



SAINT FRANCIS

Hospital and Medical Center

R. Christopher Hartley
Senior Vice President
Planning and Facility Development

114 Woodland Street
Hartford, Connecticut
06105-1299

860 714-5573
Fax 860 714-8093

RECEIVED

2010 MAY -3 P 2 30

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

May 3, 2010

Cristine A. Vogel, MPH
Commissioner
Office of Health Care Access
410 Capitol Avenue
MS#13HCA
PO Box 34308
Hartford, CT 06134-0308

Dear Commissioner Vogel;

Attached for your review is an original and five copies of the letter of intent request to replace an existing nuclear medicine SPECT camera at Saint Francis Hospital and Medical Center with a new nuclear medicine SPECT/CT camera. The existing machine is outdated and needs to be replaced.

Please call me with any questions or concerns at 860-714-5573.

We appreciate your attention in this matter.

Sincerely,

Chris Hartley
Senior Vice President Planning and Facilities Development

enclosures



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	Saint Francis Hospital and Medical Center	
Doing Business As	Saint Francis Hospital and Medical Center	
Name of Parent Corporation	Saint Francis Hospital and Medical Center	
Applicant's Mailing Address, if Post Office (PO) Box, include a street mailing address for Certified Mail (Zip Code Required)	114 Woodland Street Hartford, CT 06105	
Identify Applicant Status: P for Profit or NP for Nonprofit	Non-Profit	
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.	Christopher Hartley Senior Vice President Planning and Facilities Development	
Contact Person's Mailing Address, if PO Box, include a street mailing address for	Saint Francis Hospital and Medical Center	

Certified Mail (Zip Code Required)	Planning Department 114 Woodland Street Hartford, CT 06105	
Contact Person Telephone Number	(860) 714-5573 phone	
Contact Person Fax Number	(860) 714-8093 fax	
Contact Person e-mail Address	chartley@stfranciscare.org	

SECTION II. GENERAL APPLICATION INFORMATION

- a. Project Title: **Replacement of Nuclear Medicine Camera**
- b. Project Proposal: **This project involves the replacement of its existing SPECT Nuclear Medicine Camera with a new Siemen's nuclear medicine SPECT/CT camera.**
- 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: _____

This proposal is for a replacement nuclear medicine machine.

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:

Saint Francis Hospital and Medical Center 114 Woodland Street Hartford, CT 06105

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

Saint Francis Hospital and Medical Center intends to serve its patients in its service area including greater Hartford area and towns beyond the greater Hartford area.

- h. Estimated starting date for the project: **August 2010**

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

Type	Existing Staffed	Existing Licensed	Proposed Increase or (Decrease)	Proposed Total Licensed
N/A	N/A	N/A	N/A	N/A

SECTION III. ESTIMATED CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Project Expenditure/Cost: **\$714,000**

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

Major Medical Equipment Purchases*	\$0
Medical Equipment Purchases*	\$614,000
Non-Medical Equipment Purchases*	\$0
Land/Building Purchases	\$0
Construction/Renovation	\$100,000
Other (Non-Construction) Specify: _____	\$0
Total Capital Expenditure	\$714,000
Major Medical Equipment – Fair Market Value of Leases Medical	\$0
Equipment – Fair Market Value of Leases	\$0
Non-Medical Equipment – Fair Market Value of Leases*	\$0
Fair Market Value of Space – Capital Leases Only	\$0
Total Capital Cost	\$714,000
Total Project Cost	\$714,000
Capitalized Financing Costs (Informational Purpose Only)	\$0

* Provide an itemized list of all medical and non-medical equipment to be purchased and leased. **This question is not applicable.**

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). **This question is not applicable.**

d. Major Medical and/or Imaging Equipment Acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Nuclear Medicine	SPECT/CT Camera	Siemens Symbia T Series	1	\$614,000

Note: Provide a copy of the vendor contract or quotation for each major medical/imaging equipment. **See Attachment 1.**

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

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Applicant's Equity | <input type="checkbox"/> Capital Lease | <input type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions | <input type="checkbox"/> Operating Lease | <input type="checkbox"/> CHEFA Financing |
| <input type="checkbox"/> Funded Depreciation | <input type="checkbox"/> Grant Funding | |
| <input type="checkbox"/> 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.

Please refer to Attachment 2.

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

This question is not applicable since Saint Francis Hospital and Medical Center does not propose any licensure changes.

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

The target population for this proposal are the existing patients who come to Saint Francis Hospital and Medical for radiology services with the majority living in the greater Hartford area.

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

The current SPECT camera is outdated and is well beyond the end of its operational life. The current SPECT camera serves a critical need for Saint Francis Hospital and Medical Center as it is the only unit in the institution has which can perform cardiac SPECT/CT images on bariatric patients. Increasing service issues with Saint Francis Hospital and Medical Center's current outdated machine jeopardizes Saint Francis Hospital and Medical Center's ability to provide service for this patient population. Saint Francis Hospital and Medical Center proposes replacing it with a modern state of the art SPECT/CT unit. This machine will enhance Saint Francis Hospital and Medical Center's ability to provide cardiac and general nuclear imaging on Saint Francis Hospital and Medical Center's bariatric patients utilizing CT attenuation correction which is fast becoming the standard of care at other major institutions.

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

Saint Francis Hospital and Medical Center is not aware of any other provider in Saint Francis Hospital and Medical Center's service area that has a SPECT/CT nuclear medicine machine.

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

Saint Francis Hospital and Medical Center will continue to be a leading healthcare provider with this proposal. The benefits of the new technology are many, including enhanced image quality through digital imaging, faster throughput and ease of operation. Significant repair costs on this piece of equipment will also be reduced due to the purchase of this new equipment. This state -of -the- art nuclear medicine camera will enable Saint Francis Hospital and Medical Center's Radiologists to diagnose diseases more rapidly and more accurately improving the quality of care to this patient population. The introduction of this replacement technology will also assist the teaching efforts of all Saint Francis' fellows, residents, physician assistants and medical students who rotate through the hospital.

7. Who will be responsible for providing the service?

Saint Francis Hospital and Medical Center will be providing the service.

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

Saint Francis Hospital and Medical Center accepts payment from all payors. There will be no changes in the payor mix as a result of this project.

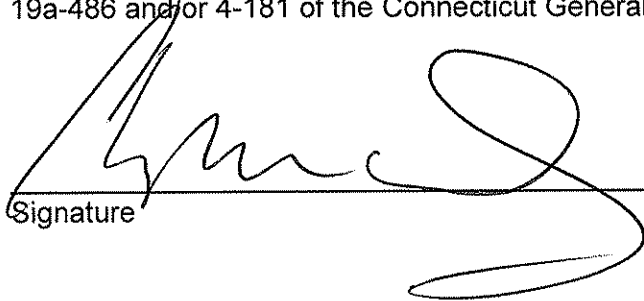
AFFIDAVIT

To be completed by each Applicant

Applicant: **Saint Francis Hospital and Medical Center**

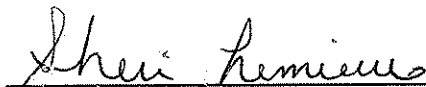
Project Title: **Replacement of Nuclear Medicine Camera**

I, **Christopher Dadlez, President and Chief Executive Officer** of **Saint Francis Hospital and Medical Center** 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 **Saint Francis Hospital and Medical Center** 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

5/3/2010
Date

Subscribed and sworn to before me on May 3, 2010



Notary Public/Commissioner of Superior Court

My commission expires: July 31, 2014

ATTACHMENT 1

SIEMENS

Siemens Medical Solutions USA, Inc.
51 Valley Stream Parkway, Malvern, PA 19355
Fax: (866) 309-6992

SIEMENS REPRESENTATIVE
Tegan Gonzalez - (781) 454-5132

Customer Number: 0000010181

Date: 3/11/2010

ST FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CT 06105

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

<u>Table of Contents</u>	<u>Page</u>
Symbia T Series	2
General Terms and Conditions	5
Warranty Information	11
Detailed Technical Specifications	12
Cut Sheets	following page 25

Proposal valid for 45 days

Accepted and Agreed to by:

Siemens Medical Solutions USA, Inc.

By (sign): _____
Name: Tegan Gonzalez
Title: Account Executive
Date: _____

ST FRANCIS HOSPITAL

By (sign): _____
Name: _____
Title: _____
Date: _____

All pages of the signed proposal must be returned to Siemens to process the order - Thank you.

