology and the Emergency Department, thus freeing up those scanners for routine and emergent studies. The addition of this scanner will allow the provision of limited diagnostic services to bariatric patients. The Cancer Center will also be able to provide service to a limited number of Oncology patients who may require urgent scanning when not available elsewhere. The Acuity simulator will be relocated into the HDR suite, where it will be used for brachytherapy applications and some conventional external beam simulation. This will free up the current Acuity space for the CT Simulator.

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.**

Response: Hartford Hospital Department of Radiation Oncology delivers Radiation treatments in the form of Image Guided Radiation Oncology, Intensity Modulated Radiation Therapy, stereotactic radiation therapy, and convention radiation oncology treatments. The hospital also provides HDR and LDR brachytherapy services as well as Simulation and Treatment Planning services. Similar external radiation therapy services are provided at the hospital's Avon facility, utilizing a CT simulator very similar to the proposed CT simulator. All services would be provided under Hartford Hospital's license.

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

Response: The services associated with this application are currently being provided. CT based treatment planning is considered to be the standard in Radiation Oncology treatment. Patients currently receive CT scans in the hospital's Radiology and Emergency Departments. These facilities are used heavily and do not always permit as timely a service for cancer patients as would be indicated. The location of these units are not in proximity to the Cancer Center and therefore mandates the transportation of the patient, treatment record and treatment devices. This is inconvenient for the patient and inefficient for the staff. The current bore size of existing HH Scanners limits the scanning of patients in the treatment position due to the size of the devices required. The Large Bore of the proposed scanner will alleviate this issue as well as enable the provision of this service within the Cancer Center, thus reducing the stress and enhancing access for our patients and staff. No additional licenses will be sought.

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

Response: The new CT scanner will continue to serve the current population of patients receiving care in Radiation Oncology. Also, the addition of this CT scanner will make available to Hartford Hospital limited diagnostic scanning capability for the bariatric and cancer patient population.

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

Response: As noted above, this service is currently being provided by Hartford Hospital, however. the existing Philips simulator no longer provides the standard of care associated with modern radiation oncology departments. The large bore of the proposed CT will allow simulation of more patients in the treatment position with various treatment devices. Many larger patients cannot be simulated in conventional (smaller bore) CT Scanners. The acquisition of this scanner will also reduce dependence on existing CT Scanners located in the Department of Radiology and the Emergency Department, thus freeing up those scanners for routine and emergent studies. The addition of this scanner will also allow the provision of limited diagnostic services to bariatric patients. Finally, we will also be able to provide service to a limited number of Oncology patients that are in the Cancer Center that may require urgent scanning when not available elsewhere.

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

Response: Hartford Hospital's Helen and Harry Gray Cancer Center is the primary provider of this service in the area. Approval of this proposal will make it possible for the hospital to continue to provide high quality radiation oncology services. Other providers of radiation oncology in the immediate area are St, Francis Hospital and Medical Center and the University of Connecticut Health Center.

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

Response: This proposal will not have a significant effect upon the health care delivery system in the State of Connecticut, since the services it will enable are, in large part, already being provided at Hartford Hospital. It will, however, have a significant impact upon the quality and efficiency of the care provided to patients receiving radiation oncology services at Hartford Hospital.

7. Who will be responsible for providing this service?

Response: Hartford Hospital will provide this service.

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

Response: The current payers of this service include Medicare, Medicaid, Anthem Blue Cross, Aetna, and ConnectiCare. No change is anticipated.

ATTACHMENT 1

Itemized List of Medical and Non-Medical Equipment

Hartford Hospital - CT Simulator Replacement

Equipment Vendor	Item	Category	Cost
Toshiba	Aquillion LB	Major Medical	**$599,262.00**
LifeLine Software	RadCalc Brachytherapy Module	Medical	6,375.00
Standard Imaging	Lucy 3D Phantom w/ Acc plus PIPSPro QA Software	Medical	54,090.00
Bionix	2 prone breast boards	Medical	9,702.00
Varian	Chart QA site licenses	Medical	28,000.00
	Injector	Medical	30,000.00
Nucletron	CT Compatible HDR Cylinder Applicators	Medical	26,800.00
Nucletron	HDR "baseplate"	Medical	7,000.00
Civco	Timo Headrests - MTTIMO	Medical	255.00
Civco	Wing Board - MTWB09	Medical	335.00
Civco	Kneefit 2 Cushion - MTSIN301047	Medical	556.00
Civco	Multi Purpose Support Sponge Set - MTSIN400006	Medical	508.00
Civco	Carbon Fiber Breastboard MT-350-N X2	Medical	10,000.00
Civco	Transfer Board - MTVIP40	Medical	450.00
PTW	Parallel Plate Chamber HH	Medical	4,000.00
Market Lab	Table Pad - HR3270	Medical	440.00
Market Lab	Triple Glove Dispenser - HR3615	Medical	83.00
Market Lab	7 Gallon Bio Hazard Waste Bin - HR10043+HR1029	Medical	225.00
Subtotal - Medical			**$178,819.00**
COI	Bariatric chair	Non-Medical	897.75
COI	3 Tall stool chairs	Non-Medical	1,151.04
AOS	PC X 5	Non-Medical	6,800.00
AOS	CCTV Monitor	Non-Medical	275.00
AOS	Wall mount	Non-Medical	40.00
Market Lab	Sundry jars - ML0238	Non-Medical	85.00
Market Lab	Foot Stool w/ handle - HR4043	Non-Medical	84.00
Subtotal - Non-Medical			**$9,332.79**
Total Purchases			**$787,413.79**

Renovations		
Varian	Relocation of Acuity	48,500.00
Donati Construction	Room modifications	94,500.00
Donati Construction	Additional work	2,000.00
HH	2New network drops	1,000.00
	New door opener & veneer	5,000.00
JOBuilt	Millwork	29,000.00
	Art	5,000.00
	Contingency	27,000.00
SubTotal Renovations		**$212,000.00**

Total Project **$999,413.79**

ATTACHMENT 2

Vendor Quote for Medical/Imaging Equipment

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER SUMMARY

OMT NO: 374952
DATE: 3/15/2010 QUOTE NO: 96123

PRESENTED TO: (COMPLETE LEGAL NAME)

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

DELIVER TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

EQUIPMENT SUMMARY:

#AQLB **AQUILION LARGE BORE CT SCANNER**

CT SCANNER AQ LB WITH EXTENDED COUCH

CT ACCESSORY KIT - EXTENDED COUCH 1800 MM

MED-TEC IPPS™ CT INSERT TABLETOP FOR EXTENDED 1800 MM COUCH

CT PHANTOM

CONSOLE DESK 65" X 36" X 30"

(2) CHAIR WITH ADJUSTABLE ARMS AND BACK

(5) MEDIA FOR DVD-RAM DRIVE (9.4 GB)

CABLE CATEGORY 5E/RJ45 5M

This quotation shall remain valid for 30 days (not to exceed 60 days) from date of submission.
All prices are F.O.B. destination.
Payment terms are: Cash - 10% down payment, 70% upon shipment, 20% net 30 days after shipment or upon availability for first use by purchaser, whichever comes first.

Additional terms and conditions appear at the end of this quotation. McKesson Agreement Required _____Yes __X____No
Vital Software License Agreement Required _____Yes __X____No
Please return signed quotation to: Toshiba America Medical Systems, 2441 Michelle Drive, Tustin, CA 92780.

ACCEPTED AGREED AND ORDERED:

CUSTOMER REQUESTED DELIVERY DATE: _____ _____ _____
TOSHIBA REP/CONTACT DATE

_____ _____ _____ _____
PURCHASER'S SIGNATURE/TITLE DATE ZONE SALES MANAGER DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER SUMMARY

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO: (COMPLETE LEGAL NAME)

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

EQUIPMENT SUMMARY: (continued)

CABLE CATEGORY 5E/RJ45 35M

(2) SERVICE MODEM CABLE

FLOOR LEVELING EPOXY KIT

DICOM MODALITY WORKLIST MANAGEMENT (MWM) SERVICE CLASS USER (SCU) SYSTEM

VARIAN RPM RESPIRATORY GATING

RESPIRATORY GATING SYSTEM

RESPIRATORY GATING JAN06~

POWER CONDITIONER/DISTRIBUTOR 125 KVA UNIVERSAL

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

#AQLB

AQUILION LARGE BORE CT SCANNER

Aquilion LB is a large bore Computed Tomography (CT) scanner that provides uncompromised patient positioning with outstanding image quality and clinical performance.

The system was designed for uncompromised patient positioning and image quality necessary for CT simulation and oncology treatment planning. This includes:

- Widest bore opening in the industry (90 cm) for easy patient positioning and maximum flexibility for treatment planning, and
- Largest true (non-extrapolated) field-of-view (70 cm), which covers more anatomy with greater accuracy then ever before by using Toshiba's Quantum^{PLUS} Detector

The Aquilion LB solves one of the biggest problems faced in oncology – the positioning of a large patient on a breast board with both arms up and the board tilted to its maximum (25%).

Aquilion's Quantum^{PLUS} detector introduces true isotropic resolution to oncology. This enables the user to scan in one plane and reconstruct information in another plane with the same image quality, allowing clinicians to use 3-D volumetric information when needed. Aquilion's Quantum^{PLUS} detector is the only detector to provide three slice-width combinations – 16x0.5, 16x1 and 16x2 mm – and it achieves an industry-leading, low-contrast resolution without using additional dose.

The combination of a high-speed scanner and a powerful, high-voltage generator meets every diagnostic requirement. Solid-state, multi-row detectors and optimal reconstruction techniques ensure high-quality images. A high-performance CPU, large color monitors, hybrid keyboard and refined Graphic User Interface (GUI) make the operating environment highly efficient.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

COMPONENTS

- Large-aperture, 90 cm, slip-ring gantry and extra-wide couch (47 cm)
- MEDTEC CT table insert/overlay
- High-frequency X-ray generator and high-heat-capacity X-ray tube
- Ergonomic operator console
- Volumetric image processor
- High-capacity hard disk
- CD-R / DVD-RAM Drive – 9.4 GBytes (double sided DVD RAM)
- Image data transfer link
- Patient comfort accessories
- Operator manuals and quality assurance phantoms

KEY FEATURES

Uncompromised Patient Positioning: The industry's largest aperture of 90 cm and the 70 cm true reconstruction field-of-view provides extreme flexibility during CT simulation and uncompromised treatment planning.

Routine Fast Scanning: Using slip-ring technology, Aquilion LB is able to perform 0.32-second partial scans and 0.5-second routine scans to meet the demands of dynamic and helical examinations.

High Image Quality: The Aquilion LB features 994 channels in 40 rows of solid-state detectors; specialized, user-selectable, image-reconstruction algorithms; and a wide selection of slice thicknesses. The system provides outstanding low-contrast resolution of 2 mm at 0.3% and high-contrast resolution of 0.35 mm.

High-Power Generator: Robust, high-voltage circuits generate 60 kW of power and 500 mA, providing support for the 7.5 MHU X-ray tube that makes possible helical scans up to 100 seconds and scans with metal-free scan range of up to 1,800 mm.

Multiple kV Selections: 80, 100, 120 and 135 kV.

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Fast Image Reconstruction Time: Up to 10 images per second.

SURE**Technology:** Provides maximum productivity and best image quality at the lowest possible dose. Real-time helical display, which provides instantaneous visualization of acquired images, allows the operator to rapidly assess if additional images are needed. SUREStart bolus tracking software, which is included in the standard configuration, provides the ability to monitor contrast media in real-time.

Easy Operation: Perform easy operations using the 18-inch LCD monitor, mouse and hybrid keyboard. Scan automatically by programming procedures with eXam Plan and vocal instructions through VoiceLink™.

Optimal Space Utilization: The Aquilion LB has only three components – gantry, couch and console – with a footprint of only 27 square meters.

DOSE REDUCTION FEATURES

The Aquilion CT systems from its dual-supported anode grounded x-ray tube, to the ultra-efficient Quantum Detector system and low noise data acquisition system (DAS), to the dose-saving SUREExposure3D (x, y ,z mA modulation software), to advanced adaptive reconstruction (QDS) and noise reduction algorithms (Boost3D), have been designed to deliver the best image quality at the lowest possible dose.

Quantum Denoising Software - QDS (Adaptive Noise Reduction) : Toshiba's Quantum Denoising Software is an adaptive noise reduction algorithm that works in the image data space by preferentially smoothing areas of uniform density while preserving the edge information of the image. QDS works in both two and three dimensions and can drastically reduce image noise, allowing a corresponding savings in patient dose of up to 50%. Most importantly, QDS works in conjunction with the SUREExposure3D software to adjust the mAs based on the expected noise reduction from QDS. In this way, patient dose reduction is totally integrated in the Aquilion console software prior to turning on the x-ray beam.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

SUREExposure3D (x, y, z automated mA modulation software) : Toshiba's SUREExposure3D software automatically adjusts the mAs rapidly during the scan to adapt to and compensate for changes in attenuation level produced by the non-uniformity of the anatomy being imaged. Therefore, as the scan moves from the shoulders to the lung, the mAs goes down, and as the tube rotates around the patient, less mAs is used anterior-posterior than laterally. For the same image quality level, compared to non-modulated scanning, SUREExposure3D can reduce the dose by up to 40%.

Boost3D : Boost3D is an adaptive, three-dimensional algorithm that virtually eliminates degradation of image quality due to highly attenuating anatomical structures, such as the pelvis or shoulders. Without dose reduction algorithms, like Boost3D, these highly attenuating areas require increased mAs and kVp to overcome the low photon count. Instead, Boost3D seeks out portions of the raw-projection data where there is a disproportionate loss in x-ray signal and applies a three-dimensional algorithm locally to reduce the image noise and streak artifacts.

EQUIPMENT DESCRIPTION

Aquilion LB Gantry
The Aquilion LB gantry uses a direct-drive design to provide accurate alignment between beam and detector, and to reduce rotational noise for higher-quality images.

A low-voltage slip ring assures reliable, continuous power transfer.