SIEMENS

Siemens Medical Solutions USA, Inc.
51 Valley Stream Parkway, Malvern, PA 19355
Fax: (866) 309-6992

SIEMENS REPRESENTATIVE
Tegan Gonzalez - (781) 454-5132

Quote Nr:	1-NAZ4K Rev. 3
Terms of Payment:	00% Down, 90% Delivery, 10% Installation Free On Board: Destination
Purchasing Agreement:	NOVATION (UHC, VHA, Provista) NOVATION (UHC, VHA, Provista) terms and conditions apply to Quote Nr 1-NAZ4K

Symbia T Series

All items listed below are included for this system: *(See Detailed Technical Specifications at end of Proposal.)*

Qty	Part No.	Item Description
1	10275009	Symbia T6 The Symbia T6 is built on TruePoint SPECT•CT technology, for the seamless integration of two equal modalities. The True Integration of state-of-the-art SPECT and high quality six slice CT gives this system full functionality for all SPECT-only, SPECT•CT, or stand-alone CT diagnostic applications in Oncology, Neurology, and Cardiology. True Clarity from the ultra fast six slice spiral CT maximizes confidence in diagnostic stand-alone CT, as well as precise Attenuation Correction and Anatomical Mapping and Diagnostic CT within a SPECT/CT study. The True Efficiency of the single patient bed and gantry, together with the work flow improvements, achieves high throughput in all modes.
1	08719341	HeartView CT & CS Pkg Cardiac imaging package which includes: Heartview CT for ECG-controlled acquisition and reconstruction of artifact-free images of the heart. Syngo Calcium Scoring for Symbia, a dedicated application for the quantification of calcifications in CT images. The software calculates various scores (Agatston score, volume score and calcium mass) to assess the risk of a cardiac infarct within user-defined regions for up to four coronary arteries.
1	10183566	Internal ECG for Symbia Symbia Internal ECG gate provides ECG triggering to nuclear subsystem for nuclear cardiology examinations. In addition, for Symbia T2, T6, and T16 cameras the internal ECG gate provides ECG triggering to the CT subsystem for CT applications that require ECG gating. The ECG gate is built into the Symbia patient bed and is controlled by the Symbia acquisition station. The leads connect near the head of the patient bed and travel with patient, never interfering with scanning. ECG waveform is displayed on the touch-screen PPM.
1	10521454	Under Floor PHS Cable SPECT-CT Kit for routing the cable between patient bed and the Symbia T Series gantry under the floor.
1	10275012	Symbia T Series Processing Wrkplc The Symbia T Series Processing Wrkplc is a high performance, syngo-based workstation for reconstruction and review of Symbia TruePoint SPECT•CT data. This workplace provides a flexible user interface that automates a wide range of processing and display capabilities. Standard functionality includes quality control, advanced SPECT/CT reconstruction, advanced image fusion, volumetric analysis for tumor imaging, image manipulation tools, and organ-based NM processing.
1	07835759	Monitor: 19 inch LCD The 19" LCD Monitor is an economic monitor solution with the following features: - 19" active display - Optimal picture resolution of 1280 x 1024 - Anti-glare panel surface - Up to 170 degree viewing angle
1	08419207	English MI WP Lang Kit The language kit includes: e.soft Getting Started Manual, e.soft User Notes and customer letter.
1	10183459	SPECT/CT 1/2 Time Imaging SPECT/CT 1/2 Time Imaging provides shortened Planar acquisition time with syngo MI Workflows optimized for oncology.

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Siemens Medical Solutions USA, Inc.

51 Valley Stream Parkway, Malvern, PA 19355

Fax: (866) 309-6992

SIEMENS REPRESENTATIVE

Tegan Gonzalez - (781) 454-5132

Qty	Part No.	Item Description
2	07833283	Symbia 3/8" Hi-Res. Det. /Tub Asm.
1	08418407	Hand Controller Symbia_SPECT_CT All motorized motions of the patient bed, gantry and detectors are controlled from the ergonomically designed hand controller which can be plugged into either side of the gantry.
2	07835494	Low_Energy_Hi_Res Collimator Symbia Low energy (140 keV), high resolution, parallel hole collimator · AUTOFORM Technology · 148,000 hexagonal holes · Sensitivity: 202 cpm/microCurie · Geometric Resolution: 6.4 mm · Weight: 70 lbs (31.8 kg) Includes drawer for collimator cart
2	07835452	Medium Energy Collimator Symbia Medium energy (300 keV), parallel hole collimator · 14,000 hexagonal holes · Sensitivity: 310 cpm/microCurie · Geometric Resolution 10.8 mm · Weight: 161 lbs (73.2 kg) Includes drawer for collimator cart
1	10273911	Productivity Package Productivity package includes the integrated collimator changer, the automatic collimator exchanger, and the automatic quality control option. Integrated Collimator Changer Innovative collimator exchange system that is mounted beneath the patient bed. Saves time and effort when changing the most frequently used collimators. Holds two sets of low or medium energy collimators. Automatic Collimator Exchange Fully automated changing of collimators within the integrated collimator changer. Collimator removal or exchange is initiated with the touch of one button on the patient positioning monitor. Automatic Quality Control Option Gd-153 line and Co-57 point sources housed in the patient bed will be extended at customer scheduled times to perform daily, weekly, and monthly quality control procedures without manual intervention.
1	10413528	AQC Web Based Training
1	10273917	AutoQC Source Registration Kit Source registration kit for Symbia Automatic Quality Control option.
1	10273914	AutoQC source kit Gd-153 line and Co-57 point source for the automatic quality control option.
1	10182856	Detector Support with Caudal Tilt Caudal and cephalic tilt on Detector 2 allows for precise positioning of static and dynamic acquisitions.
1	08719374	English Symbia T Lang Kit
1	07830909	Remote Diagnostic Services Remote Diagnostic Services. A broadband connection is required for full remote diagnostic functionality and optimal system uptime.
1	10097270	MI University Molecular Imaging University (MI-U) is a comprehensive resource for clinical educational materials in PET/CT and SPECT/CT (www.mi-university.com). MI University demonstrates the benefit of hybrid imaging and where it influences patient management. The license is valid for 1 year and includes the rights to set up accounts for other users that are related to the customer facility.
1	10412858	Symbia T Series US Installation Mechanical installation of the Symbia T Series camera system including complete system assembly and alignment, system startup, calibrations, and performance verification to factory specifications.
1	10183766	Cardiology Engine SPECT CT Cedars The Cardiology Engine SPECT.CT Cedars assists in the diagnosis and quantitative assessment of coronary artery disease by enabling the visualization of SPECT studies as well as quantified perfusion assessment.
1	10182968	English Cedars Lang Kit
1	10183750	MI Processing Engine Highly Integrated and fully DICOM compliant Nuclear Medicine Processing software package. This package incorporates organ processing, workflow support with automated data propagation, archiving, study transfer, printing, and real time/data management.

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Fax: (866) 309-6992

SIEMENS REPRESENTATIVE
Tegan Gonzalez - (781) 454-5132

Qty	Part No.	Item Description
1	10274496	4 Quadrant Phantom for Symbia S / T A 4 quadrant 2.0-2.5.30.3.5 mm standard pattern slightly modified for use with the e.cam and Symbia Imaging Systems
1	10119031	UPS for SPECT Camera Systems Uninterruptible power supply option that provides 10 minutes of back up power to the SPECT gantry enabling the proper shut down in the event of a power loss. Also provides noise filtering and transient suppression. Specifications:5.0 KVA Input configuration: 200-240 VAC, 50/60 Hz, L6-30P Output configuration: 208 VAC, L6-30R
1	05245316	UPS for e.soft/c.cam (60 Hz) Uninterruptible power supply option that provides 10 minutes of back up power enabling the proper shut down of the system in the event of a power loss.
1	MI_SPEC_INITI AL_32	Initial onsite training 32 hrs
1	MI_SPEC_FLW UP_32	MI_SYMB_FOLLOWUP
1	MI_SPEC_INT_ BCLST	Basic SymbiaT Class
1	MI_SPEC_CTC RSTR	CT Cross Trainer (Printed Self Study)
1	MI_SPECT_PM MI_SPEC_ADD	MI SPECT Project Management
1	_12	Additonal onsite training 12 hours
1	NMSYS_ADDL _RIGGING	Additional Rigging/Out of Scope @ \$1,500
		System Total: \$614,000

OPTIONS:

Qty	Part No.	Item Description	Extended Price	Initial to Accept
1	MI_SPEC_CT_ BCLS	Basic SymbiaT Class	+ \$4,200	X _____
1	M2SCT211PET	Stellant D PET/CT Injector (stand)	+ \$27,753	X _____

FINANCING: The equipment listed above may be financed through Siemens. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

ACCESSORIES: Don't forget to ask us about our line of OEM imaging accessories to complete your purchase. All accessories can be purchased or financed as part of this order. To purchase accessories directly or to receive our accessories catalog, please call us directly at 1-888-222-9944 ext. 7 or contact your local Sales Representative.

COMPLIANCE: Compliance with legal and internal regulations is an integral part of all business processes at Siemens. Possible infringements can be reported to our Helpdesk "Tell us" function at www.siemens.com/tell-us.

Siemens Medical Solutions USA, Inc. General Terms and Conditions

1. GENERAL

1.1 Contract Terms. These terms and conditions constitute an integral part of any contract between the Seller identified on the first page hereof to sell products ("Products") and Purchaser and shall govern the sale of the Products. Seller shall not be bound by, and specifically objects to, any terms, conditions or other provisions which are different from or in addition to the provisions of this Agreement (whether or not it would materially alter this Agreement) which is proffered by Purchaser in any purchase order, receipt, acceptance, confirmation, correspondence or otherwise (even if provided to Seller concurrently with this Agreement), unless Seller specifically agrees to any such provision in a writing signed by Seller. Neither Seller's lack of objection to any such terms, nor delivery of the Products or provision of any services hereunder, shall constitute the agreement of Seller to any such terms. Purchaser acknowledges that this is a commercial and not a consumer transaction.

1.2 Acceptance. Purchaser shall be deemed to have assented to, and waived any objection to, this Agreement upon the earliest to occur of any of the following: Purchaser's completion or execution of this Agreement; Purchaser's acceptance of all or any part of the Products subject to this Agreement; Purchaser's issuance of a purchase order for any Products identified on Seller's quotation or proposal; or delivery of the Products to the common carrier for shipment pursuant hereto.

1.3 Refurbished/Used Products. For Products identified on the Agreement as used or refurbished Products, these Products have been previously owned and used. When delivered to Purchaser, the Products may have received mechanical, electrical and/or cosmetic reconditioning, as needed, and will comply with the manufacturer's specifications. Since pre-owned Products may be offered simultaneously to several customers, the sale of such Products to Purchaser cannot be guaranteed and is subject to continuing availability at the time Purchaser accepts Seller's offer to sell the Products. If the Products are no longer available, Seller will use its best efforts to identify other products in its inventory that may be suitable for purchase by Purchaser, and if substitute products are not acceptable to Purchaser, then Seller will cancel the order and refund to Purchaser any deposits previously paid. The warranty period for any used or refurbished Products will be separately stated on the quotation.

1.4 Third Party Products. If this Agreement includes the sale of third party products not manufactured by Seller, then Purchaser agrees and acknowledges that (a) Purchaser has made the selection of these products on its own, (b) the products are being acquired by Seller solely at the request of and for the benefit of Purchaser, in order to eliminate the need for Purchaser to issue a separate purchase order to the manufacturer of the products, (c) no representation, warranty or guarantee has been made by Seller with respect to the products, (d) the obligation of Purchaser to pay Seller for the products is absolute and unconditional, (f) Purchaser will assert no claim whatsoever against the Seller with respect to the products, and will look solely to the manufacturer regarding any such claims, (g) Purchaser will indemnify and hold Seller harmless from and against any and all claims, regardless of the form of action, related to, resulting from or caused by the products or any work or service provided by the manufacturer of the products or any other party, (h) use of the products may be subject to the Purchaser's agreement to comply with any software licensing terms imposed by the manufacturer, as well as any applicable laws, rule and regulations; and (i) the manufacturer, and not Seller, is solely responsible for any required installation, testing, validation, tracking, product recall, warranty service, maintenance, support, and complaint handling, as well as any other applicable FDA regulatory requirements.

2. PRICES

2.1 Quotations. Unless otherwise agreed to in writing or set forth in the quotation, all prices quoted by Seller are based on U.S. dollars, and include standard and customary packaging. F.O.B. terms are set forth in Section 6.2 hereof. Domestic prices apply only to purchasers located in, and who will use the Products in, the U.S. International prices apply to all purchasers located outside of, or who will use or ship or facilitate shipment of the Products outside of, the U.S. Unless otherwise stated, the quotation shall only be valid for forty-five (45) days from the date of the quotation.

2.2 Delay in Acceptance of Delivery. Should the agreed delivery date be postponed by Purchaser, Seller shall have the right to deliver to storage at Purchaser's risk and expense, and payments due upon delivery shall become due when Seller is ready to deliver.

2.3 Escalation. Unless otherwise agreed to in writing, except as to goods to be delivered within six (6) months of Seller's acceptance of Purchaser's order, Seller reserves the right to increase its prices to those in effect at the time of shipment.

3. TAXES

3.1 Any sales, use or manufacturer's tax which may be imposed upon the sale or use of Products, or any property tax levied after readiness to ship, or any excise tax, license or similar fee required under this transaction, shall be in addition to the quoted prices and shall be paid by Purchaser. Notwithstanding the foregoing, Seller agrees to honor any valid exemption certificate provided by Purchaser.

4. TERMS OF PAYMENT

4.1 Payments; Due Date. Unless otherwise set forth in the quotation, Seller's payment terms are as follows: an initial deposit of 10% of the purchase price for each Product is due upon submission of the purchase order, an additional 80% of the purchase price is due upon delivery of each Product, and the final 10% of the purchase price is due upon completion of installation or when the Products are available for first patient use, whichever occurs first. Unless otherwise agreed, all payments other than the initial deposit are due net thirty (30) days from the date of invoice. Seller shall have no obligation to complete installation until the payment due upon delivery of the Product is received. All amounts payable pursuant to this Agreement are denominated in United States dollars, and Purchaser shall pay all such amount in lawful money of the United States. Partial shipments shall be billed as made, and payments for such shipments will be made in accordance with the foregoing payment terms. In the event that Purchaser makes any payments hereunder by credit card, Seller has the right to charge the Purchaser any credit card fees imposed on the Seller by the financial institution.

4.2 Late Payment. A service charge of 1½% per month, not to exceed the maximum rate allowed by law, shall be made on any portion of Purchaser's outstanding balance which is not paid within thirty (30) days after invoice date, which charge shall be determined and compounded on a daily basis from the due date until the date paid. Payment of such service charge shall not excuse or cure Purchaser's breach or default for late payment. In addition, in the event that Purchaser fails to make any payment to Seller within this thirty (30) day period, including but not limited to any payment under any service contract, promissory note or other agreement with Seller, then Seller shall have no obligation to continue performance under any agreement with Purchaser.

4.3 Payment of Lesser Amount. If Purchaser pays, or Seller otherwise receives, a lesser amount than the full amount provided for under this Agreement, such payment or receipt shall not constitute or be construed other than as on account of the earliest amount due Seller. Seller may accept any check or payment in any amount without prejudice to Seller's right to recover the balance of the amount due or to pursue any other right or remedy. No endorsement or statement on any check or payment or in any letter accompanying a check or payment or elsewhere shall constitute or be construed as an accord or satisfaction.

4.4 Where Payment Due Upon Installation or Completion. Should any terms of payment provide for either full or partial payment upon installation or completion of installation or thereafter, and the installation or completion is delayed for any reason for which Seller is not responsible, then the Products shall be deemed installed upon delivery and, if no other terms were agreed upon in writing signed by the parties, the balance of payments shall be due no later than thirty (30) days from delivery regardless of the actual installation date.

4.5 Default; Termination. Each of the following shall constitute an event of default under this Agreement: (i) a failure by Purchaser to make any payment due Seller within ten (10) days of receipt of notice of non-payment from Seller; (ii) a failure by Purchaser to perform any other obligation under this Agreement within thirty (30) days of receipt of notice from Seller; (iii) a default by Purchaser or any affiliate of Purchaser under any other obligation to or agreement with Seller, Siemens Financial Services, Inc. or Siemens Medical Solutions Health Services Corporation, or any assignee of the foregoing (including, but not limited to, a promissory note, lease, rental agreement, license agreement or purchase contract); or (iv) the commencement of any insolvency, bankruptcy or similar proceedings by or against the Purchaser (including any assignment by Purchaser for the benefit of creditors). Upon the occurrence of any event of default, at Seller's election: (a) the entire amount of any indebtedness and obligation due Seller under this Agreement and interest thereon shall become immediately due and payable without notice, demand, or period of grace; (b) Seller may suspend the performance of any of Seller's obligations hereunder, including, but not limited to, obligations relating to delivery, installation and warranty services; (c) Purchaser shall put Seller in possession of the Products upon demand; (d) Seller may enter any premises where the Products are located and take possession of the Products without notice or demand and without legal proceedings; (e) at the request of Seller, Purchaser shall

assemble the Products and make them available to Seller at a place designated by Seller which is reasonable and convenient to all parties; (f) Seller may sell or otherwise dispose of all or any part of the Products and apply the proceeds thereof against any indebtedness or obligation of Purchaser under this Agreement (Purchaser agrees that a period of 10 days from the time notice is sent to Purchaser shall be a reasonable period of notification of sale or other disposition of the Products by or for Seller); (g) if this Agreement or any indebtedness or obligation of Purchaser under this Agreement is referred to an attorney for collection or realization, Purchaser shall pay to Seller all costs of collection and realization (including, without limitation, a reasonable sum for attorneys' fees, expenses of title search, all court costs and other legal expenses) incurred thereby; and (h) Purchaser shall pay any deficiency remaining after collection or realization by Seller on the Products. In addition, Seller may terminate this Agreement upon written notice to Purchaser in the event that Purchaser is not approved for credit or upon the occurrence of any material adverse change in the financial condition or business operations of Purchaser.