- Digital signal transmission facilitated by innovative optical-coupling technology moves information to the volumetric image processor
- Generator is inside the gantry to conserve space

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Other features include:

- Industry's largest aperture: 90 cm
- Five scan fields of view: 24, 32, 40, 55 and 70 cm
- Gantry controls on both sides
- Patient positioning lights
- Wide range of scan times provides greater flexibility for optimal image quality (0.32 partial; 0.5, 0.75, 1, 1.5, 2 and 3 seconds full)
- Slice thickness selections of 16x0.5, 16x1 and 16x2 mm with the capability of stacking images to the desired slice thickness

Couch

- 47 cm wide, metal-free couch top
- Horizontal stroke of 2,190 mm and a scanning range of 1,800 mm for tall patients
- Couch top can be lowered to 30 cm (12 inches)
- Manual control of table movement from both the gantry and console or programmed by an exam protocol
- Couch top supports up to 450 lbs. while maintaining accuracy of ±0.25 mm

Couch Insert/Overlay

- Toshiba IPPS™ table overlay uses MEDTEC's patented indexing feature for rapid, accurate and repeatable patient set-up
- 53 cm wide, 200 cm long, 10 cm thick and 14 kg weight
- Constructed of foam core covered with carbon fiber

Dual CT Consoles

- Consists of hybrid keyboards, mouse, monitors and Navibox
- Controls the entire system, including power
- Image display
- Scanoscope control
- Remote control of couch-top movement
- Window level and width adjustment
- Three preset windows can be stored in the eXam Plans
- Other mouse-operated, image-processing functions

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

- High line-rate, 18-inch LCD monitors
- Displays images in 512x512 or 1024x1024
- CT number display ranges from -1,536 to +8,191
- 32 programmable voice commands

X-ray Tube
The Aquilion LB is equipped with the MegaCool™ X-ray tube. This compact, high-performance tube was designed specifically to minimize tube-cooling delays in heavy patient-load conditions using 0.5-second scan time.

Other features include:
- Dual focal spots
- Anode capacity of 7.5 MHU
- Dissipation rate of 1,386 kHU per minute maximum

Detectors
The Quantum^{PLUS} detector design allows Toshiba to generate a 70 cm true field-of-view – the largest in the industry – for uncompromised positioning.

Other features include:
- Solid-state detector array
- Low-contrast resolution of 2 mm at 0.3%
- 994 detector channels and 40 rows of detector elements
- 1,800 views per second to produce high-resolution images

Computer
- Two 32-bit processors
- Capable of simultaneous scanning, retrieving, reconstructing, archiving and filming without interruption – true multi-tasking system
- Ultra-fast, 217 GB hard disk
- 100,000 images on both scan and display console
- 3,600 rotations of raw data maximum
- CD-R / DVD-RAM Drive – 9.4 GBytes (double sided DVD RAM)
- DICOM CD writer *(option)* – Archive up to 1000 images

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

PATIENT AND IMAGE MANAGEMENT

Patient Demographics Management

- Enter individual patient information at the time of examination manually or imported from Modality Worklist Management query.
- On-line patient appointment file management

Image Management

Aquilion LB images can be stored on hard disk, magneto-optical disk or transferred via gigabit Ethernet connection using DICOM 3.0 standards.

DICOM 3.0 (Storage SCU)

- Allows the CT scanner to export images to CT simulation, 3-D workstations or any other device on the network
- Consists of software only and utilizes pre-existing Ethernet ports on the CT scanner to connect to a coax-Ethernet-based network running TCP-IP communication protocols
- The system can be set to automatically transfer images to the network after an exam is complete

DICOM 3.0 (Print SCU)

- Allows the CT scanner to send image data that has been acquired and reconstructed to a film imager for printing via Ethernet in conformance with DICOM 3.0 standards

Image Display

- Display in multiple formats ranging from 1 to 16
- Overlay an inset scanogram for quick reference marking
- Add, subtract, rotate or filter images
- Adjust window width and level non-linearly, accommodating up to six built-in curves and six user-defined curves

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

IMAGE QUALITY ENHANCEMENTS

Automatic, 2-Pass, Beam-Hardening Correction (BHC): Compensates for the non-uniform, beam-hardening effect of bone for more accurate reconstruction. Reduction of streak artifacts in the posterior fossa and elimination of cupping artifact in the mid-brain.

Raster Artifact Suppression Protocol (RASP): Reduces artifacts caused by non-uniform attenuation such as in the shoulders and pelvis, and may be applied prospectively or retrospectively.

Reconstruction Algorithms: Grouped by anatomical application, more than 20 algorithms are provided for customized image reconstruction according to the diagnostic information needed or physician preference.

HELICAL SCAN & FUNCTIONALITY

MultiView: Built into protocol for fast, multi-planar reconstruction in batch mode specifically for multislice data sets. Coronal, sagittal and axial images are created from isotropic volume data.

3-D Imaging: Provides excellent image quality with surface shaded-renderings and volume-rendered 3-D images. Provides zooming and panning over the 3-D surface and performs distance measurements. Other features include:

- 3-D surface display
- 3-D shaded volume display
- Maximum intensity projection (Max - IP)
- Minimum intensity projection (Min - IP)
- Intensity volume rendering

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Quantitative Analysis
- Profile display of CT numbers along a selected line in the axial plane
- Distance measurement and display
- CT number display
- Histogram display
- Circulatory function analysis fits a curve to CT number changes over time for a selected region of interest (ROI)
- Functional images based on peak height, peak time, appearance time, area under curve, mean transit time, second moment and transit time
- ROIs can be rectangular, circular or irregular

Image Manipulation
- Vari-area allows pre-selection of ROI for accurate display field of view (DFOV) using raw data for immediate viewing
- User-defined, post-processing filters for edge enhancement and smoothing

Annotation
- Four lines of comments and arrow display
- 36 exam information fields that can be selectively masked or shown depending on site requirements

eXam Plan Protocols
- 684 eXam Plan protocols that can be adjusted while scanning
- Four preset reconstructions
- eXam Plan sets can be stored on optical disks and copied to other Toshiba scanners

Archiving
- Can be automated with each eXam Plan
- Data can be stored on and retrieved from MOD
- Raw data and image data can be protected to prevent deletion

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Filming
- Auto filming can be set as part of the eXam Plan
- Images are displayed in 512x512 or 1024x1024

CUSTOMER CARE SERVICES

InnerVision
Remote diagnostics proactively monitor the system to minimize downtime

Image Maker Express
The Image Maker Express is a marketing support online resource designed exclusively for Toshiba customers that helps you create outreach programs to generate awareness about your imaging services.
- Includes positioning and messaging guides to help you strategize your communications efforts and tactics
- Contains product information, ready-to-use collaterals, and ideas for creating custom materials to promote your new imaging capabilities

Image Maker Express gives you access to:
- Product images
- Clinical images
- PowerPoint presentations
- Sample brochures
- Sample press releases
- Marketing strategy tutorials
- Updates at www.imagemaker.toshiba.com/express

**Offerings may vary per product*

Build demand by:
- Sending a press release
- Developing a strategic plan
- Creating brochures
- Finding tips on effective presentations

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Application Training
Each system includes three phases of training.

Phase I: A one-week intensive course on the operation of the scanner
- Conducted at the Toshiba Training Academy in Irvine, California
- Accredited for continuing education by the ASRT Education Foundation
- Two attendance vouchers good for course and travel expenses provided with each system
- One technologist must attend prior to system installation
- The second voucher is valid for six months following installation
- Additional vouchers available for $3,500

Phase II: 32 hours of training that builds on the Phase I academy training
- On-site at client facility
- Training for up to four technologists
- Technologist who attends the academy course must attend Phase II

Phase III: 32 hours of follow-up training
- On-site at client facility
- Approximately 8-10 weeks after Phase II training

Additional On-Site Training:
Additional On-site training available for purchase.

Applications support is available by phone on the toll-free ASSIST line.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

COMPONENT SUMMARY:

#CA-3110P	**AQUILION LB EXTENDED COUCH**
TSX-201A/1L	**CT SCANNER AQ LB WITH EXTENDED COUCH**
CT-9058	**CT ACCESSORY KIT - EXTENDED COUCH 1800 MM**

Accessory Kit for Extended Couch -Includes each of the following items:

- "The Shield" Table Pad
- Rolled Edge Foot Extension Pad
- Protective Table Cover
- Chin Strap
- Forehead Strap with Adult Pad
- Adult Head Rests
- Tilt Wedge
- Knee Wedge
- Coronal Head Positioner
- Pediatric Lift Pad

CAFT-016A/1B — **MED-TEC IPPS™ CT INSERT TABLETOP FOR EXTENDED 1800 MM COUCH**

The IPPS™ CT Couch Overlay is designed to provide rapid, accurate, and repeatable patient setup and localization. The MED-TEC indexing system provides convenient and consistent orthogonal alignment.

- Optimum patient comfort
- Treatment flexibility
- Quick set-up and ease-of-use
- Highly repeatable patient positioning

Note: Applies to Aquilion 64, 32, 16, 8 and Super 4 ***extended 1800 mm couches.***

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

DCHIS-CT-PHANTM	**CT PHANTOM**
	Measures image quality to ensure compliance to Toshiba standards for: • High-contrast resolution • Low-contrast resolution • Slice thickness • Noise • Contrast scale
SK-03050-1	**CONSOLE DESK 65" X 36" X 30"**
	Measures 65" x 36" x 30"
E31752-CHAIR (Qty 2)	**CHAIR WITH ADJUSTABLE ARMS AND BACK**
LM-HB94LU (Qty 5)	**MEDIA FOR DVD-RAM DRIVE (9.4 GB)**
	9.4 GB Removable Cartridge Media for DVD-RAM Drive. • Type 4, Double-sided • 3x Speed
L88C5EGRY-05M	**CABLE CATEGORY 5E/RJ45 5M**
L88C5EGRY-35M	**CABLE CATEGORY 5E/RJ45 35M**
TNULL9F9M-75 (Qty 2)	**SERVICE MODEM CABLE**
1559	**FLOOR LEVELING EPOXY KIT**

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

COT-32D	**DICOM MODALITY WORKLIST MANAGEMENT (MWM) SERVICE CLASS USER (SCU) SYSTEM**

Allows the CT system to receive patient demographic data from an HIS/RIS system in conformance with the DICOM 3.0 standard.

Note: This option does not include a DICOM gateway for the HIS/RIS system.

#GATING-RESPLB	RESPIRATORY GATING PACKAGE

Toshiba's Respiratory Gating option provides a comprehensive package of hardware and software for the Aquilion LB to perform 4-D respiratory gating using the Varian RPM system. This provides tumor tracking during respiration. The system detects the patient's respiratory cycle prior to scanning and allows the user to define respiratory phase or phases for gated scanning or image reconstruction.

Toshiba's Prospective Respiratory Gating software will allow you to acquire multiple series of Axial scans that correspond to multiple phases of inspiration provided by Varian RPM system or you may choose to acquire only one series of axial scans at a pre selected phase, example inspiration, in order to reduce table time and exposure.

Toshiba's Retrospective Respiratory Gating software will allow you to acquire a single low pitched helical scan. During this scan the raw data is tagged with time information that is received from the Varian RPM system. After the scan is completed the images are reconstructed in the selected phases by the CT system. Up to 10 phases can selected for reconstruction.

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Respiratory Gating 4D package includes:

- Toshiba Respiratory Gating Software (CKRS-003A/1B) for acquisition and reconstruction of Prospectively Gated Images.
- Toshiba Respiratory Gating Software (CKRS-003B/1B) for acquisition and reconstruction of Retrospectively Gated Images.
- Varian RPM PC Workstation running the system software. The monitor displays motion data, live video images from the tracking camera, and, in the standard simulation room.
- Varian Reflective Marker Block which you position on the patient to track respiration motion.
- Varian Tracking Camera. The (CCD) tracking camera acquires video images of the marker block.
- In-room viewfinder (monitor) that shows the image from the tracking camera to confirm visualization of the marker block position by the camera.

Important Note – This package only provides respiratory gating acquisition capability. It is recommended that the end user have a CT Sim workstation or Treatment planning system that supports 4-D analysis and image manipulation.

Note – Med-Tec IPPS™ CT Insert Tabletop is required for mounting of the Respiratory Gating camera. This item comes standard with the Aquilion Large Bore.

<RPM-VARIAN2	**VARIAN RPM RESPIRATORY GATING**
<CKRS-003B/1B	**RESPIRATORY GATING SYSTEM**
<CKRS-003A/1B	**RESPIRATORY GATING JAN06~**

PURCHASER		TOSHIBA REP/ CONTACT	
INITIALS	DATE	INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

OMT NO: 374952
DATE: 3/15/2010 QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

PCDU-TW/U **POWER CONDITIONER/DISTRIBUTOR 125 KVA UNIVERSAL**

The PCDU-CT is engineered to address the vast majority of common power problems found in the hospital environment, thus providing clean power and good grounding for optimal reliability and performance of CT systems.

This device provides most of the electrical site preparation requirements of Toshiba CT systems, including:

Power Conditioning
The PCDU contains a combination of a shielded, ultra-low impedance isolation transformer with matched L-R-C low-pass filters and surge suppressors. The quality of power to the Toshiba system is improved in many ways:

- The isolation transformer re-references the power line to the local ground point (with connection to local building steel), isolating the system from upstream, ground-quality problems.
- The transformer shield helps protect against ground impulses and noise (*common mode* disturbances).
- The sine wave tracking filter protects against both high-frequency noise and fast-voltage impulses (*normal mode* disturbances), clamping spikes and filling-in notches.
- The surge suppressors protect against slower voltage impulses that have frequency below the filter cutoff.

Voltage Conversion
Wiring costs are significantly reduced since the PCDU accepts a single, 480V delta input with code minimum ground, supplying 120/208V wye to the generator and the various other parts of the system.