4.6 Financing. Notwithstanding any arrangement that Purchaser may make for the financing of the purchase price of the Products, the parties agree that any such financing arrangement shall have no effect on the Purchaser's payment obligations under this Agreement, including but not limited to Sections 4.1 and 4.2 above.

5. EXPORT TERMS

5.1 Unless other arrangements have been made, payment on export orders shall be made by irrevocable confirmed letter of credit, payable in U.S. dollars against Seller's invoice and standard shipping documents. Such letter of credit shall be in an amount equal to the full purchase price of the Products and shall be established in a U.S. bank acceptable to Seller. Purchaser shall procure all necessary permits and licenses for shipment and compliance with any governmental regulations concerning control of final destination of Products.

5.2 Purchaser shall not, directly or indirectly, violate any U.S. law, regulation or treaty, or any other international treaty or agreement, relating to the export or reexport of any Product or associated technical data, to which the U.S. adheres or with which the U.S. complies. Purchaser shall defend, indemnify and hold Seller harmless from any claim, damage, liability or expense (including but not limited to reasonable attorney's fees) arising out of or in connection with any violation of the preceding sentence. If Purchaser purchases a Product at the domestic price and exports such Product, or transfers such Product to a third party for export, outside of the U.S., Purchaser shall pay to Seller the difference between the domestic price and the international retail price of such Product pursuant to the payment terms set forth herein. Purchaser shall deliver to Seller, upon Seller's request, written assurance regarding compliance with this section in form and content acceptable to Seller.

6. DELIVERY, RISK OF LOSS

6.1 Delivery Date. Delivery and completion schedules are approximate only and are based on conditions at the time of acceptance of Purchaser's order by Seller. Seller shall make every reasonable effort to meet the delivery date(s) quoted or acknowledged, but shall not be liable for any failure to meet such date(s). Partial shipments may be made.

6.2 Risk of Loss; Title Transfer. Unless otherwise agreed to in writing, the following shall apply:

(a) For Products that do not require installation by Seller or its authorized agent or subcontractor, and for options and add-on products purchased subsequent to delivery and installation of Products purchased under this Agreement, delivery shall be complete upon transfer of possession to common carrier, F.O.B. Shipping Point, whereupon title to and all risk of loss, damage to or destruction of the Products shall pass to Purchaser.

(b) For Products that require installation by Seller or its authorized agent or subcontractor, delivery shall be complete upon delivery of the Products to Purchaser's designated site, F.O.B. Destination; title to and all risk of loss, damage to or destruction of such Products shall pass to Purchaser upon completion of the installation by Seller or its authorized agent or subcontractor.

(c) All freight charges and other transportation, packing and insurance costs, license fees, custom duties and other similar charges shall be the sole responsibility of the Purchaser unless included in the purchase price or otherwise agreed to in writing by Seller. In the event of any loss or damage to any of the Products during shipment, Seller and Purchaser shall cooperate in making a claim against the carrier.

7. SECURITY INTEREST/FILING

7.1 From the F.O.B. point, Seller shall have a purchase money security interest in the Products (and all accessories and replacements thereto and all proceeds thereof) until payment in full by Purchaser and satisfaction of all other obligations of Purchaser hereunder. Purchaser hereby (i) authorizes Seller to file (and Purchaser shall promptly execute, if requested by Seller) and (ii)

irrevocably appoints Seller its agent and attorney-in-fact to execute in the name of Purchaser and file, with such authorities and at such locations as Seller may deem appropriate, any Uniform Commercial Code financing statements with respect to the Products and/or this Agreement. Purchaser also agrees that an original or a photocopy of this Agreement (including any addenda, attachments and amendments hereto) may be filed by Seller as a Uniform Commercial Code financing statement. Purchaser further represents and covenants that (a) it will keep the Products in good order and repair until the purchase price has been paid in full, (b) it will promptly pay all taxes and assessments upon the Products or the use thereof, (c) it will not attempt to transfer any interest in the Products until the purchase price has been paid in full, and (d) it is solvent and financially capable of paying the full purchase price for the Products.

8. CHANGES, CANCELLATION, AND RETURN

8.1 Orders accepted by Seller are not subject to change except upon written agreement.

8.2 Orders accepted by Seller are noncancellable by Purchaser except upon Seller's written consent and payment by Purchaser of a cancellation charge equal to 10% of the price of the affected Products, plus any shipping, insurance, inspection and refurbishment charges; the cost of providing any training, education, site evaluation or other services; and any return, cancellation or restocking fees with respect to any Third Party Products ordered by Seller on behalf of Purchaser. Seller may retain any payments received from Purchaser up to the amount of the cancellation charge. In no event can an order be cancelled by Purchaser or Products be returned to Seller after shipment has been made.

8.3 Seller shall have the right to change the manufacture and/or design of its Products if, in the judgment of Seller, such change does not alter the general function of the Products.

9. FORCE MAJEURE

9.1 Seller will make every effort to complete shipment, and installation where indicated, but shall not be liable for any loss or damage for delay in delivery, inability to install or any other failure to perform due to causes beyond its reasonable control including, but not limited to, acts of government or compliance with any governmental rules or regulations, acts of God or the public, war, civil commotion, blockades, embargoes, calamities, floods, fires, earthquakes, explosions, storms, strikes, lockouts, labor disputes, or unavailability of labor, raw materials, power or supplies. Should such a delay occur, Seller may reasonably extend delivery or production schedules or, at its option, cancel the order in whole or part without liability other than to return any unearned deposit or prepayment.

10. WARRANTY

10.1 Seller warrants that the Products manufactured by Seller and sold hereunder shall be free from defects in material or workmanship under normal use and service for the warranty period. The final assembled Products shall be new although they may include certain used, reworked or refurbished parts and components (e.g., circuit boards) that comply with performance and reliability specifications and controls. Seller's obligation under this warranty is limited, at Seller's option, to the repair or replacement of the Product or any part thereof. Unless otherwise set forth in the Product Warranty attached hereto and incorporated herein by reference, the warranty period shall commence upon the earlier of the date that the Products have been installed in accordance with 12.6 hereof, which date shall be confirmed in writing by Seller, or first patient use, and shall continue for 12 consecutive months. Seller makes no warranty for any Products made by persons other than Seller or its affiliates, and Purchaser's sole warranty therefor, if any, is the original manufacturer's warranty, which Seller agrees to pass on to Purchaser, as applicable. The warranty provided by Seller under this Section 10 extends only to the original Purchaser, unless the Purchaser obtains the Seller's prior written consent with respect to any sale or other transfer of the Equipment during the term of the warranty.

10.2 No warranty extended by Seller shall apply to any Products which have been damaged by fire, accident, misuse, abuse, negligence, improper application or alteration or by a force majeure occurrence as described in Section 9 hereof or by the Purchaser's failure to operate the Products in accordance with the manufacturer's instructions or to maintain the recommended operating environment and line conditions; which are defective due to unauthorized attempts to repair, relocate, maintain, service, add to or modify the Products by the Purchaser or any third party or due to the attachment and/or use of non-Seller supplied equipment, parts or software, without Seller's prior written approval; which failed due to causes from within non-Seller supplied equipment, parts or software; which have been damaged from the use of operating supplies or consumable parts not approved by Seller. In addition, no warranty extended by Seller shall apply to any transducer or probe failure due to events such as cracking from high impact drops, cable rupture from rolling equipment over the cable, or delamination from cleaning

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with inappropriate solutions. Seller's obligation under this warranty is limited to the repair or replacement, at Seller's option, of defective parts. Seller may effectuate such repair at Purchaser's facility, and Purchaser shall furnish Seller safe and sufficient access for such repair. Repair or replacement may be with parts or products that are new, used or refurbished. Repairs or replacements shall not interrupt, extend or prolong the term of the warranty. Purchaser shall, upon Seller's request, return the noncomplying Product or part to Seller with all transportation charges prepaid, but shall not return any Product or part to Seller without Seller's prior written authorization. Purchaser shall pay Seller its normal charges for service and parts for any inspection, repair or replacement that is not, in Seller's sole judgment, required by noncompliance with the warranty set forth in Section 10.1. Seller's warranty does not apply to consumable materials, disposables, supplies, accessories and collateral equipment, except as specifically stated in writing or as otherwise set forth in the Product Warranty attached hereto and incorporated herein by reference, nor to products or parts thereof supplied by Purchaser.

10.3 This warranty is made on condition that immediate written notice of any noncompliance be given to Seller and Seller's inspection reveals that the Purchaser's claim is valid under the terms of the warranty (i.e., that the noncompliance is due to traceable defects in original materials and/or workmanship).