Distribution
The PCDU comes prepackaged with the distribution breakers needed for each system feed. Having all system breakers in one location also makes it easier for service personnel to remove power.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Control
The PCDU includes a circuit breaker on the input (primary) and a 24 VAC control signal for remote, emergency off control of the circuit breaker.

Impedance Control
The ultra-low impedance design of the isolation transformer helps ensure the power feed meets the low impedance requirement of today's CT labs as spelled out in the Toshiba Optimal Power Specifications (TOPS) manuals.

Planning
Planning is simplified by having all these components and functions delivered in a single box.

Installation
Installation is much faster, more predictable, and less expensive with a factory-assembled and tested system.

Approvals
UL listing will reduce time and uncertainties obtaining local electrical inspection approvals.

Reduced Site Preparation Costs
The PCDU comes equipped with an input-shunt, trip-circuit breaker, eliminating, in most cases, the need for a room breaker. Only an Emergency Power Off button for remote breaker control is required.

Note: Not for use with Aquilion ONE

TOTAL QUOTE PRICE **$599,266.00**
Applicable Sales Tax Additional

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

ADDENDUM

ALL INFORMATION CONTAINED IN THIS QUOTATION IS CONFIDENTIAL AND MAY NOT BE DISCLOSED TO ANY THIRD PARTY WITHOUT TOSHIBA'S PRIOR WRITTEN CONSENT.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

PRODUCT WARRANTY AND SERVICES COVERAGE

SYSTEM WARRANTY TERMS
Toshiba America Medical Systems, Inc. (TAMS) warrants to Customer that the product(s) to be delivered hereunder will be free from defects in material, manufacturing workmanship, and title. Any product or part furnished to Customer during the warranty period (stated in the table below) to correct a warranty failure shall be warranted to the extent of the unexpired term of the warranty applicable to the repaired or replaced product or part.

The warranty period shall commence on the date the Product is delivered to Customer. However, if TAMS installs the product, the warranty period for such product shall commence on the date the installation of the product is complete. Notwithstanding the foregoing, in the event that the installation of the product is delayed for a total of thirty (30) days or more from the date of delivery for any reason or reasons for which TAMS is not responsible, the warranty period for such product may, at TAMS' option, commence on the thirtieth (30th) day from the date such product is delivered to Customer.

WARRANTY EXCLUSIONS
Warranty coverage does not include any defect which results, in whole or in part, from (1) negligent storage or handling of the product by Customer, its employees, agents, or contractors, (2) failure of Customer to prepare the site or provide power requirements or operating environmental conditions in compliance with any applicable instructions or recommendations of TAMS, (3) absence of any product, component, or accessory recommended by TAMS but omitted at Customer's direction, (4) any design, specification or instruction furnished by Customer, its employees, agents, or contractors, (5) any alteration of the product by persons other than TAMS, (6) combining TAMS' product with any product furnished by others, (7) combining incompatible products of TAMS, (8) improper use of the product, improper maintenance of the product by a party other than TAMS, or failure to comply with any applicable instructions or recommendations of TAMS, or (9) acts of God, acts of civil or military authority, fires, floods, strikes or other labor disturbances, war, riot, or other causes beyond the reasonable control of TAMS.

TAMS does not warrant any products not manufactured by Toshiba such as, without limitation, monitors, cameras, computer equipment, etc. Such items will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Toshiba.

Warranty coverage also excludes consumables, including but not limited to cryogens, cassettes, magazines, imaging screens, disks, cartridges, etc.

GLASSWARE WARRANTY
Glassware, including X-ray tubes and Image Intensifiers, are provided separate warranties. Glassware included with the purchase of a new system is governed by the glassware warranty, described below, not the system warranty.

CT X-ray tubes carry a prorated warranty based on the number of rotations shown below or 12 months, whichever comes first.

Tube Type	Prorated Warranty
CXB-350	150,000 rotations*
CXB-400 (Helicool)	150,000 rotations*
CXB-650	150,000 rotations*
CXB-750/D/4A (Megacool™)	200,000 rotations*
CXB-750/E/2A (Megacool™ V) Aquilion Premium	100,000 rotations*
CXB-750/E/2A (Megacool™ V) Aquilion ONE	100,000 rotations*

*A rotation is any 360-degree or single rotation of the gantry with X-rays on.

The following time-based warranty terms apply to all other glassware:

Tube Type	Time-Based Warranty
Liquid Bearing Tubes (DSRX-TXXXX)	12 months, non-prorated
All Other X-ray tubes	12 months, non-prorated
Image Intensifiers	18 months, non-prorated

GLASSWARE PRORATION CALCULATION:
Credits for glassware that fails during the warranty periods stated above will be calculated as follows:

Tubes with Prorated Rotation Warranty:

$$\text{Credit} = 1 - \frac{\text{Number of Rotations Used}}{\text{Number of Rotations Warranted}}$$

Credit will be applied to the purchase of the replacement X-ray tube or Image Intensifier. Complete glassware coverage during warranty period may be purchased from the local services organization at an additional charge.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

Tubes with Non-Prorated, Time-Based Warranty:

Tubes with a non-prorated warranty will be replaced during the initial warranty period at no charge to the customer. The replacement tube carries the remainder of the original warranty. For example, a tube with a 24-month non-prorated warranty fails at month thirteen (13), the tube is replaced at no charge and carries eleven (11) months of warranty.

REMEDIES
If TAMS determines that any product fails to meet any warranty during the applicable warranty period, TAMS shall correct any such failure by either, at its option, repairing, adjusting, or replacing without charge to Customer any defective or nonconforming parts of the product. TAMS shall have the option to furnish either new or remanufactured replacement parts or assemblies. During the warranty period, Toshiba will furnish free of charge any upgrades, including software required to correct any defect in the warranted products or as required under applicable laws.

WARRANTY SERVICE
Warranty service during the applicable warranty period will be performed without charge to Customer during TAMS' normal business hours, Monday through Friday, excluding holidays. Subject to the availability of personnel, after-hours service is available upon request at an additional charge.

The remedies set forth herein are conditional upon Customer promptly notifying TAMS within the applicable warranty period of any defect or nonconformance and making the product available for correction.

DISCLAIMERS AND LIMITATIONS ON LIABILITY
TAMS' obligation to repair or replace defective parts will be Customer's sole and exclusive remedy for a breach of the warranty set forth above. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

In no event shall TAMS be liable for special, incidental or consequential damages. Toshiba does not warrant that the operation of the warranted products will be uninterrupted.

WARRANTIES BY PRODUCT LINE

	COMPUTERIZED TOMOGRAPHY	MAGNETIC RESONANCE	PACS SYSTEMS	ULTRASOUND	X-RAY VASCULAR	X-RAY R/F & RAD
SYSTEMS AND MAJOR COMPONENTS	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
ACCESSORY OPTIONS	6 Months	6 Months	6 Months	6 Months	6 Months	6 Months
REPLACEMENT & OPTIONAL PARTS	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days
UPGRADE COMPONENTS	90 Days	90 Days	N/A	12 Months	6 Months	6 Months
MISC. WARRANTY ITEMS	Detectors: Solid State 12 Months	N/A	N/A	Transducers: 12 Months	N/A	N/A

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

TERMS AND CONDITIONS OF SALE

1. GENERAL TERMS. Unless otherwise specified on the face of this document, this Quotation/Order ("Agreement") will remain valid only if accepted by Customer no later than 60 days from date of submission to Customer.

2. TITLE AND RISK OF LOSS. Title and risk of loss to the Equipment purchased under this Agreement will pass to Customer: (a) if Toshiba is to provide installation, upon Toshiba's completion of installation, or (b) if Toshiba will not provide installation, upon delivery by Toshiba to a common carrier at Toshiba's facility from which the Equipment is shipped.

3. TERMS OF PAYMENT. Unless otherwise specified on the face of this document, prices stated are F.O.B. Customer's facility. All taxes which are payable by Toshiba in connection with the sale, use, or possession of the Equipment (excluding income taxes), will be paid by Customer in addition to the quoted price. Terms of payment for, C.T., M.R.I, X-Ray, and the McKesson System will be cash-10% upon execution of this Agreement, 70% upon delivery, balance due upon completion of installation and/or availability for first use, whichever is earlier. Terms of payment for Ultrasound and Nuclear will be cash-10% upon execution of this Agreement, 90% NET upon completion of installation and/or availability for first use, whichever is earlier. All invoices paid after due date will be assessed a late payment charge of the lesser of 1 1/2% per month or the maximum rate permitted by law.

4. DELAYS. If Customer changes the scheduled delivery date specified on the face of this document ("Scheduled Delivery Date") during the period of 120 days preceding such date, Customer will nevertheless pay the installment of the purchase price which would have been payable upon delivery, on the Scheduled Delivery Date as if delivery had been made on such date. In addition, Customer will pay all extra costs incurred by Toshiba as a result of such delay, including, without limitation, storage and transportation. Storage fees will be charged at commercially comparable rates for storage on Toshiba's site. If delivery is delayed by 12 months or more from the Scheduled Delivery Date, except through the fault of Toshiba, the price set forth in this Agreement may be increased by Toshiba to a level equal to the prevailing price in effect at the time of the revised delivery date.

5. ACCEPTANCE BY TOSHIBA. This Quotation/Order will not be binding on Toshiba even if signed by a Toshiba employee, until Customer's order for the Equipment is booked by Toshiba's Headquarter office.

6. EQUIPMENT INSTALLATION. Toshiba will install all Equipment purchased under this Agreement and connect them to existing power and/or plumbing lines at no additional charge to Customer. Customer will be responsible for electrical wiring, plumbing, carpentry, plastering, painting, or all other site preparation required prior to installation and connection of the Equipment by Toshiba. Customer will provide space at the installation site for the safe storage of Toshiba's tools, test equipment and other materials used for installation at no charge to Toshiba. Customer shall, at its cost, obtain all permits and licenses required by governmental authorities in connection with the installation and operation of the Equipment. The Equipment may contain certain components, which may have been re-manufactured. However, such components will meet the manufacturer's specifications for new components as of the date of completion of installation. Customer acknowledges that the System and Software are designed to operate within certain power, temperature, airborne contamination, and humidity ranges. Customer will be responsible for, without limitation: (i) preparing and maintaining the Customer facility in conformance with the Site Preparation Guide; (ii) maintaining its network infrastructure; (iii) providing Toshiba, McKesson or its subcontractors access to a network connection in or near the area of the System being serviced by the equipment service staff; and (iv) supplying computer grade AC power. The Equipment relies upon a stable grounded connection to the main power grid in order to function effectively. Customer acknowledges that AC power supply quality may be a problem in old facilities or in those facilities receiving poor quality utility service and that power conditioning may be necessary in such cases.

7. EQUIPMENT OPERATION AND INDEMNITY. Customer agrees that all Equipment purchased under this Agreement will be operated exclusively by duly qualified technicians and/or medical doctors in a safe and reasonable manner in accordance with Toshiba's written instructions, applicable laws and regulations, and for the purposes for which such Equipment was intended.

8. LIMITED WARRANTY AND REMEDY. **A. For the Toshiba Equipment:** For the warranty period described below by product, Toshiba, as its only obligation, will replace or repair, without charge to Customer during Toshiba's normal working hours (if Customer requests warranty service outside such hours, Customer will pay overtime premium for labor), any component of the Equipment that is defective in materials or workmanship, provided such defect is reported to Toshiba within the warranty period. Toshiba's warranty

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

OMT NO: 374952
DATE: 3/15/2010 QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

period is as follows: (a) Systems and Major Components - one year from date of completion of installation; (b) Accessories/Options (except glassware) - six months from date of completion of installation. Components not manufactured by Toshiba will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Toshiba. During the warranty period, Toshiba will furnish free of charge any upgrades, including software required to correct any defect in the Equipment or as required under applicable laws.

B. For the McKesson System: The McKesson System ("System") will be covered by a 12-month warranty beginning the date of completion of installation of the System (the "Warranty Period"). The warranty covers repair of any defects in materials or workmanship related to the computer equipment ("Equipment") that is included in the System purchased by Customer under this Agreement. The warranty also covers correction of any McKesson software ("Software") that does not conform with its functional specifications. In order to receive services during the Warranty Period, Customer must provide McKesson and Toshiba with remote access through a VPN. During the Warranty Period, Customer is entitled to (a) all Generally Available Software Updates except for Updates that are separately priced and marketed by Toshiba or McKesson, and (b) all Generally Available Software Upgrades, except for Upgrades that are separately priced and marketed by Toshiba or McKesson. ***"Software Updates"*** means Software modifications, enhancements, corrections, improvements, and patches to the existing functionality of Customer's licensed version of the McKesson Software (e.g., version 4.1 to 4.3 to 4.5). ***"Software Upgrades"*** means new versions and future releases of the McKesson Software (e.g. version 4.x, 5.x, 6.x). Software Updates or Upgrades that provide new features not originally purchased may be separately priced and marketed. Software Updates and Software Upgrades to the McKesson Software will be delivered remotely, on-line. The warranty does not include any non-McKesson Software, the labor and travel expenses associated with on-site installation of a Software, or any hardware addition or modification.

The warranty set forth in this Section will not apply:

a. if Customer operates the Software on equipment other than Equipment purchased from Toshiba or attaches other equipment to the System not approved by Toshiba;
b. if a person or entity other than McKesson or its authorized third party suppliers modifies the Software;
c. as a result of Customer's improper use, abuse, neglect of the Equipment, including failure to maintain environmental conditions within the operating range specified by the Equipment manufacturer or accident;
d. as a result of viruses or other corruption caused by external entities; or
e. for damages resulting from a Force Majeure condition described in Section 13 below.

C. The Following Applies to Both the Toshiba Equipment and the McKesson System: Toshiba does not warrant that the operation of the Equipment of the System will be uninterrupted. All defective parts replaced by Toshiba will become the property of Toshiba. Replacement parts may be re-manufactured. However, such parts will meet the manufacturer's specifications for new components as of the date of completion of installation. TOSHIBA'S OBLIGATION TO REPAIR OR REPLACE DEFECTIVE PARTS OR SOFTWARE WILL BE CUSTOMER'S SOLE AND EXCLUSIVE REMEDY FOR A BREACH OF THE WARRANTY SET FORTH IN THIS AGREEMENT. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The warranty set forth in this Agreement will not apply to, and Toshiba will not be liable for any defects resulting from misuse, repairs performed by unauthorized third parties, accidents, acts of God, or neglect of anyone other than Toshiba.

9. **LIMITATION OF LIABILITY.** NEITHER TOSHIBA NOR CUSTOMER WILL UNDER ANY CIRCUMSTANCES BE LIABLE FOR CONSEQUENTIAL, SPECIAL, INCIDENTAL, OR EXEMPLARY DAMAGES OR ECONOMIC LOSS ARISING OUT OF OR RELATED TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT, EVEN IF EITHER PARTY IS APPRISED OF THE LIKELIHOOD OF SUCH DAMAGES OCCURRING. IN NO EVENT WILL EITHER PARTY'S LIABILITY TO THE OTHER (WHETHER BASED ON AN ACTION OR CLAIM IN CONTRACT, TORT, INCLUDING NEGLIGENCE, STRICT LIABILITY, OR OTHERWISE) ARISING OUT OF OR RELATING TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT EXCEED THE AGGREGATE AMOUNT ACTUALLY PAID BY CUSTOMER TO TOSHIBA UNDER THIS AGREEMENT. THE LIMITATION OF LIABILITY SET FORTH ABOVE WILL NOT APPLY TO CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY EQUIPMENT DEFECTS, OR TO CLAIMS FOR PATENT INFRINGEMENT.

10. **SECURITY INTEREST.** Toshiba hereby reserves and Customer grants to Toshiba a security interest pursuant to the Uniform Commercial Code, in and to the Equipment (and all products and proceeds of it) until full payment of the purchase price is received.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

TOSHIBA
Leading Innovation >>>

TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

QUOTATION/ORDER
ORDER DETAIL

DATE: 3/15/2010

OMT NO: 374952
QUOTE NO: 96123

PRESENTED TO:

HARTFORD HOSPITAL
80 SEYMOUR ST
HARTFORD, CT. 06115

11. REMOVAL OF EQUIPMENT. Until Toshiba has received full payment of the purchase price, Customer will not remove all or any part of the Equipment from Customer's premises, nor will Customer sell, lease, transfer or otherwise part with the possession of, or permit any lien or encumbrance to be placed on all or any part of the Equipment.

12. REMEDIES OF TOSHIBA. If Customer fails to make any payment when due under this Agreement or under any other agreement between Customer and Toshiba, or becomes insolvent or makes an assignment for the benefit of creditors, or if a petition in Bankruptcy is filed by or against Customer, or if the financial responsibility of Customer becomes impaired or unsatisfactory in Toshiba's reasonable judgment, or if Customer otherwise breaches any of the terms and conditions of this Agreement, then Toshiba may, without prior notice or demand, defer shipments, cancel the balance of the order, suspend performance of any obligation (including without limitation, all obligations set forth under Limited Warranty And Remedy above), and/or take immediate possession of the Equipment delivered, until the full purchase price of the Equipment is paid by Customer or, at Toshiba's discretion, until security satisfactory to Toshiba is given by Customer. Any costs incurred by Toshiba as a result of suspending performance or repossession or collection will be payable by Customer. Toshiba may sell repossessed Equipment with proceeds to be applied to unpaid balance and expenses incurred in sale, repossession and collection. Customer will pay any remaining deficiency. Toshiba may exercise any other rights available to it by law.

13. EXCUSED PERFORMANCES. Neither party will be liable to the other for non-performance or delay in performance resulting directly or indirectly from any occurrences beyond such party's control, including without limitation, strikes or other labor troubles, acts of God, war, accidents, fires, floods, other catastrophes, inclement weather, transportation, unavailability of materials and labor, delays caused by suppliers, or laws, regulations, or acts of any governmental agency.

14. SOFTWARE. All rights and interest in any software that may be furnished under this Agreement, and any updates and enhancements to it, will remain the property of Toshiba. Such software is being furnished to Customer under a non-exclusive license. Customer will not, or allow others to decompile, modify, copy, reproduce, or transcribe the software nor allow third parties to use the same without Toshiba's prior written consent. Upon Toshiba's request, Customer will execute an End-User Software License Contract, in a form to be mutually agreed between the parties.

15. CANCELLATION. Customer may not cancel the order subject to this Agreement except with Toshiba's prior written consent. In the event of such cancellation, Toshiba will be entitled to recover any and all damages suffered by it caused by the cancellation as allowed by law, but in no event less than an amount equal to twenty percent (20%) of the purchase price for a restocking charge.

16. ASSIGNMENT. Neither party may assign any of its obligations under this Agreement without the prior written consent of the other party However, some of the obligations stated in this Agreement, such as the ones relating to installation of the McKesson System and warranty may be performed by Toshiba's contractors or suppliers.

17. EXPORT REGULATIONS. This Agreement involves products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by Customer, directly or indirectly, in contravention of such Regulations is prohibited.

18. ENTIRE AGREEMENT. This quotation as well as the attached McKesson Pass Through Terms and Conditions contains the entire agreement between the parties and supersedes all prior and contemporaneous agreements between the parties, whether oral or written, relating to its subject matter, including, without limitation, all different or additional terms and conditions which may be contained in Customer's bid documents, purchase order or any other documents furnished by Customer. The provisions of this Agreement may not be modified unless in writing and executed by both parties.

PURCHASER	
INITIALS	DATE

TOSHIBA REP/ CONTACT	
INITIALS	DATE

VARIAN
medical systems

Quotation

TYM20091020-001

Hartford Hospital, Hartford, CT

Item	Qty	Product Description	Offer Price
Section 1		**Acuity and Gating Move for H770168 / H780168**	
1.01	1	**Removal**	Included
1.02	1	**Equipment inspection and preparation for move.**	3,000.00
1.03	1	**Rig-out and Varian supervision**	5,500.00
1.04	1	**Installation**	Included
1.05	1	**New site coordination**	2,500.00
1.06	1	**Rig-in and Varian supervision**	5,500.00
1.07	1	**Installation of Lasers and Gating**	5,000.00
1.08	1	**Acuity Installation (7-10) days**	27,000.00
1.09	1	**Completion of move will be upon acceptance.** Acceptance will be SVS and CAP.	Included
		Section Total $	48,500.00
Section 2		**Customer Responsibility Section**	
2.01	1	**Customer will reuse base frame and cables.** Customer will extract baseframe and cables from current vault and reuse it in the new vault. All costs associated with this activity are the sole responsibility of the Hartford Hospital, Hartford, Ct. The condition of the base frame and cables post extraction must be in excellent condition for reuse in new vault. Any issue which causes delay or necessity for replacement of the cables for proper operation of the Acuity for control signals and power will be done on a T&M basis. Customer will grout the base frame using in-house facilities.	Included
		Section Total $	0.00
		Quotation Total $	48,500.00

VARIAN
medical systems

Quotation

TYM20091020-001

Hartford Hospital, Hartford, CT

Item	Qty	Product Description	Offer Price

Terms & Conditions of Sale

This offer is subject to credit approval and is exclusive of any applicable sales taxes or duties.

Early Termination Hardware Support Agreements:

Customer may, without charge, terminate this Hardware Support Agreement after thirty (30) days written notice and opportunity to cure in the event of material default by Varian. Customer may further, without charge, terminate this Hardware Support Agreement with respect to the Covered Product in the event the Covered Product is replaced by another product supplied by Varian. If this Hardware Support Agreement covers multiple Covered Products, and is terminated as to some, but not to all the covered products, Varian will adjust the Maintenance Fee in an appropriate manner to reflect removal of the replaced Covered Product, such adjustment to be determined by Varian in its sole and absolute discretion. Customer may terminate for any other reason upon ninety (90) days written notice to Varian and payment for the amount applicable to service performed, including parts supplied and labor, of period expired plus 25% of the remaining annual contract fee for the year in which terminated. Varian may terminate this Support Agreement without notice and without refund or other liability in the event of default by Customer. This Support Agreement will terminate automatically if Customer becomes insolvent.

Customers, who prematurely terminate this Hardware Support Agreement and have received under it, deferred payment terms for new hardware, additional software licenses or an Upgrade Release, will be liable for the cost of the hardware, licenses or Upgrade as defined in the non-contract quotation provided by the Varian Upgrades Department. The Cost includes all hardware, software, installation labor, and applications training provided to perform the Upgrade. Payment is due within thirty (30) days of termination.

Early Termination Software Support Agreements:

Customer may, without charge, terminate this Software Support Agreement after thirty (30) days written notice and opportunity to cure in the event of material default by Varian. Customer may further, without charge, terminate this Software Support Agreement with respect to the Covered Product in the event the Covered Product is replaced by another product supplied by Varian. If this Software Support Agreement covers multiple Covered Products, and is terminated as to some, but not to all the covered products, Varian will adjust the Maintenance Fee in an appropriate manner to reflect removal of the replaced Covered Product, such adjustment to be determined by Varian in its sole and absolute discretion. Customer may terminate for any other reason upon ninety (90) days written notice to Varian and payment for the amount applicable to service performed of period expired plus 25% of the remaining annual contract fee for the year in which terminated. Varian may terminate this Support Agreement without notice and without refund or other liability in the event of default by Customer. This Support Agreement will terminate automatically if Customer becomes insolvent.

Customers, who prematurely terminate this Software Support Agreement and have received under it, deferred payment terms for new hardware, additional software licenses or an Upgrade Release, will be liable for the cost of the license or Upgrade as defined in the non-contract quotation provided by the Varian Upgrades Department. The Cost includes all hardware, software, installation labor, and applications training provided to perform the Upgrade. Payment is due within thirty (30) days of termination.

FINANCING AVAILABLE: For lease and finance plans, call Tony Susen, Director - Varian Customer Finance, at (508) 668-4609.

000042

VARIAN
medical systems

Quotation

TYM20091020-001 Page: 1

Quotation For:

Bob Lindeyer
Hartford Hospital
80 Seymour Street
Hartford, CT 06101
(860) 545 - 4346 FAX: (860) 545 - 1500

Please address inquiries and replies to:

Timothy Macfarlane
Varian Medical Systems
11 Commerce Drive
Second Floor
Cranford, NJ 07016
(732) 499 - 2260 FAX: (732) 381 - 1060
timothy.macfarlane@oscs.varian.com

Your Reference:	*Quotation Firm Until:* **December 9, 2009**
FOB Point:	*Shipping Allocation:*
Payment Terms:	**Varian Terms and Conditions of Sale 1652T Attached**

Acuity and Gating Move for H770168 / H780168
Customer Responsibility Section

Hartford Hospital

Quotation Total of: USD $48,500 Accepted by:

Signature: _____

Name: _____

Title: _____

Date: _____

For this purchase, we designate **NOVATION** as our Institution's Primary Group Purchasing Organization affiliation. Any change will be Indicated below:

☐ **AmeriNet**	☐ **Aptium**	☐ **BJC**	☐ **Broadlane**
☐ **CHW**	☐ **Consorta/HPG**	☐ **KP Select**	☐ **Magnet**
☐ **Matrix**	☐ **MedAssets**	☐ **Novation**	☐ **Premier**
☐ **ROI**	☐ **USO**	☐ **VA Gov**	☐ **None**

Varian Medical Systems

Submitted by:

_____
(Signature)

Name: **Timothy Macfarlane**

Title: **District Manager**

Date: **October 20, 2009**

VARIAN
medical systems

Quotation

TYM20091020-001

Hartford Hospital, Hartford, CT

Item	Qty	Product Description	Offer Price

Terms & Conditions of Sale

This offer is subject to credit approval and is exclusive of any applicable sales taxes or duties.

Early Termination Hardware Support Agreements:

Customer may, without charge, terminate this Hardware Support Agreement after thirty (30) days written notice and opportunity to cure in the event of material default by Varian. Customer may further, without charge, terminate this Hardware Support Agreement with respect to the Covered Product in the event the Covered Product is replaced by another product supplied by Varian. If this Hardware Support Agreement covers multiple Covered Products, and is terminated as to some, but not to all the covered products, Varian will adjust the Maintenance Fee in an appropriate manner to reflect removal of the replaced Covered Product, such adjustment to be determined by Varian in its sole and absolute discretion. Customer may terminate for any other reason upon ninety (90) days written notice to Varian and payment for the amount applicable to service performed, including parts supplied and labor, of period expired plus 25% of the remaining annual contract fee for the year in which terminated. Varian may terminate this Support Agreement without notice and without refund or other liability in the event of default by Customer. This Support Agreement will terminate automatically if Customer becomes insolvent.

Customers, who prematurely terminate this Hardware Support Agreement and have received under it, deferred payment terms for new hardware, additional software licenses or an Upgrade Release, will be liable for the cost of the hardware, licenses or Upgrade as defined in the non-contract quotation provided by the Varian Upgrades Department. The Cost includes all hardware, software, installation labor, and applications training provided to perform the Upgrade. Payment is due within thirty (30) days of termination.

Early Termination Software Support Agreements:

Customer may, without charge, terminate this Software Support Agreement after thirty (30) days written notice and opportunity to cure in the event of material default by Varian. Customer may further, without charge, terminate this Software Support Agreement with respect to the Covered Product in the event the Covered Product is replaced by another product supplied by Varian. If this Software Support Agreement covers multiple Covered Products, and is terminated as to some, but not to all the covered products, Varian will adjust the Maintenance Fee in an appropriate manner to reflect removal of the replaced Covered Product, such adjustment to be determined by Varian in its sole and absolute discretion. Customer may terminate for any other reason upon ninety (90) days written notice to Varian and payment for the amount applicable to service performed of period expired plus 25% of the remaining annual contract fee for the year in which terminated. Varian may terminate this Support Agreement without notice and without refund or other liability in the event of default by Customer. This Support Agreement will terminate automatically if Customer becomes insolvent.