10.4 Purchaser shall provide Seller with full and free access to the Products, network cabling and communication equipment as is reasonably necessary for Seller to provide warranty service. This access includes establishing and maintaining connectivity to the Products via VPN IPsec Tunneling (non-client) Peer-to-Peer connection, modem line, internet connection, broadband internet connection or other secure remote access reasonably required by Seller, in order for Seller to provide warranty service, including remote diagnostics, monitoring and repair services.

10.5 Warranty service will be provided without charge during Seller's regular working hours (8:30-5:00), Monday through Friday, except Seller's recognized holidays. If Purchaser requires that service be performed other than during these times, such service can be made available at an additional charge, at Seller's then current rates. The obligations of Seller described in this section are Seller's only obligations and Purchaser's sole and exclusive remedy for a breach of product warranty.

10.6 SELLER MAKES NO WARRANTY OTHER THAN THE ONE SET FORTH HEREIN AND IN THE ATTACHED PRODUCT WARRANTY COVERING THE APPLICABLE PRODUCT CATEGORY. SUCH WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSES, AND SUCH CONSTITUTES THE ONLY WARRANTY MADE WITH RESPECT TO THE PRODUCTS AND ANY DEFECT, DEFICIENCY OR NONCONFORMITY IN ANY PRODUCT, SERVICE OR OTHER ITEM FURNISHED UNDER THIS AGREEMENT.

10.7 In the event of any inconsistencies between the terms of this Section 10 and the terms of the attached Product Warranty, the terms of the attached Product Warranty shall prevail.

11. LIMITATION OF LIABILITY

11.1 In no event shall Seller's liability hereunder exceed the actual loss or damage sustained by Purchaser, up to the purchase price of the Products.

11.2 SELLER SHALL NOT BE LIABLE FOR ANY LOSS OF USE, REVENUE OR ANTICIPATED PROFITS, COST OF SUBSTITUTE PRODUCTS OR SERVICES, LOSS OF STORED, TRANSMITTED OR RECORDED DATA, OR FOR ANY INDIRECT, INCIDENTAL, UNFORESEEN, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SALE OR USE OF THE PRODUCTS. This provision does not affect third party claims for personal injury arising as a result of Seller's negligence or product defect. THE FOREGOING IS A SEPARATE, ESSENTIAL TERM OF THIS AGREEMENT AND SHALL BE EFFECTIVE UPON THE FAILURE OF ANY REMEDY, EXCLUSIVE OR NOT.

12. INSTALLATION - ADDITIONAL CHARGES

12.1 General. Unless otherwise expressly stipulated in writing, the Products covered hereby shall be installed by and at the expense of Seller except that Seller shall not provide rigging or site preparation services unless otherwise agreed to in writing by Seller for an additional charge. Seller will not install accessory items such as cabinets, illuminators, darkroom equipment or processors for X-Ray and CT equipment, unless otherwise agreed to in writing by Seller.

12.2 Installation by Seller. If Seller specifies it will install the Products, the following applies: subject to fulfillment of the obligations set forth in 12.4 below, Seller shall install the Products covered hereby and connect same to the requisite safety switches and power lines to be installed by Purchaser. Except as otherwise specified below, if such installation and connection are performed by Seller's technical personnel, prices shown include the cost thereof, provided

that the installation and connection can be performed within the Continental United States or Puerto Rico and during normal business hours. Any overtime charges or other special expenses shall be additional charges to the prices shown.

12.3 Trade Unions. In the event that a trade union, or unions, or other local labor conditions prevent Seller from performing the above work with its own employees or contractors, then Purchaser shall either make all required arrangements with the trade union, or unions, to permit Seller's completion of said work or shall provide the personnel, at Purchaser's sole cost and expense. Moreover, any additional cost incurred by Seller and related to such labor disputes shall be paid by the Purchaser and Seller's obligations under such circumstances will be limited to providing engineering supervision of installation and connection of Seller equipment to existing wiring.

12.4 Purchaser's Obligations. Purchaser shall, at its expense, provide all proper and necessary labor and materials for plumbing service, carpentry work, conduit wiring, and other preparations required for such installation and connection. All such labor and materials shall be completed and available at the time of delivery of the Products by Seller. Additionally, the Purchaser shall provide free access to the premises of installation and, if necessary, safe and secure space thereon for storage of Products and equipment prior to installation by Seller. Purchaser shall be responsible, at its sole cost and expense, for obtaining all permits, licenses and approvals required by any federal, state or local authorities in connection with the installation and operation of the Products, including but not limited to any certificate of need and zoning variances. Purchaser shall provide a suitable environment for the Products and shall ensure, at its sole cost and expense, that its premises are free of asbestos, hazardous conditions and any concealed, unknown or dangerous conditions and that all site requirements are met. Seller shall delay its work until Purchaser has completed the removal of the asbestos or other hazardous materials or has taken any other precautions and completed any other work required by applicable regulations. Purchaser shall reimburse Seller for any increased costs and expenses incurred by Seller that are the result of or are caused by any such delay. In the event that Seller is requested to supervise the installation of the Products, it remains the Purchaser's responsibility to comply with local regulations. Seller is not an architect and all drawings furnished by Seller are not construction drawings.

12.5 Regulatory Reporting. In the event that any regulatory activity is performed by other than Seller authorized personnel, Purchaser shall be responsible for fulfilling any and all reporting requirements.

12.6 Completion of Installation. Installation shall be complete upon the conclusion of final calibration and checkout under Seller's standard procedures to verify that the Products meet applicable written performance specifications. Notwithstanding the foregoing, first use of the Products by Purchaser, its agents or employees for any purpose after delivery shall constitute completion of installation.

13. PATENT, TRADEMARK AND OTHER INFRINGEMENT CLAIMS

13.1 Infringement by Seller. Seller warrants that the Products manufactured by Seller and sold hereunder do not infringe any U.S. patent or copyright. If Purchaser receives a claim that any such Product, or parts thereof, infringe upon the rights of others under any U.S. patent or copyright, Purchaser shall notify Seller immediately in writing. As to all infringement claims relating to Products or parts manufactured by Seller or one of its affiliates:

(a) Purchaser shall give Seller information, assistance and exclusive authority to evaluate, defend and settle such claims.

(b) Seller shall then, at its own expense, defend or settle such claims, procure for the Purchaser the right to use the Products, or remove or modify them to avoid infringement. If none of these alternatives is available on terms reasonable to Seller, then Purchaser shall return the Products to Seller and Seller shall refund to Purchaser the purchase price paid by the Purchaser less reasonable depreciation for Purchaser's use of the Products. The foregoing states Seller's entire obligation and liability, and the Purchaser's sole remedy, for claims of infringement.

13.2 Infringement by Purchaser. If some or all of the Products sold hereunder are made by Seller pursuant to drawings or specifications furnished by the Purchaser, or if Purchaser modifies or combines, operates or uses the Products other than as specified by Seller or with any product, data, software, apparatus or program not provided or approved by Seller, then the indemnity obligation of Seller under Section 13.1 shall be null and void and should a claim be made that such Products infringe the rights of any third party under patent, trademark or otherwise, then Purchaser shall indemnify and hold Seller harmless against any liability or expense, including reasonable attorneys' fees, incurred by Seller in connection therewith.

14. DESIGNS AND TRADE SECRETS; LICENSE; CONFIDENTIALITY

14.1 Any drawings, data, designs, software programs or other technical

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information supplied by Seller to Purchaser in connection with the sale of the Products are not included in the sale of the Products to Purchaser, shall remain Seller's property and shall at all times be held in confidence by Purchaser. Such information shall not be reproduced or disclosed to others without Seller's prior written consent.

14.2 For all goods purchased hereunder which utilize software for their operation, such "Applications Software" shall be licensed to Purchaser under the terms of Seller's Software License Schedule as attached hereto.

14.3 Diagnostic/Maintenance Software is not included under 14.2 above, is available only as a special option under a separate Diagnostic Materials License Agreement and may be subject to a separate licensing fee.

14.4 Seller and Purchaser shall maintain the confidentiality of any information provided or disclosed to the other party relating to the business, customers and/or patients of the disclosing party, as well as this Agreement and its terms (including the pricing and other financial terms under which the Purchaser will be purchasing the Products hereunder). Each party shall use reasonable care to protect the confidentiality of the information disclosed, but no less than the degree of care it would use to protect its own confidential information, and shall only disclose the other party's confidential information to its employees and agents having a need to know this information. The obligations of confidentiality set forth herein shall not apply to any information in the public domain at the time of disclosure or that is required to be disclosed by court order or by law.

15. ENGINEERING CHANGES

15.1 Seller makes no representation that engineering changes which may be announced in the future will be suitable for use on, or in connection with, the Products.

16. ASSIGNMENT

16.1 Neither party may assign any rights or obligations under this Agreement without the written consent of the other and any attempt to do so shall be void, except that Seller may assign this Agreement without consent to any subsidiary or affiliated company, and may delegate to authorized subcontractors or service suppliers any work to be performed under this Agreement so long as Seller remains liable for the performance of its obligations under this Agreement. This Agreement shall inure to and be binding upon the parties and their respective successors, permitted assigns and legal representatives. Seller shall have no obligations under this Agreement to any assignee of Purchaser that is not approved by Seller in advance.