Customers, who prematurely terminate this Software Support Agreement and have received under it, deferred payment terms for new hardware, additional software licenses or an Upgrade Release, will be liable for the cost of the license or Upgrade as defined in the non-contract quotation provided by the Varian Upgrades Department. The Cost includes all hardware, software, installation labor, and applications training provided to perform the Upgrade. Payment is due within thirty (30) days of termination.

FINANCING AVAILABLE: For lease and finance plans, call Tony Susen, Director - Varian Customer Finance, at (508) 668-4609.

000044

October 23, 2009

Mr. Robert Lindeyer
Hartford Hospital Cancer Center
80 Seymour Street
Hartford, CT 06115

PROPOSAL to provide support services for the installation of a new Toshiba Aquilion-LB CT Scanner and relocate existing Varian Acuity Simulator.

DONATI PROPOSAL No. 361-09

Dear Bob:

DONATI CONTRACTING is pleased to submit this BUDGET proposal for the installation of your new Toshiba Aquilion-LB CT scanner and the relocation of your existing Varian Acuity Simulator. As we understand it, our effort is to include the following:

ROOM # 111
Remove existing base frame from room #111concrete floor and save for relocation in room # 107
Cut concrete floor to accommodate new Toshiba Aquilion LB CT scanner base frame and power trench.
Install base frame and grout in place
Patch and repair flooring finishes
Modify existing bi-fold door with new hardware
Modify existing power configuration for new equipment installation

ROOM # 107
Remove existing base frame and millwork closets
Cut concrete floor to accommodate Varian Acuity Simulator base frame and modify power trench.
Install base frame and grout in place.
Patch and repair flooring finishes
Run new conduits from control room to rear of equipment
Modify existing power configuration for equipment installation from existing power in hot lab room.

Our price for the work described above is $97,500.00 Tax Exempt.
(Ninety-Seven Thousand Five Hundred Dollars)

411 Summer Street • Plantsville, CT 06479
Phone (860) 621-3325 • Fax (860) 621-4067

Included in that fee is a one-year warranty on all labor provided by DONATI CONTRACTING, LLC. Parts and materials are covered by standard warranties provided by their manufacturers. Warranty periods begin when installation is completed. The owner has a one-week period following the completion of the installation to accept or reject work performed by DONATI CONTRACTING, LLC, after which time it will be assumed that the work has been accepted.

DONATI CONTRACTING, LLC assumes normal workday access to the job site and payment in full within 30 days after receipt of each invoice. DONATI CONTRACTING, LLC will not be held responsible for normal wear and tear. The removal and disposal of asbestos and toxic materials are the owner's responsibility. This proposal is valid for a period of 30 days from the date shown at the top of this proposal, after which time we will be happy to provide an adjusted quote if necessary.

We look forward to performing this work for you. Please contact us at 860-621-3325 if you have any questions.

Thank you for your consideration,

DONATI CONTRACTING, LLC

Louis C. Donati Jr.
President

ACKNOWLEDGED AND ACCEPTED

BY: _____

DATE: _____

P.O. NO.: _____

000046

VARIAN
medical systems

Quotation

TYM20091020-001 Page: 1

Quotation For:

Bob Lindeyer
Hartford Hospital
80 Seymour Street
Hartford, CT 06101
(860) 545 - 4346 FAX: (860) 545 - 1500

Please address inquiries and replies to:

Timothy Macfarlane
Varian Medical Systems
11 Commerce Drive
Second Floor
Cranford, NJ 07016
(732) 499 - 2260 FAX: (732) 381 - 1060
timothy.macfarlane@oscs.varian.com

Your Reference:	*Quotation Firm Until:* **December 9, 2009**
FOB Point:	*Shipping Allocation:*
Payment Terms:	**Varian Terms and Conditions of Sale 1652T Attached**

Acuity and Gating Move for H770168 / H780168
Customer Responsibility Section

Hartford Hospital

Quotation Total of: USD $48,500 Accepted by:

Signature: _____

Name: _____

Title: _____

Date: _____

For this purchase, we designate **NOVATION** as our Institution's Primary Group Purchasing Organization affiliation. Any change will be Indicated below:

☐ **AmeriNet**	☐ **Aptium**	☐ **BJC**	☐ **Broadlane**
☐ **CHW**	☐ **Consorta/HPG**	☐ **KP Select**	☐ **Magnet**
☐ **Matrix**	☐ **MedAssets**	☐ **Novation**	☐ **Premier**
☐ **ROI**	☐ **USO**	☐ **VA Gov**	☐ **None**

Varian Medical Systems

Submitted by:

_____
(Signature)

Name: **Timothy Macfarlane**

Title: **District Manager**

Date: **October 20, 2009**

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 15, 2010 Facsimile Only

Karen T. Goyette
Vice President
Strategic Planning and Business Development
80 Seymour Street
P.O. Box 5037
Hartford, CT 06102-5037

Re: Letter of Intent; Docket Number: 10-31577
Hartford Hospital
Acquisition of a Computed Tomography Simulator in Hartford

Dear Ms. Goyette,

On March 25, 2010, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Hartford Hospital ("Applicant") for the acquisition of a computed Tomography Simulator, with a total associated capital expenditure of $999,414.

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

Sincerely,

Kaila Riggott
Planning Specialist

KR:lmg

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Health Care Access

April 15, 2010 Requisition #31068

Hartford Courant
285 Broad Street
Hartford, CT 06115

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 **Monday, April 19, 2010.**

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 Steven Lazarus at 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Kaila Riggott
Planning Specialist

Attachment

KR:SWL:lmg

c: Danielle Pare, DPH

Hartford Courant **Letter of Intent**
Docket Number: 10-31577 **April 15, 2010**

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Hartford Hospital
Town:	Hartford
Docket Number:	10-31577-LOI
Proposal:	Acquisition of a Computed Tomography Simulator
Capital Expenditure:	$999,414

The Applicant may file its Certificate of Need application between May 24, 2010 and July 23, 2010. Interested persons are invited to submit written comments to Cristine A. Vogel, Deputy Commissioner Office of Health Care Access, Division of Department of Public Health, 410 Capitol Avenue, MS13HCA, P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/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	1463
RECIPIENT ADDRESS	98605452127
DESTINATION ID	
ST. TIME	04/15 16:13
TIME USE	00'27
PAGES SENT	4
RESULT	OK

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: KAREN T. GOYETTE

FAX: (860) 545-2127

AGENCY: HARTFORD HOSPITAL

FROM: STEVEN LAZARUS

DATE: 4/15/10 **TIME:**

NUMBER OF PAGES: 4
(including transmittal sheet

Comments: Docket 10-31577

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Greer, Leslie

From: ads [ads@graystoneadv.com]
Sent: Thursday, April 15, 2010 2:18 PM
To: Greer, Leslie
Subject: Re: Legal Ad 10-31577

Good day!

Thanks so much for your ad submission.
We will be in touch shortly and look forward to serving you.

If you have any questions or concerns, please don't hesitate to contact us at the number below.

We sincerely appreciate your business.

Thank you,
Graystone Group Advertising

2710 North Avenue
Bridgeport, CT 06604
Phone: 800-544-0005
Fax: 203-549-0061
E-mail: ads@graystoneadv.com
http://www.graystoneadv.com/

On 4/15/10 2:11 PM, "Greer, Leslie" <Leslie.Greer@ct.gov> wrote:

> To Whom It May Concern,
> Please run the attached public notice in The Hartford Courant by April 19, 2010. For billing please refer to requisition 31068, if you have any questions feel free to call me.
>
> Thank you,
>
> Leslie M. Greer
> Office of Health Care Access
> A Division of Department of Public Health
> State of Connecticut
> 410 Capitol Avenue, MS#13HCA
> Hartford, CT 06134
> Phone: (860) 418-7001
> Fax: (860) 418-7053
> *Website: www.ct.gov/ohca* <http://www.ct.gov/ohca>
> Please consider the environment before printing this message

Greer, Leslie

From: Robert Taylor [RTaylor@graystoneadv.com]
Sent: Friday, April 16, 2010 12:08 PM
To: Greer, Leslie
Subject: Legal Notice 10-31577

Hello,

The notice is scheduled to run in the Hartford Courant on 4/19. The cost is $234.72.

Thanks,

Robert Taylor
Graystone Group Advertising
www.graystoneadv.com
2710 North Avenue, Suite 200
Bridgeport, CT 06604
Phone: 203-549-0060
Fax: 203-549-0061

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

April 21, 2010 via fax and email only

Karen T. Goyette
Vice President, Strategic Planning
and Business Development
Hartford Hosptial
80 Seymour Street
P.O. Box 5037
Hartford, CT 06102-5037

RE: Certificate of Need Application Forms; Docket Number: 10-31577-CON
Hartford Hospital
Acquisition of a CT Simulator

Dear Ms. Goyette:

Enclosed are the application forms for Hartford Hospital's Certificate of Need ("CON") proposal for the acquisition of a CT Simulator with associated capital expenditure of $999,441. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes, the CON application may be filed between May 24, 2010 and July 23, 2010.

When submitting your CON application and any subsequent application information to this agency, you are obligated to observe the following procedural requirements. **Failure to observe these requirements will require follow-up work on your part to correct the filing.**

- Number and date each page, including cover letter and all attachments. Information filed after the initial CON application submission (i.e. completeness response letter, prefile testimony, late file submissions and the like) must be numbered sequentially from the Applicant's document immediately preceding it. For example, if the application concludes with page 100, your completeness response letter would begin with page 101.
- Submit one (1) original and six (6) hard copies of each submission in 3-ring binders.
- Submit a scanned copy of each submission in its entirety, including all attachments on CD, preferably in Adobe (.pdf) format.

- Submit an electronic copy of the documents in MS Word format with financial attachments and other data as appropriate in MS Excel format.

The OHCA analysts assigned to the CON application are Steven W. Lazarus and Ronald A. Ciesones. Please feel free to contact them at (860) 418-7001 if you have questions.

Sincerely,

Kaila Riggott

Kaila Riggott
Planning Specialist

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, Not Applicable may be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than May 24, 2010, and may be submitted no later than July 23, 2010. The Analysts assigned to your application are Steven W. Lazarus and Ronald A. Ciesones and they may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number:	10-31577-CON
Applicant Name:	Hartford Hospital
Contact Person:	Karen T. Goyette
Contact Title:	Vice President, Strategic Planning and Business Development
Contact Address:	85 Seymour Street P.O. Box 5037 Hartford, CT 06102-5037
Project Location:	Hartford
Project Name:	Acquisition of a CT Simulator
Type proposal:	Section 19a-639, C.G.S.
Est. Capital Cost:	$999,414

1. Project Description and Need

A. Provide a narrative detailing the proposal.

B. Provide the Manufacturer, Model, Number of slices/tesla strength of the proposed scanner (as appropriate to each equipment).

C. List each of the Applicant's sites and the imaging modalities and other services currently offered by location.

D. Complete **Table 1** for each scanner (of the type proposed) currently operated by the Applicant at each of the Applicant's sites.

Table 1: Existing Scanners Operated by the Applicant

Provider Name Street Address Town, Zip Code	Description of Service *	Hours/Days of Operation **	Utilization ***

* Include equipment strength (e.g. slices, tesla strength), whether scanner is open or closed (for MRI)
** Days of the week scanner is operational, and start and end time for each day; and
*** Number of scans performed on each scanner for the most recent 12-month period (identify period).

E. Provide the following regarding the proposal's location:

i) The rationale for locating the proposed equipment at the proposed site;

ii) The population to be served, including specific evidence such as incidence, prevalence, or other demographic data that demonstrates need;

iii) How and where the proposed patient population is currently being served;

iv) All existing providers (name, address) of the proposed service in the towns listed above and in nearby towns;

v) The effect of the proposal on existing providers; and

vi) If the proposal involves a new site of service, identify the service area towns and the basis for their selection.

2. Actual and Projected Volume

A. Complete the following tables for the past three fiscal years ("FY"), current fiscal year ("CFY"), and first three projected FYs of the proposal, for each of the Applicant's existing and proposed scanners (of the type proposed, at the proposed location only). In Table 2a, report the units of service by scanner, and in Table 2b,

report the units of service by type of scan (e.g. if specializing in orthopedic, neurosurgery, or if there are scans that can be performed on the proposed scanner that the Applicant is unable to perform on its existing scanners).

Table 2a: Historical, Current, and Projected Volume, by Scanner

	Actual Volume (Last 3 Completed FYs)			**CFY Volume***	**Projected Volume (First 3 Full Operational FYs)****		
	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Scanner***							
Total							

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
*** Identify each scanner separately and add lines as necessary. Also break out inpatient/outpatient/ED volumes if applicable.
**** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

Table 2b: Historical, Current, and Projected Volume, by Type of Scan

	Actual Volume (Last 3 Completed FYs)			**CFY Volume***	**Projected Volume (First 3 Full Operational FYs)****		
	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****	FY ****
Service type***							
Total							

* For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.
** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary.
*** Identify each type of scan (e.g. orthopedic, neurosurgery or if there are scans that can be performed on the proposed scanner that the Applicant is unable to perform on its existing scanners) and add lines as necessary.
**** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g. July 1-June 30, calendar year, etc.).

B. Provide a breakdown, by town, of the volumes provided in Table 2a for the most recently completed full FY.

C. Explain any increases and/or decreases in volume seen in the tables above.

D. Provide a detailed explanation of all assumptions used in the derivation/ calculation of the projected volume by scanner and scan type.

E. Provide a copy of any articles, studies, or reports that support the need to acquire the proposed scanner, along with a brief explanation regarding the relevance of the selected articles.

3. Quality Measures

A. Submit a list of all key professional, administrative, clinical, and direct service personnel related to the proposal. Attach a copy of their Curriculum Vitae.