17. DAMAGES, COSTS AND FEES

17.1 In the event that any dispute or difference is brought arising from or relating to this Agreement or the breach, termination or validity thereof, the prevailing party shall NOT be entitled to recover from the other party any punitive damages. The prevailing party shall be entitled to recover from the other party all reasonable attorneys' fees incurred, together with such other expenses, costs and disbursements as may be allowed by law.

18. MODIFICATION

18.1 This Agreement may not be changed, modified or amended except in writing signed by duly authorized representatives of the parties.

19. GOVERNING LAW; WAIVER OF JURY TRIAL

19.1 This Agreement shall be governed by the laws of the Commonwealth of Pennsylvania.

19.2 EACH OF THE PARTIES EXPRESSLY WAIVES ALL RIGHTS TO A JURY TRIAL IN CONNECTION WITH ANY DISPUTE UNDER THIS AGREEMENT.

20. COST REPORTING

20.1 Purchaser agrees that it will fully and accurately account for and report in all cost reports and otherwise fully and accurately disclose to federal and state health care program payors and fully and accurately reflect where and as appropriate to the applicable reimbursement methodology, all services and other items, including any and all discounts, received from Seller under this Agreement, in compliance with all applicable laws, rules and regulations, including but not limited to the Social Security Act and implementing regulations relating to Medicare, Medicaid and other federal and state health care reimbursement programs

21. INTEGRATION

21.1 These terms and conditions, including any attachments or other documents incorporated by reference herein, constitute the entire agreement and the complete and exclusive statement of agreement with respect to the subject matter hereof, and supersede any and all prior agreements, understandings and communications between the parties with respect to the Products.

22. SEVERABILITY; HEADINGS

22.1 No provision of this Agreement which may be deemed unenforceable will in any way invalidate any other portion or provision of this Agreement. Section headings are for convenience only and will have no substantive effect.

23. WAIVER

23.1 No failure and no delay in exercising, on the part of any party, any right under this Agreement will operate as a waiver thereof, nor will any single or partial exercise of any right preclude the further exercise of any other right.

24. NOTICES

24.1 Any notice or other communication under this Agreement shall be deemed properly given if given in writing and delivered in person or mailed, properly addressed and stamped with the required postage, to the intended recipient at its address specified on the face hereof. Either party may from time to time change such address by giving the other party notice of such change in accordance with this section.

25. RIGHTS CUMULATIVE

25.1 The rights and remedies afforded to Seller under this Agreement are in addition to, and do not in anyway limit, any other rights or remedies afforded to Seller by any other agreement, by law or otherwise.

26. END USER CERTIFICATION

26.1 Purchaser represents, warrants and covenants that it is acquiring the Products for its own end use and not for reselling, leasing or transferring to a third party (except for lease-back financings).

01/09 Rev.

Software License Schedule to the Siemens Medical Solutions USA, Inc. General Terms and Conditions

1. DEFINITIONS: The following definitions apply to this Schedule:

"Agreement" shall mean the attached (i) Quotation for Products and/or Services including the Terms and Conditions of Sale and applicable schedules; and/or (ii) Software License Agreement describing the software licensed herein and the specific system for which the license is issued.

"Licensor" shall mean Siemens Medical Solutions USA, Inc.

"Licensee" shall mean the end-user to whom Licensor provides Software or Documentation for its internal use under the Agreement.

"Software" shall mean the software described in the attached Agreement, including the following as contained therein: (i) software programs consisting of a series of statements or instructions to be used directly or indirectly in a programmable controller or computer to bring about a certain result and (ii) databases consisting of systemized collections of data to be used or referenced directly or indirectly by a programmed controller or computer. Notwithstanding the foregoing, "Software" does not include "firmware" as such term is conventionally understood. Diagnostic/Maintenance Software also is not included within the scope of the Software licensed under this Schedule, and is available only as a special option under a separate Diagnostic Materials License Agreement and may be subject to a separate licensing fee.

"Documentation" shall mean the documents and other supporting materials which are intended to support the use of an associated product, including (but not limited to) instructions, descriptions, flow charts, logic diagrams and listings of the Software, in text or graphic form, on machine readable or printed media.

"Designated Unit" shall mean a single control unit or computer identified on the first page of the Agreement, on which Software licensed hereunder may be used by Licensee.

2. SCOPE: The following terms and conditions shall apply to all Software and Documentation provided by Licensor to Licensee under the Agreement (whether included with other products listed in the Agreement or listed separately in the Agreement), together with any updates or revisions thereto which Licensor may provide to Licensee, and all copies thereof, except any Software and/or Documentation licensed directly by Licensor's supplier under a separate end-user license agreement accompanying the Software or the Documentation, in which case Licensee agrees to be bound by that license agreement as a condition to using the Software and/or Documentation. Except as expressly provided herein, and provided that in no event shall the warranties or other obligations of Licensor with respect to such Software or Documentation exceed those set forth in this Schedule, this Schedule shall be subject to the liability limitations and exclusions and other terms and conditions set forth in the Agreement. **ANY USE OF THE SOFTWARE, INCLUDING BUT NOT LIMITED TO USE ON THE DESIGNATED UNIT, WILL CONSTITUTE LICENSEE'S AGREEMENT TO THIS SOFTWARE LICENSE SCHEDULE (OR RATIFICATION OF ANY PREVIOUS CONSENT).**

3. SOFTWARE AND DOCUMENTATION LICENSE: Subject to the payment of any applicable annual license fee(s), whether stated separately or included in the purchase price of another product, and to Licensee's acceptance of all of the obligations set forth herein and to the fulfillment of those obligations, Licensor or, if applicable, its licensor or supplier, hereby grants to Licensee a paid-up, nonexclusive and nontransferable (except as expressly provided in this Schedule) limited license to use the Software provided by Licensor under the Agreement solely for Licensee's own use on the Designated Unit and to use the Documentation in support of Licensee's authorized use of the Software, for the purpose of operating the Designated Unit in accordance with the instructions set forth in the user's manual supplied with the Designated Unit and for no other purpose whatsoever. A separate license is required for each Designated Unit on which the Software is to be used. Licensee may obtain from Licensor one copy of the Software licensed hereunder for backup and archival purposes only as is necessary to support Licensee's own authorized use of the Software, provided that Licensee includes on or in all copies (in any form) all copyright, trade secret or other proprietary notices contained on or in the Software as provided by Licensor. Additional copies of the Documentation may be licensed from Licensor at its then applicable charges. Licensee may make the Software and Documentation (including any copies) available only to its employees and other persons on Licensee's premises to whom such disclosure is necessary to enable Licensee to use the Software or Documentation within the scope of the license provided in this Schedule. If the Software is supplied to any unit or agency of the United States Government other than

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Revised 03/15/05

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MI Warranty Information

<u>Product</u>	<u>Period of Warranty¹</u>	<u>Coverage</u>
MI-SPECT System or MI-PET System (not including radioactive sources and consumables)	12 month	Full Warranty (parts & labor including ALL CT tubes)

Following parts will include warranty as listed below:

Dura Akron Q CT tubes	Prorated to a maximum of 120,000 scan-seconds or 12 months whichever occurs first	Prorated credit given to customer against replacement cost	credit percentage = $(120,000 - \text{scan-seconds used}) / 120,000 * 100$
All other Dura CT tubes	Prorated to a maximum of 130,000 scan-seconds or 12 months whichever occurs first	Prorated credit given to customer against replacement cost	credit percentage = $(130,000 - \text{scan-seconds used}) / 130,000 * 100$
Straton CT tubes	12 month		

Post-Warranty (after expiration of system warranty) – Replacement parts only:

Spare Parts	6 month	Parts only	
Straton CT tubes	Prorated to a maximum of 160,000 scan-seconds or 12 months whichever occurs first	Prorated credit given to customer against replacement cost	credit percentage = $(160,000 - \text{scan-seconds used}) / 160,000 * 100$
Radioactive Sources	Not covered		
Consumables	Not covered		

Note: Optional extended warranty coverage can be obtained by purchase of a service agreement.

¹ Period of warranty commences from the date of first use or completion of installation, whichever occurs first. In the event the completion of installation is delayed for reasons beyond Siemens' control, the stated Warranty period shall commence 60 days after delivery of equipment.

Detailed Technical Specifications

Symbia T Series

Part No. / Product	Description
10275009 Symbia T6	<p>The Symbia T6 system consist of the following integrated TruePoint SPECT•CT features.</p> <p>Gantry Variable Angle, open design with 70 cm patient opening. The two High Definition Digital SPECT detectors can be configured at 76° or 90° for cardiac applications and at 180° for all other whole body and general protocols. Optional cephalic and caudal tilt of one detector allows for optimum detector positioning of static and dynamic acquisitions. The UFC (Ultra Fast Ceramic) multislice spiral CT detector rotates at 100 RPM (0.6 Sec per revolution). The contemporary design of the gantry incorporates Siemens-typical design elements like translucent cover materials and a fresh stripe décor. The unobstructed gantry base permits planar imaging of seated and standing patients and patients on wheelchairs, or on standard imaging tables, stretchers and gurneys.</p> <p>The gantry supports circular orbits and non-circular orbits using autocontour. Autocontour, with infrared real-time body contouring, is a standard component which minimizes patient to collimator distance to 1.2 cm (0.45 inches) in Whole Body and SPECT non-circular orbit acquisition modes.</p> <p>A fully integrated source holder is provided for quick and convenient quality control.</p> <p>Patient Bed The patient-oriented design of the imaging bed consists of 35.6 cm (14 inch) wide and 15 mm (0.6 inch) thin, carbon fiber pallet, supporting patient weights up to 227 kg (500 lbs). Minimum bed height is 53 cm (21 inches) for easy patient access. Programmable table positions for wheelchairs and gurneys minimize the transport efforts of patients and staff. Integrated rulers on each side of the patient bed, allow for quick whole body set up. The bed also provides automatic, uninterrupted table feed for multi-rotation continuous CT volume scanning The patient bed can easily removed for rail-free access of sitting/standing patients, wheelchairs, imaging tables, stretchers and gurneys.</p> <p>User Interface All motorized motions of the patient bed, gantry and detectors are controlled from the ergonomically designed hand controller which can be plugged into either side of the gantry.</p> <p>The Patient Positioning Monitor (PPM) is a touch screen flat panel display monitor which can be rotated for a wide range user access and visibility. It is used for the following functions: Patient Positioning with window and persistence adjustment - Acquisition Parameter display (elapsed time, time remaining, view number and count rate etc.) - Camera Information (detector and bed positions) -Gantry Control (Reconfiguration, Collimator Change, Offset Zoom, and Adjusting the CT acquisition limits.)</p> <p>syngo MI Workplace.Symbia A The syngo-based high performance workstation provides a standardized multi-modality graphical user interface, keyboard and mouse. SPECT and CT acquisition and processing are integrated in a single syngo MI Workplace. Workflows for a wide variety of clinical applications include the entire sequence from SPECT and CT acquisition parameters, image reconstruction and processing protocols, to archiving and printing.</p> <p>The syngo MI workplace.Symbia A has:</p> <ul style="list-style-type: none"> - Dual 2.6 GHz Core 2 Duo CPUs - 2 GB RAM - 4x73 GB Hard Drives - Workflow based architecture - Integrated DVD-R Writer <p>SPECT Acquisition</p>

Part No. / Product	Description
<p>(Continued) 10275009 Symbia T6</p>	<ul style="list-style-type: none"> - Planar static and dynamic - Whole Body - SPECT, gated, non-gated or both - Dynamic SPECT - Whole Body SPECT <p>CT Acquisition</p> <ul style="list-style-type: none"> - Topogram, scanning perspectives: anterior-posterior (ap), posterior-anterior (pa), lateral (lat) - Spiral CT, continuous volume scanning technique with uninterrupted table feed in the multi-rotation mode - Sequential CT, incremental, slice-by-slice imaging mode with no table movement during data acquisition <p>CT examination and evaluation functions:</p> <p>CARE Dose 4D: This software feature provides automatic, real-time x-ray dose management for all scan modes. The minimal x-ray dose level needed to obtain optimal image quality is determined from extensive computer analysis of the Topogram image and also from the data collected during every slice scanned, on a real time basis. This dual stage automatic approach ensures optimal image quality at the lowest possible x-ray dose.</p> <p>With this method of dose control, the initial or starting tube current for every axial slice position is determined from the Topogram image. Then, during the data acquisition for each axial slice, the x-ray attenuation values are closely monitored and the tube current is adjusted, on a real time basis, to optimize the x-ray dose level for the specific organs and anatomy in the x-ray path.</p> <p>Several clinical benefits are achieved with CARE Dose 4D:</p> <ul style="list-style-type: none"> - Significant x-ray dose reduction (up to 66 %) possible for all body regions scanned compared with standard sequence or spiral scanning; - Consistent, optimal image quality with the x-ray dose level unique for every patient and for every anatomical region; - Thinner axial slices and/or longer scan ranges possible because of reduced tube loading; - Ultra-low dose examinations for pediatric patients. <p>SureView™ – Multislice Image Reconstruction System</p> <ul style="list-style-type: none"> - Excellent Image Quality and no slice broadening at any pitch – IQ is kept constant for all scan speeds, independent of the selected range and scan time. - Up to 20% dose savings in spiral mode. <p>Asynchronous Recon: Asynchronous Recon allows for multiple image reconstructions and reformats, parallel to scanning. With this feature, up to eight reconstruction job requests can be loaded into a scan protocol. Immediately upon completion of the scan acquisition, these reconstruction jobs are automatically executed in the background without delaying the start of next patient examination.</p> <p>Image reconstruction: Reconstruction using raw data zoom with the possibility of freely selecting the image center either before scanning (prospectively) or retrospectively.</p> <p>Image display: CT value scale for window setting -1024 to +3071 HU. For very dense objects the CT value scale can be extended from -10240 to +30710 HU.</p> <p>Multiplanar Reconstruction (MPR) Real-time MPR for real-time reconstruction of secondary slices. Slice orientation: coronal, sagittal, irregular as well as multi-planar with SIR and Oblique. Cutlines can be determined using the reference tomogram or in sagittal reformatted images (SRI). 512 x 512 reconstruction matrix.</p> <p>Syngo 3D SSD</p>

Part No. / Product	Description
<p>(Continued)</p> <p>10275009</p> <p>Symbia T6</p>	<p>Used to display and analyze complex anatomies – e.g. skull, pelvis, and hips – for the purpose of planning surgical interventions.</p> <p>Workflow Features</p> <ul style="list-style-type: none"> - Combine Acquisition, Processing and Display in a single workflow - Automatic Data Propagation from Acquisition through Hardcopy - Workflows are highly automated - Each step (activity) of a workflow is highly automated - Workflows can be modified or customized by the user - Automatic Data Distribution upon completion of each workflow - Automatic Printing - Automatic Networking to DICOM Workstations - Automatic Archiving Workflows in progress can be saved to disk and retrieved for processing at a later time - Workflows are network resources - A single workflow can be processed on multiple workstations simultaneously - Workflows can start or link to other workflows <p>Quality Control (Quality Control Activity) Features</p> <ul style="list-style-type: none"> - Sinogram, Linogram, and Summed Image - Cine with reference line - Automatic and Manual Motion Correction - Static X / Y / Copy / Paste - Dynamic X / Y / Copy / Paste - Gated Histogram Review - Tomo X / Copy / Paste - Dynamic Tomo Repeat X / Copy / Paste - Dynamic Tomo X / Copy / Paste / Repeat Rejection <p>General Reconstruction (TOMO Reconstruction Activity)</p> <ul style="list-style-type: none"> - Process up to 5 series simultaneously - Multi-Isotope support (6 per series) - Standard Tomography and Dynamic Tomography reconstructions - Separate reconstruction parameters per series / isotope - 3D Elliptical Masking - Filtered Backprojection, OSEM 2D - Reconstructions - 3D Reconstruction Zoom - Trial Mode Reconstruction - Interactive Filter Tool Interactive Masking / Centering - Chang's Attenuation Correction <p>3D Reorientation</p> <ul style="list-style-type: none"> - Free angle reorientation of reconstructed series - Process up to 4 series simultaneously - Process 1 series to create 3 different series, each in a different plane <p>Image Fusion</p> <ul style="list-style-type: none"> - Automatic adjustment based on pixel size - Volume translation and rotation operations - Manual, interactive volume manipulations