B. Explain how this proposal contributes to the quality of health care delivery in the region.

C. Describe the impact of the proposal on the interests of consumers of health care services and the payers of such services

4. Organizational and Financial Information

a. Identify the Applicant's ownership type(s) (e.g. Corporation, PC, LLC, etc.).

b. Does the Applicant have non-profit status?
☐ Yes (Provide documentation) ☐ No

c. Provide a copy of the State of Connecticut, Department of Public Health license(s) currently held by the Applicant and indicate any additional licensure categories being sought in relation to the proposal.

d. Financial Statements

i) If the Applicant is a Connecticut hospital: Pursuant to Section 19a-644, C.G.S., each hospital licensed by the Department of Public Health is required to file with OHCA copies of the hospital's audited financial statements. If the hospital has filed its most recently completed fiscal year audited financial statements, the hospital may reference that filing for this proposal.

ii) If the Applicant is not a Connecticut hospital (other health care facilities): Audited financial statements for the most recently completed fiscal year. If audited financial statements do not exist, in lieu of audited financial statements, provide other financial documentation (e.g. unaudited balance sheet, statement of operations, tax return, or other set of books.)

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

Table 3: Proposed Capital Expenditures/Costs

Medical Equipment Purchase	$

Imaging Equipment Purchase	
Non-Medical Equipment Purchase	
Land/Building Purchase *	
Construction/Renovation **	
Other Non-Construction (Specify)	
Total Capital Expenditure	$
Medical Equipment Lease (Fair Market Value) ***	$
Imaging Equipment Lease (Fair Market Value) ***	
Non-Medical Equipment Lease (Fair Market Value) ***	
Fair Market Value of Space ***	
Total Capital Cost	$
Capitalized Financing Costs (Informational Purpose Only)	
Total Capital Expenditure with Cap. Fin. Costs	$

* If the proposal involves a land/building purchase, attach a real estate property appraisal including the amount; the useful life of the building; and a schedule of depreciation.
** If the proposal involves construction/renovations, attach a description of the proposed building work, including the gross square feet; existing and proposed floor plans; commencement date for the construction/ renovation; completion date of the construction/renovation; and commencement of operations date.
*** If the proposal involves a capital or operating equipment lease and/or purchase, attach a vendor quote or invoice; schedule of depreciation; useful life of the equipment; and anticipated residual value at the end of the lease or loan term.

f. List all funding or financing sources for the proposal and the dollar amount of each. Provide applicable details such as interest rate; term; monthly payment; pledges received to date; letter of interest or approval from a lending institution.

5. Patient Population Projections

a. Provide the current and projected patient population mix (based on the number of patients, not on revenue) with the CON proposal for the proposed.

Table 4: Patient Population Mix

	Current** FY ***	Year 1 FY ***	Year 2 FY ***	Year 3 FY ***
Medicare*				
Medicaid*				
CHAMPUS & TriCare				
Total Government				
Commercial Insurers*				
Uninsured				
Workers Compensation				
Total Non-Government				
Total Payer Mix				

* Includes managed care activity.
** New programs may leave the "current" column blank.
*** Fill in years. Ensure the period covered by this table corresponds to the period covered in the projections provided.

b. Provide the basis for/assumptions used to project the patient population mix.

6. Financial Attachments I & II

a. Provide a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project. **Complete Financial Attachment I.** (Note that the actual results for the fiscal year reported in the first column must agree with the Applicant's audited financial statements.) The projections must include the first three full fiscal years of the project.

b. Provide a three year projection of incremental revenue, expense, and volume statistics attributable to the proposal by payer. **Complete Financial Attachment II.** The projections must include the first three full fiscal years of the project.

c. Provide the assumptions utilized in developing **both Financial Attachments I and II** (e.g., full-time equivalents, volume statistics, other expenses, revenue and expense % increases, project commencement of operation date, etc.).

d. Provide documentation or the basis to support the proposed rates for each of the FYs as reported in Financial Attachment II. Provide a copy of the rate schedule for the proposed service(s).

e. Provide the minimum number of units required to show an incremental gain from operations for each fiscal year.

f. Explain any projected incremental losses from operations contained in the financial projections that result from the implementation and operation of the CON proposal.

g. Describe how this proposal is cost effective.

7. Other Review Criteria

A. Describe the proposal's relationship to the Applicant's long-range plans. Provide supporting documentation.

B. Specify whether any of the following apply to the proposal. If so, provide an explanation and supporting documentation.
   i) Voluntary efforts to improve productivity and contain costs;
   ii) Changes to the Applicant's teaching or research responsibilities; and/or
   iii) Special characteristics of the Applicant's patient or physician mix.

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: _____

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: 1. Check logged (Front desk) _____ _____ 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. **No Fee Required.** _____ 19a-639 Capital expenditure exceeding $3,000,000, or capital expenditure exceeding $3,000,000 for major medical equipment, or CT scanner, PET scanner, PET/CT scanner, MRI scanner, cineangiography equipment or linear accelerator. **Fee Required.** _____ 19a-638 and 19a-639. **Fee Required.** 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 $3,000,000 is checked above **OR** if both 19a-638 and 19a-639 are checked): a. Base fee: _____ b. Additional Fee: (Capital Expenditure Assessment)_____ (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) ($_____ x .0005) c. Sum of base fee plus additional fee: (Lines A4a + A4b)_____ d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	$ 1,000.00 $_____.00 $_____.00
SECTION B TOTAL FEE DUE: _____	$_____.00

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

Hartford Hospital

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

Total Facility: Description	FY Actual Results	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON	FY Projected W/out CON	FY Projected Incremental	FY Projected With CON
NET PATIENT REVENUE										
Non-Government				$0			$0			$0
Medicare				$0			$0			$0
Medicaid and Other Medical Assistance				$0			$0			$0
Other Government				$0			$0			$0
Total Net Patient Patient Revenue	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Operating Revenue										
Revenue from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OPERATING EXPENSES										
Salaries and Fringe Benefits				$0			$0			$0
Professional / Contracted Services				$0			$0			$0
Supplies and Drugs				$0			$0			$0
Bad Debts				$0			$0			$0
Other Operating Expense				$0			$0			$0
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Depreciation/Amortization				$0			$0			$0
Interest Expense				$0			$0			$0
Lease Expense				$0			$0			$0
Total Operating Expense	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Gain/(Loss) from Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Plus: Non-Operating Revenue				$0			$0			$0
Revenue Over/(Under) Expense	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
FTEs				0			0			0

*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.

Hartford Hospital

Please provide **three** years of projections of incremental revenue, expense and volume statistics **attributable to the proposal** in the following reporting format:

Type of Service Description										
Type of Unit Description:										
# of Months in Operation										
FY _____	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FY Projected Incremental		Rate	Units	Gross	Allowances/	Charity	Bad	Net	Operating	Gain/(Loss)
Total Incremental Expenses:				Revenue	Deductions	Care	Debt	Revenue	Expenses	from Operations
				Col. 2 * Col. 3				Col.4 - Col.5	Col. 1 Total *	Col. 8 - Col. 9
Total Facility by								-Col.6 - Col.7	Col. 4 / Col. 4 Total	
Payer Category:										
Medicare				$0				$0	$0	$0
Medicaid		$0		$0				$0	$0	$0
CHAMPUS/TriCare		$0		$0				$0	$0	$0
Total Governmental			0	$0	$0	$0	$0	$0	$0	$0
Commericial Insurers		$0	5	$0				$0	$0	$0
Uninsured		$0	2	$0				$0	$0	$0
Total NonGovernment		$0	7	$0	$0	$0	$0	$0	$0	$0
Total All Payers		$0	7	$0	$0	$0	$0	$0	$0	$0

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1478
RECIPIENT ADDRESS	98605452127
DESTINATION ID	
ST. TIME	04/21 12:05
TIME USE	02'23
PAGES SENT	13
RESULT	OK

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: KAREN GOYETTE

FAX: 860-545-2127

AGENCY: HARTFORD HOSPITAL

FROM: OHCA

DATE: 4/21/10 **TIME:** ~11:00

NUMBER OF PAGES: _____
(including transmittal sheet

Comments:
Please see attached application for DN: 10-31577-CON.

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Hartford Courant

Publication Date: 04/19/2010

This E-Sheet confirms that the ad appeared in The Hartford Courant on the date and page indicated. You may not create derivative works, or in any way exploit or repurpose any content displayed or contained on the e-tearsheet.

Ad Number:	E2372276	Client Name:	GRAYSTONE GROUP / PO# 155668
Insertion Number:		Advertiser:	DPUC/LEGAL
Size:	2 x 1.75	Section/Page/Zone:	Classified/C8/FR
Color Type:	B&W	Description:	PUBLIC NOTICE STATUTE REFERENCE19A6

10-31577

Rentals

EAST GRANBY - 1 & 2 BR apartments available. Call 877-1381.

EAST HARTFORD 1 & 2 BR, Hdwd firs, quiet bldg. From $675. 860-656-0127

East Hartford 1 or 2 BR, appls, pkg. $650-$895 888-7000/232-5434

EAST HARTFORD 860-4300
1BR includes Heat & HW $720
1 & 2 BRs includes w/w carpet, rfrig & gas stove. Great location, and on busline. One block from elementary school. Cats ok.

EAST HARTFORD: Clean off, 1 & 2 BR and 2BR Twnhse. Quiet, maint., updated, lg closets, Indry, on busline, ht & hw incl. $595/$645/$775/$895. 282-9402

EAST HARTFORD
GORGEOUS 2BR TOWNHOUSE in quiet area. Hdwd. Free Heat & HW $825
TOLLAND ST. EFF. & 1BR. Clean, Free Heat, HW & C/A. Beautiful hdwd floors. $595/$715 & up 860-282-9402

East Hartford Lovely Condos
All appliances, carpet, Heat/Hot Water. Pool, No pets $725-$875. 860-289-3730

East Hartford October Hills
$$ SPRING RENT SPECIAL $$
1 BR, Heat/Hot Water, laundry, busline
860-282-7454 860-424-6581

EAST HARTFORD
Across from beautiful Wickham Park. Spacious Eff, 1 & 2 BR apts, Priv balc. Incl. H/HW.
$575-$840, EH 60 off I-84, Manchester Town Line. Parkview Garden Apts. 528-4270; 242-4598; 758-6813

EAST WINDSOR (860)627-8887
Mansions at Canyon Ridge
"Brand New" Pet Free "Call now"
mansionsatcanyonridge.com

ELLINGTON CITY SETTING Meadowbrook Apts. Lovely 1BR w/new! Wall kept, Private entry, walk-in closet. Some w/FPs! $660 • Karen 875-5500 EOH

ELLINGTON NEW 1 & 2 BR
Townhomes Start at $1320
(860)875-7200 Sorry, No Pets

Ellington
JOHNNY APPLESEED
$705 - Heat included
PINNEY HILL
$795 - Heat & Hot Water Included.
20 mins from Hartford & Bradley
860-872-1000 www.cp-et.com

FARMINGTON: Heritage Glen, spacious 2 bd 1½ ba, W/D, gas FP. Th style unit. $970 + util. Income restrictions. No pets. Westwoods, 2nd 1 ba units avail. $590 + util. Income restrictions. No pets. Call Sandy 860-674-5630

Farmington Lakeview
OPEN SUNDAY 12:30-4:30
34 Lakeshore Drive
HUGE 1 BED 900 SQ FT
$995 INCL H&HW 860-677-2992
equityhomesgmant.com

FARMINGTON
★ ★ Spring Special ★ ★
FREE MONTH'S RENT
2BRs New Kits $1325 + utilities, No Pets. 860-678-6800. rovertierpties.com

Glastonbury Colonial Village 1 & 2 BR's & 2 BR Townhomes w/Granite, A/C, HT, HW, Cooking Gas, Pool, Fitness, Storage $1025+ 860-633-7131 hubrealty.com

Hartford: Studios & 1BR's. FREE HT/HW/Elect $600-$850 860-983-3022

HARTFORD - Downtown
★ ★ LUXURY 1 & 2BR/2BA ★ ★
STARTING @ $800 728-3232
Incl. Cable & Garage! Ask about our Immediate Move In Special*
Restrictions apply

Hartford 1-3BR Apts avail. Many locs. Rago Realty (860)525-7340

Hartford Deep South End effic. & 1BR apt. Starting @ $500. 860-289-2778

HARTFORD
★ ★ Eff, 1 & 2BR Apartments ★ ★
Includes Heat, hot water, entry intercom. 24 Hour maintenance laundry, parking.

WEST END
Off Farmington Avenue and on busline
- Eff. Farmington Avenue from $475
- Eff. Evergreen Avenue $495
- Eff. Girard Avenue $575
- 1BR Evergreen Avenue from $650
- 1BR Oxford Street $695
- 1BR Sherman, Incl. Elec. from $725
- 1BR Girard Avenue $715

SOUTH END
- Eff. Flatbush Avenue $475
- 1BR Wilson Street from $505
- 1BR Flatbush Avenue $525
- 1BR School Street $545
- 1BR Ward Place $545
- 2BR Flatbush Avenue $735

(860)233-6281
interlownrealty.com

HARTFORD WEST END 1 MO. FREE. Studio $525, 1BR $630, 2BR $830. Well-kept, elev bldng. H/hw incl. pkg avail. 860-349-3165; 914-712-5662

HARTFORD
164 Sigourney Street • Studio $495
268 Westland Street
2 Bdrm $700; 3 Bdrm Townhouse
Ht/HW included
JRH Asset Management
www.jrhassets.com
860-248-0613

HARTFORD
Farmington Ave, Westend, 1 BR apt. Starting at $700 inc. H/HW. 561-9774

Hartford
PARK PLACE TOWERS
951-3400

Hartford/West End 1BR Quiet, hdwd firs. $550 & up. H/HW incl. 232-3823

Hartford-Westend
FIRST MONTH'S FREE RENT
22 Evergreen Ave, 1BRs $625, h/w firs, h/hw, Lndry, busline, Housing Contact-Serra EHO
231-8080 x11

MANCHESTER Luxury 2 bd Townhouse, w/out gar $1025, w/gar $5075, Also 1bd Apt, $695 & up. Quiet area. FREE HT/Hot Water No dogs 721-1063 EOH

MANCHESTER
1BR Clean and quiet. Heat/Hot Water. All appliances. No pets.
$775/mo. 860-523-4400

MIDDLETOWN HIGHVIEW APTS. Huge 1 & 2BR, fully Appl Lg kit. Balcony off lg liv rm, laundry, assigned prkg. FREE HT/HW. $725-$825 860-704-0102

NEW BRITAIN 1 & 2BR, Rents Starting @ $585/m. Heat incl. 860-223-4770

NEW BRITAIN
1920's charm. Restored 3 bedroom, new cabinets, new appliances, porches, $975 plus utilities. 860-803-1986.

NEW BRITAIN Quiet 2 BR, Bonnie St, New carpet $750 Ht/HW incl 860-324-1584

NEW BRITAIN Spacious 2 bd, lg kitch, w/w, appl, clean, on-site lndry, lg closets, off st prkg. On bus line, No dogs. Free Heat/HW. $695 & up 225-6805 EOH

NEW BRITAIN Evergreen Hi Apts. Newly remod 2 & 3 Bdrms Townhomes in quiet residential area. Private entry, HW firs, lndry. On bus line. $780 & up. HT/Hot Water incld. 860-223-8860

NEW BRITAIN-FARMINGTON LINE
Spring Has Arrived at
Farmington Line Apartments
1 & 2 BEDROOMS STARTING @ $800-$960/month.

New carpet, new kitchen in quiet bldg. Includes Heat/HW, a/c, cooking gas, fitness center and parking. Near I-84 and UConn Health Center.
2 MONTHS FREE RENT TO QUALIFIED APPLICANTS LIMITED TIME ONLY.
For Details Call 860-827-0168

Newington Fenn-Woods Apartments Studio, 1Br & 2br, $825-$1050. Pool, tennis, c/a. Open Mon-Fri; 10-5:30. Call 860-667-0495 fennwoods.com

ROCKVILLE Well Maintained 1,2&3 BR, Quiet bldg, wall/wall, appls, laundry. HEAT/HW incl. Short term leases. $650/$735/$875 860-875-5500 EOH

SIMSBURY 1 & 2 bdrm apartments available. Townhouses, flats, some with garages. Please call 860-677-1381.

Simsbury 1 br apt. Carpeted, A/C, ht, appl, H/HW inc. 651-3651.

South Windsor: Berry Patch has 1 & 2 BR units, People 62+, Priv, entr., patios, W/D in every unit. Chris 860-874-3027

South Windsor: Hillcrest, new construction, Apts for adults 62+, Ranch style, private entrances, fully appliances, washer/dryer. Call Chris 860-874-3627 for income limits & an application.

TERRYVILLE
Large 1 Bedroom, spacious rooms, Balcony, Dishwasher, Immediate Occupancy. $650/mo. 860-584-2084

Unionville: Hunters Ridge 62+ age restricted apt. comm. has 2 br 2nd fl unit avail. Priv. entrance, balc., washer/dryer, much more. For pricing and move-in specials call Sandy at 860-674-5630

VERNON 1 & 2 bedroom apts
Two great locations! 860-871-1820

VERNON LKE & LAMONT REALTY • 1 & 2 BR, 24 hr maint., www.lnkshiont.com
860-872-4890 EHO

VERNON: Quiet 2BR Twnhse, beautiful, clean, lg closets, hdwd, appls, sec entry A deck, W/D hkups in private basement. Quiet, No dogs. $795 860-875-8544

VERNON Sunny 1 bd & 2 bd, appls, huge kitch, hdwd & w/w, lg closets, OFF PARK pabn, quiet area, on-site lndry, Heat/HW. Incld. $725/$850 875-8544 EOH

Vernon The Mansions at Hockanum Crossing - Luxurious 1 & 2BRs (860)871-1000

WEST HARTFORD Clean, sunny, remod. 1 & 2 bd, quiet area. Appls, w/w, lndry, on busline, great schools, community rm. FREE HT/HW. $820 up 953-8030 EOH

WETHERSFIELD Sunny 1 bd, w/w, appls, quiet bldg, no pets, Secure Entrance, Lg closets. FREE HT/HW laundry on-site, on busline. $750/mo. 860-529-3158 EOH

WETHERSFIELD
Goodwin Gardens • 529-7544
2BR $985 Includes H/HW
goodwingardens.com

Windsor DEERFIELD 2 BR TH available June 1. FREE ht & hw. 860-688-5372

WINDSOR LOCKS - Beautiful Spacious 1 & 2 bd, quiet bldg, W/W, appls, on-site laundry, c/air, elevator, bus line. Free Heat/HW. $720-$820 875-5500 EOH

TAG SALES

Tag Sales & Flea Markets

COLLINSVILLE, 75 Dyer Ave, Sat, 4-18, 8-4, antiques, furniture, linens, household goods, vintage items, more! No early birds.

DESIGN CENTER IN HARTFORD
1429 Park Street, Suite 100, Wednesday-Saturday April 19,20,21,22,23, 10:00 AM - 4:00 PM, Semi-Annual Floor Sample Sale at Design Finds & DesignSourceCT. Designer showrooms. Selection brand name Case Goods, Accessories & Upholstered Furniture on sale at 40 to 80% off retail. Cash or Direct Debit Cards & 5% surcharge. All Sales Final.

ENFIELD, 3 Lois Lane, Saturday, April 24, 2010, 8:30 a.m. - 3:30 p.m. Moving Sale. Many great items

NEWINGTON - Big K Flea Market
OPENS SUNDAY April 25.
860-667-2604, 860-830-1597

Rooms / Roommates

EAST HARTFORD Furnished rooms, utilities included $130 week & up. application fee, security deposit 860-614-6804

Real Estate For Sale

BERLIN - Luxury Communities in CT Visit Tollbrothers.com

Bloomfield Greens at Gillette Ridge New models, Great lifestyle, On golf course. Open 10-5pm. Closed Thursday/Friday. 286-9018

Cheshire/Wallingford Luxury Condos built by Pulte Homes 877-785-8328

Colchester North Woods
55+ Comm. Single family detached homes starting at
$289,900 860-707-4353

Colchester White Oak GREEN Estates. 860-729-3780 greenhomes.com

East Hartford Nice 2 BR Ranch, Gar. $129,900 WALLACE-JUSTIN 644-5667

Farmington New townhomes starting in the low $300,000. Enjoy more of life at Bradford Walk. 860-674-8850
www.bradfordwalk.com

Hartford $659,999
12 units, 11-2 Bedroom, 1-1 Bedroom. Separate utilities, good investment! C-21 Smith 568-4911

MANCHESTER J.H. SCELZA 860-3130
New Construction. jhscelzabuilders.com

No Bank Qualifying!
Lg 3BR 2 Bath w/ detached garage. Viewing available 24/7
Call for more details 860-517-8211

Suffield
Foreclosure Specialists.
Chestnut Oak Assoc.
Call Chris Cole 860-716-7108.

WEST HARTFORD Considering buying or selling, RE/MAX Premier, 561-6108

Windsor Country Walk New construction $244,000 End Unit, 2BR, 2½ bath 688-3202

Real Estate Services

Call Keller Williams Realty for assistance with all of your real estate needs.
679-5656

www.coldwellbankerhomes.com

Glastonbury
Thinking of buying or selling?
Call Century 21 Classic Homes
860-633-2192

WEST HTFD - 1 of W.H.'s Oldest Realty R. F. Flynn, Stafford Assoc. 523-4201

Real Estate Wanted

A ABSOLUTELY FREE VACATION Help Teens in Crisis, DONATE Property, Cars, Boats, Collectibles, get full appraised value for your property by Getting Cash & Tax Deductions. D VAN 800-338-6724

Commercial / Industrial Rent

Plainville $259,000 Upright 8mm Rock Anna Miller RE 647-8000

Commercial / Industrial Sale

PLAINVILLE - EAST MAIN STREET,
1200sf commercial for lease or sale. Former garden center, related uses. Bernard Musman 860-246-5096

Office Space / Retail

HARTFORD Prv office starting at $200. Incl. heat & elect. Large space avail, 246-5820.

MANCHESTER 1700sf, Open & Spacious, Quiet $1450/m. 860-721-1013

WEST HARTFORD CENTER, Small Offices, Parking, Starting at $295/mo. 860-236-3995

WEST HARTFORD - Prime office and medical space. 860-232-1729 ext 106

UDOLF

Wethersfield - Silas Deane. 500-3000sf prof. bldg, prkg. 627-6149

Wethersfield 1400-2500sf space avail. Silas Deane. $13 pr. 860-529-8189

Wheels

Antiques / Classics

Chevy Cheyenne C10 72 V8 AT/AC Southern truck $8800 860-965-3555

DODGE CORONET 440 1967 90% rust free, Inc4dswrk, $7650 860-346-7429

JAGUAR XJ6 1976 V12, not running. Good cond. $1800. (860)242-3303

MG 1100 1950 Private 34,000 original miles ... $10,800. 860-420-1474

Plymouth Valiant 1969 runs great. Slant 6, 2dr $1800/BO 860-346-7429

PONTIAC FIREBIRD TRANS AM 1987

Beautifully preserved classic American muscle. Always garaged no snow or rain. 35k ... $4,950 860-347-1101 After 4

Auto / Truck Wanted

CAR DONATION PROGRAM
Alzheimer's Association of CT.
Don't Trade/Junk It, Donate It!
Tax Deductible, Free Pick Up.
www.donationline.com
1-800-520-0754

INFINITI G20 2001 2001 Infiniti G20, ... 860-516-3104, $4995

Auto & SUV's

BMW 740IL '02 101k mi, $12,500 OBO, Silver, Nav Int, nav sys, loaded, great cond. 860-378-1894.

BUICK CENTURY 2004 low mileage, great cond. $6100 (860)995-2574

Chevy Corvette 2003 convertible, black top, mint, loaded, stored in winter, blue exterior, automatic transmission, 52K mi, $21,500. 401-578-5342

CHEVROLET CAMARO SS 2002
116k, 70k miles, garaged, no winters, loaded, ... 860-871-0616

Chevy Cavalier 1998 2dr, 5sp, Great gas mileage, $1,650 (860)742-9578

CHEVROLET CORVETTE 2003 ... Call 860-658-9407

CHEVROLET CORVETTE 1996
... $10,000

CHEVY CORVETTE 2000 B20k mi, red, garaged, ... Exc. Cond. $23,500. 860-233-7680 after 4pm.

FORD CONTOUR 1998 4dr, AT, new tires, runs good, $2400 860-243-0429

FORD EXPLORER 2001 XLT 4door, 4dr, AC, AWD, V6, CD, pwr $2495/OBO 860-639-4740

FORD TAURUS 2003 Rebuilt transmission, new tires, & new brakes. Good Cond. $2400/OBO, 860-381-5501

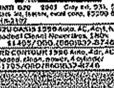
FORD TAURUS 2001 SE WAGON 55K, red, all power, leather seats, MACH stereo system, 6CD, clean, always garaged. $5700/OBO. 860-569-2005

HONDA ACCORD EX 2001 V6, AT, AC, all pwr, 103k, $6495 860-869-6295

HONDA ACCORD 1997 SE Auto, new tires, fully loaded, 1 owner, all service records. $3195/OBO (860)649-7407

HONDA CIVIC LX 2002 2002 Honda Civic LX 4 Door Sedan for sale. Good condition. Premium sound system included. ... 860-305-1499

HONDA PILOT EX-L 2007
... 34,800 miles, ... $22,500 ...



INFINITI G20 2001 Gray ext, ... $5200 860-516-3102

ISUZU OASIS 1996 Auto, AC, A/c, fully loaded (Gen) New tires, 180k. $1495/OBO (860)827-8746

FORD CONTOUR 1996 Auto, 4dr, AC, loaded, clean, power, 4 cylinder $1795/OBO (860)832-8746

Jeep Grand Cherokee '04 $15mi, V8, cond. 10,995 obo. 860-993-7810

JEEP WRANGLER 1996 6cyl, 5spd, two tops, new tires & shocks, 99,500mi, exc. cond. $5000 firm 860-345-3574

LEXUS GS 300 2005 Exc. cond. ... $24,500/BO (860) 786-2110

MAZDA MAZDA6 S 2006 ... Only $11000 860-371-4606 ...

MERCURY GRAND MARQUIS LS 2003 4-door ... $7,500 OBO, 860-679-2824

Mercury Sable 03 LS fully loaded V6 cond. $4500obo (860)771-1028

Nissan Altima 05 AT, AC, 50k ... Excellent cond. $9595 860-647-0767

NISSAN ALTIMA 2.5 S 2007
4D Sedan S, 35,700 miles, ... 860-317-3061

NISSAN MAXIMA SE 2002
110K, 6-spd, leather, ... $7,700, call 860-738-3843

NISSAN MAXIMA SE 2000 ... (860) 717-7691.

Pontiac Sunfire 2000, sporty excellent cond $2000. 860-249-3070

PORSCHE 911 CARRERA CABRIOLET '02 17,700mi, 18" wheels, 6sp speed, exhaust, PSM, Bose, 1 owner, non-smkr, Never tracked, winter stored, mint. $36K OBO (860) 860-530-7441

Saab 9000 CSE 98' turbo, cols, 150mi, mint. $3700 (860)647-0709

SAAB 9-5 2004 $7750, 4 cyl, auto, fully loaded. Excellent condition. Call Andy at 860-667-8734

SUBARU FORESTER 2004 low mileage, great condition. $8900 860-604-1776

TOYOTA AVALON 2000 AT, AC, pwr, 90k mi, exc. cond. $5999. 860-643-0500

TOYOTA CAMRY 2003 AT, AC, 60k mi, exc. cond. $6695 (860)647-7552

Toyota Corolla XLE '09 22k AT AC mint $12,995 Call (860)520-4318

TOYOTA COROLLA 2003 mint, all power, 100K mi, exc. $5999 860-647-0746

TOYOTA COROLLA LE 2000 ... $4500 860-758-4084

TOYOTA HIGHLANDER SPORT 2007
$17,800, Gold, ... 53K miles, ... 860-670-2199

TOYOTA SEQUOIA SR5 2002
112K, ... $10,900 860-651-4274

Toyota Corolla 95, Auto, pwr wind, 50K mi, exc cond $2999. 860-643-0500

VOLKSWAGON JETTA 2000 Gm, Sspd, 4dr, AC, CD player, clean, runs gr, new timebelt. $3495/BO 860-528-0163

VW Jetta 07 Auto, A/C, all pwr, exc. cond. 106k $4750obo (860)807-0507

Trucks & Vans

CHEVY 2500 1999 Cargo van, runs, needs work. $1850, 860-527-4003.

Chevy Express 3500 '08 44kmi, runs excellent $9,995 (860)796-7086

Dodge Grand Caravan SE 2000, Stow go, 84kmi, $13,000. 860-989-7690

DODGE RAM 2001 3/4 ton regcab, 96k w/ plow. $7500 OBO (860)877-0807

FORD E150 1998 CARGO VAN V8, 4.2, red 115kmi, AC $5500, 860-647-1317

Ford E250 2000 Van, shelves & ladder racks, auto. $5500 obo 860-228-3827

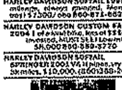
FORD FREESTAR 2005 beige, 110kmi, clean, $8,000. (860)410-6740

HONDA ODYSSEY EX-L 2002 97k, ... 860 717-7691

NISSAN QUEST 2004, 81K miles, auto, FWD, all power, 1st, DVD, $9500 or best offer. (860)400-3158

For Fun

40 CC Scooter, 2 seater, st. legal, $400 OBO delivery avail. 860-992-2053



CANTERBURY 1998 ... $9999 413-525-7031

HARLEY DAVIDSON SOFTAIL 1999 low mileage, always garaged, Many extras! $7500/obo 860-871-6620

HARLEY DAVIDSON CUSTOM FATBOY 2004 1 of a kind bike, lots of $$$ invested, MUST SELL! Low miles. $8,000 860-880-5770

HARLEY DAVIDSON SOFTAIL SPRINGER 2001 V&H pipes, vry clean 5K miles, $10,000. (860)380-2003

HD FXDWG WIDEGLIDE 2000 Black, Leather Tip Bags, Security System, ... $7,400 ... $9,399, 860-430-0040

HONDA '05 250EX 4x2 Exc cond, less than 30 hrs riding time. $ ... 860-309-2778

KAWASAKI KX65 '04, fully modified, ... $1300/bo. 860-573-4165

Starcraft 2005 24ft lag rbng camper, sleeps 6, used once. $11,500. 860-482-0187

PUBLIC NOTICES

Connecticut

PUBLIC NOTICE

The State Committee of the Working Families Party will meet Monday, April 26th at 5:30PM at 30 Arbor Street, Hartford to consider candidate endorsements.

LEGAL NOTICE

Pursuant to Conn. Gen. Stat. §§ 16-11, 16-19b(a) and 16-19e, the Department of Public Utility Control will conduct a public hearing at Ten Franklin Square, New Britain, Connecticut, on April 20, 2010, at 9:30 a.m., and if necessary, April 28, 2010, at 10:30 a.m., concerning Docket No. 09-04-01, DPUC Semi-Annual Investigation of the Purchased Gas Adjustment Clause Charges or Credits Filed by: Connecticut Natural Gas Corporation, The Southern Connecticut Gas Company and Yankee Gas Services Company and Docket No. 09-10-01, DPUC Semi-Annual Investigation of the Purchased Gas Adjustment Clause Charges or Credits Filed by: Connecticut Natural Gas Corporation, The Southern Connecticut Gas Company and Yankee Gas Services Company to determine the Companies prudency and accuracy of customer billings for the period of September 2008 and August 2009 under the purchased gas adjustment clauses. The Department may continue the hearing. For information and the Notice of Hearing filed with the Secretary of State's Office, contact: DEPARTMENT OF PUBLIC UTILITY CONTROL, KIMBERLEY J. SANTOPIETRO, EXECUTIVE SECRETARY.

Liquor Notices

LIQUOR PERMIT
NOTICE OF APPLICATION

This is to give notice that
I, MARCELO LEONE 22 HEMLOCK CT CROMWELL CT 06416-1757, Have filed an application placarded 04/16/2010 with the Department of Consumer Protection for a RESTAURANT LIQUOR PERMIT for the sale of alcoholic liquor on the premises at 685 WETHERSFIELD AVE HARTFORD CT 06114-1929. The business will be owned by: LEONE GROUP LLC. Entertainment will consist of: Disc Jockeys. Objections must be filed by: 05/20/2010.

04/16/2010
MARCELO LEONE

Connecticut

PUBLIC NOTICE

Statute Reference:	19a-639
Applicant:	Hartford Hospital
Town:	Hartford
Docket Number:	10-31577-LOI
Proposal:	Acquisition of a Computed Tomography Simulator
Capital Expenditure:	$999,414

The Applicant may file its Certificate of Need application between May 24, 2010 and July 23, 2010. Interested persons are invited to submit written comments to Cristine A. Vogel, Deputy Commissioner Office of Health Care Access, Division of Department of Public Health, 410 Capitol Avenue, MS13HCA, P.O. Box 340308 Hartford, CT 06134-0308.

The Letter of Intent is available at OHCA or on OHCA's website at www.ct.gov/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.

Hartford

SITE CONCRETE (BP 1.07) - REBID

ANNIE FISHER MAGNET SCHOOL
STATE PROJECT NO. 064-0291 MAG/ZA

Notice is hereby given that sealed bids will be received by the Construction Manager, The Morganti Group, at the Office of the Program Manager, Gilbane Construction LLC, 1010 Wethersfield Avenue, Hartford, CT 06114 until 17:00 P.M. on Tuesday, April 27, 2010 for the following purpose: SITE CONCRETE (BP 1.07) - REBID

All bids over $500,000 must include with their bid all DAS certifications that they are pre-qualified specifically for the trade package or packages they are bidding.

All questions regarding the scope of work or bid process shall be made in writing and faxed to Don Dellis, The Morganti Group, at (860) 727-0385. The last date for questions is Thursday, April 22, 2010.

Said bids will be opened publicly and read aloud at 17:15 pm on Tuesday, April 27, 2010 at the offices of the Program Manager, Gilbane Construction, 1010 Wethersfield Avenue, Hartford, CT.

Plans, Specifications and Instructions to Bidders may be obtained on April 19, 2010 after 3:00 pm at the Joseph Merritt Company, 650 Franklin Avenue, Hartford, CT 06114. Telephone: 860-296-2500. There is a non-refundable payment of $85 per set of plans/specifications. Make checks payable to: Joseph Merritt & Company.

A Pre-Bid Conference will be held on Tuesday, April 20, 2010 at 1:30 PM. Prospective bidders to meet at the Morganti jobsite trailer located at the Annie Fisher Magnet School, 280 Plainfield Street, Hartford, CT. ATTENDANCE IS MANDATORY.

The State of Connecticut Department of Labor and all associated statutes and regulations shall govern labor wages on this project. The successful bidder shall comply with applicable state and local laws and the City of Hartford requirements.

The successful bidder shall participate and comply with all applicable affirmative action, equal employment, nondiscrimination and local hiring preferences established by the City of Hartford and Hartford School Building Committee for application on this project.

A PLA is in effect for this bid package (Document included in bidding documents).

All bids shall be held open by bidders for a period of ninety (90) days. No bidder may withdraw their bid during that period.

Bidders are reminded that Public Schools are exempt from Federal Excise Taxes as well as State of Connecticut Sales Tax.

The "Bidding & Contract Requirements" and all special instructions shall be strictly followed by bidders.

The project will be awarded to the lowest responsible bidder in accordance with Conn. Gen. Stat. § 10-287 (b). However, the Program Manager and the Hartford School Building Committee reserve the right to reject any and all bids or to waive any informalities, irregularities, omissions, or technical defects in the bids.

Hartford City Code Section 2-550 is expressly inapplicable to this project.

Project is subject to the most current Davis/Bacon Guidelines, as of the bid date, reported by the State of Connecticut Department of Labor.

The Hartford School Building Committee or its designee reserves the right to accept and/or reject any portion of said bid or waive any technicalities in any bid or part thereof and to accept any bid.

Westbrook

LEGAL NOTICE
ANNUAL TOWN MEETING
TOWN OF WESTBROOK

The legal voters of the Town of Westbrook, Connecticut and all others qualified to vote in meetings of said Town are hereby notified and warned that the Annual Town Meeting will be held in the Multi Purpose Room at the Teresa Mulvey Municipal Center, 866 Boston Post Road on Tuesday, April 27, 2010 at 7:00 p.m. to consider and act on the following:

1. To designate May 11, 2010 as the date for the Annual Town Budget Meeting of the Town of Westbrook, Connecticut, in conformance with Connecticut General Statutes, Section 7-388 for the purpose of acting upon the Annual Town Budget for the Fiscal Year July 1, 2010 to June 30, 2011.

2. To nominate and elect one (1) Fire Commissioner to serve for a term of three (3) years to April 30, 2013, pursuant to Section 7-21 of the Westbrook Code of Ordinances.

3. RESOLVED: That a grant in the amount of FORTY FOUR THOUSAND, ONE HUNDRED, SIXTY THREE DOLLARS ($44,163.00) from the State of Connecticut, as described in a certain "Notice of Grant Award" dated February 8, 2010 is hereby accepted, as recommended by the Board of Finance and Board of Selectmen, and the First Selectman is hereby authorized to execute an Agreement confirming said Grant, together with any other documents as may be necessary to accept said grant, and that in accordance with the terms of said grant the sum of FORTY FIVE THOUSAND, NINE HUNDRED, FIFTEEN DOLLARS ($45,915.00) is hereby appropriated from Account #010-0009-000-0010, Unappropriated Fund Balance to New Special Account #101-1210-100-0132, Energy Grant, for the project described in said Grant, provided that said sums shall be expended only in accordance with the terms and requirements set forth in said Grant.

4. RESOLVED: The Board of Selectmen hereby adopts and publishes this amended and restated RETIREMENT PLAN for those of its Employees entitled to participate herein pursuant to the provisions hereof effective April 30, 2010. This amended and re-stated RETIREMENT PLAN incorporates only those amendments made to the July 1, 1985 version of the RETIREMENT PLAN, the last amendment of which was effective January 1, 1992. This amended and re-stated RETIREMENT PLAN does not make any additional amendments subsequent to January 1, 1992. The purpose of this amended and re-stated RETIREMENT PLAN is to consolidate and incorporate into one complete and updated document all of the amendments previously approved after the adoption of the July 1, 1985 version of the RETIREMENT PLAN. Eligibility for the amount of benefit payments for any Member or the beneficiary of any Member who retired, died, or terminated employment prior to April 30, 2010, shall be determined in accordance with the provisions of the Retirement Plan in effect at the time of such retirement, death or termination of employment.

Dated at Westbrook, Connecticut this 19th day of April 2010.

Board of Selectmen

Noel Bishop
First Selectman

James Crawford
Selectman

John Hall, III
Selectman

"In accordance with American with Disabilities Act, Final Rule 1996 for State and Local Government Facilities, Special Accommodations will be provided upon notification to agency within a reasonable time of such need."

Connecticut

Invitation for Subcontractors to Prequalify

Skanska USA Building Inc. the Construction Manager, is currently prequalifying subcontractors for work to be performed as part of the University of Connecticut's New Social Sciences East Classroom Building #068T. This project consists of classrooms, lecture halls, offices and common areas totaling approximately 132,000 square feet.

The anticipated construction schedule for the East Classroom Building is as follows:

East Building - Construction start date of September 1, 2010 and a completion date of September 1, 2012.

All subcontractors interested in bidding on this project must be prequalified by Skanska up to the bid value. Bids received from subcontractors who have not been prequalified will not be accepted and will be returned to the contractor unopened.

All subcontractors who were previously prequalified to bid on the West Classroom Building will be required to update their information and obtain a prequalification approval notification letter from Skanska in order to bid on the East Classroom Building. In addition, all subcontractors will be required to provide an updated DAS Prequalification Certificate.

All subcontractors interested in bidding this project for work in excess of $500,000 must also be prequalified by the State of Connecticut Department of Administrative Services (DAS) for the classification of work that they are bidding at the time of bid. No person may bid on a contract for the construction, reconstruction, alteration, remodeling, repair or demolition of any public building for work by the state or a municipality, which is estimated to cost more than five hundred thousand dollars and is paid for, in whole or in part, with state funds, unless the person is prequalified in accordance with (C.G.S section 4a-100). DAS prequalification is required for all work in excess of $500,000 regardless of tier.

In addition, in the bidding of most deferred maintenance, major renovation, and new construction projects, contractors are advised they must award (25%) twenty-five percent or more of the value of their awarded contracts to certified SBE's and, of that amount, twenty-five percent (which amounts to 6.25% of the total award) or more must be awarded to SBE's who are also MBE's. The contractors are responsible for ensuring that they and the SBE's they have selected, are eligible contractors and that they meet State requirements.

At the time of bid, Skanska will identify specific bid packages that will be set aside for SBE, MBE and WBE firms only. Subcontractors interested in bidding on these packages must be thus certified by the State of Connecticut DAS Supplier Diversity (Set Aside) Program. Proof of subcontractor certification must be submitted at the time of bid in order to bid on the Set Aside packages.

Interested firms may obtain a project prequalification form by sending an email request to Dana McKlen at dana.mcklen@skanska.com. All requests must be received no later than May 7, 2010.

All other correspondence and questions can be directed to:

Skanska USA Building Inc.
365 Fairfield Way
Storrs, CT 06269
Attn: Richard Murphy
Phone: 860.983.9500

The University of Connecticut and Skanska reserve the right to supplement the final bid list with qualified firms who meet the prequalification requirements, but do not specifically respond to this advertisement by submitting their letter of interest by the above dates.

Skanska USA Building is an Affirmative Action/Equal Opportunity Employer. (AA/EOE). Minorities and women are encouraged to bid/apply.