Part No. / Product	Description
<p>(Continued) 10275009 Symbia T6</p>	<ul style="list-style-type: none"> - Manually enter desired translation and rotation parameters - Adjustable alpha blending display - Selectable viewing angles - Choice of output matrix size (64, 128, or 256) - Landmark registration technique <p>Cardiac Processing (Autocardiac Activity) Features</p> <ul style="list-style-type: none"> - Process up to 4 series simultaneously - Mixed Non-Gated and Gated Series - Separate reconstruction parameters per series / isotope 3D Elliptical Masking - Filtered Backprojection, Iterative-W, OSEM 2D - Coincidence Reconstruction - True 3D Reconstruction Zoom - Trial Mode Reconstruction - Interactive Filter Tool - Interactive Masking / Centering <p>Advanced SPECT/CT Reconstruction</p> <ul style="list-style-type: none"> - <u>Flash 3D</u> 3D OSEM reconstruction algorithm using 3D collimator modeling to increase image quality, while maintaining the exact shape of organs and lesions, with decreased noise and enhanced resolution. - <u>Attenuation Correction</u> Creates very precise coefficient maps from the high quality CT data to correct for attenuation from the patients body to increase reading accuracy. - <u>Scatter Correction</u> Uses patient specific scatter projection estimates from a generalized dual-or triple energy window method to compensate for scatter during the iterative reconstruction process to further improve image quality. <p>Customizable Displays</p> <p>Hardcopy and Print Preview of all results</p>
<p>08719341 HeartView CT & CS Pkg</p>	<p>Heartview CT:</p> <p>Scanning technique and program for ECG-controlled data acquisition and image reconstruction for the Symbia T2, T6 and T16 TruePoint SPECT-CT systems.</p> <p>For the Symbia T2:</p> <p>This option supports prospective ECG-triggered sequence scanning to obtain CT images of the heart in defined phases of the cardiac cycle. Prospective ECG-triggered sequence scanning can be acquired with temporal resolution as fast as 400 ms. With every gantry rotation, two images are acquired simultaneously.</p> <p>ECG-controlled imaging techniques are the basis for both the quantification of coronary calcifications (calcium scoring) and 3D reconstructions of cardiovascular anatomy.</p> <p>For the Symbia T6 and T16:</p> <p>This option supports prospective ECG-triggered sequence scanning and retrospective ECG-gated spiral scanning to obtain CT images of the heart in defined phases of the cardiac cycle.</p> <p>Prospective ECG-triggered sequence scanning can be acquired with temporal resolution as fast as 300 ms. With every gantry rotation, six images are acquired simultaneously. The retrospective ECG-gated spiral scanning technique is based on a continuous spiral scan with simultaneous ECG recording. The cardiac spiral reconstruction allows volume imaging in selectable phases of the cardiac cycle with a temporal resolution as fast as 150 ms.</p> <p>With retrospective ECG-gated spiral scans, the ECG signal can be edited for improved image quality in the case of severe arrhythmia. A dedicated "Preview" tool enables the planning of the volume reconstruction during an optimal</p>

Part No. / Product	Description
<p>(Continued) 08719341 HeartView CT & CS Pkg</p>	<p>cardiac phase on the basis of axial single slices. With ECG-pulsed control of the tube current, a dose reduction of approx. 50% can be achieved with retrospective ECG-gated spiral scans.</p> <p>ECG-controlled imaging techniques are the basis for both the quantification of coronary calcifications (calcium scoring) and 3D reconstructions of cardiovascular anatomy. Retrospective ECG gating also allows functional imaging of the heart. Moreover, these techniques suppress pulsation or motion artifacts in the lung and in vessels close to the heart (e.g. ascending aorta).</p> <p>sygno Calcium Scoring for Symbia:</p> <p>A dedicated application supports volumetric processing of the data and treats individual calcified lesions as 3D objects. For effective visualization the Calcium Scoring application allows axial images to be displayed together with fast, interactive MIPs. On each image the user can mark calcified regions in up to four coronary arteries. The tabular display showing the score of the four arteries is updated automatically.</p> <ul style="list-style-type: none"> - Supports all the usual quantification algorithms: Agatston scoring, volumetric scoring and calcium mass quantification. The effect of overlapping slices is compensated. The volume and mass can be determined on the basis of basic volumetric scoring or volumetric scoring with continuous interpolation. The calcium mass is determined in equivalent CaHA units and is calibrated automatically via the scan mode. The threshold for identifying coronary calcifications is configurable. - Semiautomatic selection of coronary calcifications by "3D picking" functionality, which allows automatic volumetric region growing of connected lesions in successive slices. - Selection/deselection of regions which contribute to calcium scoring. - User-defined assignment of lesions to one of the four arteries (LM, LAD, CX, RCA) or to other lesions or structures. - 3D editing of lesions. - Image annotation. - Detailed printout of the scoring table on film or (optional) printing of the report on a postscript printer. - Documentation of single images on film. - Storage of single images including the lesions identified by scoring. - Interface to user-defined reference database. <p>Generation of a configurable report with individual images, incl. annotation, and assignment of the scoring values based on the user-defined reference database.</p>
<p>10275012 Symbia T Series Processing Wrkplc</p>	<p>System Features</p> <p>Hardware</p> <ul style="list-style-type: none"> - Dual 3.0 GHz Xeon CPUs - 2 GB RAM - 73 GB SAS Disk Drive for software - 147 GB SAS Disk Drive for patient data - 1333 MHz Front side bus - Integrated DVD-R Writer - 3 Button Mouse - Enhanced Keyboard <p>Quality Control (Quality Control Activity) Features</p> <ul style="list-style-type: none"> - Sinogram, Linogram, and Summed Image - Cine with reference line - Automatic and Manual Motion Correction - Static X / Y / Copy / Paste - Dynamic X / Y / Copy / Paste - Gated Histogram Review

Part No. / Product	Description
<p>(Continued) 10275012 Symbia T Series Processing Wrkplc</p>	<ul style="list-style-type: none"> - Tomo X / Copy / Paste - Dynamic Tomo Repeat X / Copy / Paste - Dynamic Tomo X / Copy / Paste / Repeat Rejection <p>General Reconstruction (TOMO Reconstruction Activity)</p> <ul style="list-style-type: none"> - Process up to 5 series simultaneously - Multi-Isotope support (6 per series) - Standard Tomography and Dynamic Tomography reconstructions - Separate reconstruction parameters per series / isotope - 3D Elliptical Masking - Filtered Back-projection and OSEM 2D - Reconstructions - 3D Reconstruction Zoom - Trial Mode Reconstruction - Interactive Filter Tool Interactive Masking / Centering - Chang's Attenuation Correction <p>Cardiac Processing (Autocardiac Activity) Features</p> <ul style="list-style-type: none"> - Process up to 4 series simultaneously - Mixed Non-Gated and Gated Series - Separate reconstruction parameters per series / isotope 3D Elliptical Masking - Filtered Backprojection, Iterative-W, and OSEM 2D - Coincidence Reconstruction - True 3D Reconstruction Zoom - Trial Mode Reconstruction - Interactive Filter Tool - Interactive Masking / Centering <p>Advanced SPECT/CT Reconstruction</p> <ul style="list-style-type: none"> - <u>Flash 3D</u> 3D OSEM reconstruction algorithm using 3D collimator modeling to increase image quality, while maintaining the exact shape of organs and lesions, with decreased noise and enhanced resolution. - <u>Attenuation Correction</u> Creates very precise coefficient maps from the high quality CT data to correct for attenuation from the patients body to increase reading accuracy. - <u>Scatter Correction</u> Uses patient specific scatter projection estimates from a generalized dual-or triple energy window method to compensate for scatter during the iterative reconstruction process to further improve image quality. <p>Advanced Image Fusion</p> <ul style="list-style-type: none"> - Advanced Image Fusion includes the 3D Package, Image Fusion, and Automatic Image Fusion. Images from NM, PET, CT, MR, and AX are supported. <p>3D Package Navigate through volume data and to create surface shaded and maximum intensity projection images. The package contains the following features:</p> <ul style="list-style-type: none"> - Surface Shaded Display - Maximum Intensity Projection (MIP) - MPR user defined Thickness - Interactive 3D volume rotation - Interactive 3 slice display - Oblique cuts at any angle within the volume - Storage of fused results as DICOM secondary capture images - Region of interest punch tool

Part No. / Product	Description
<p>(Continued) 10275012 Symbia T Series Processing Wrkplc</p>	<ul style="list-style-type: none"> - Curved cuts along any user defined pathway - Storage of 3D results <p>Image Fusion Package Functionality for spatial alignment, superimposition, and visualization of image data from one patient where image data has been generated by different modalities. Supports optimal diagnosis by fusing the morphological with the functional information.</p> <ul style="list-style-type: none"> - Easy-to-use visual alignment with 6 degrees of freedom (3X translation, 3X rotation) - Landmark based registration with convenient landmark editor for point-based registration using anatomical landmarks - Storage of transformation matrix after registration for later retrieval - Side by side visualization with correlated pointer and simultaneous scrolling - 2D alpha blending in monochrome or pseudo-color with adjustable balance between the two superimposed data sets. <p>Automatic Image Fusion Automatic image registration enhancements to the Image Fusion Package. Surface Matching and Mutual Information algorithms allow for mix of image registration between anatomic modalities and functional modalities.</p> <p>Volumetric Analysis for Tumor Imaging</p> <ul style="list-style-type: none"> - Viewing of SPECT and CT DICOM images including image fusion display for registered series. - Common display tools such as correlated cursors, quantitative color bar and interactive pixel value. - Default CT image windows. - 3D Volume of interest image masking. - Display of CT Maximum Intensity Projections (MIP). - Generation and display of SPECT whole body and static Maximum Intensity Projections. - 3D Reorientation of volume data. - Region of Interest (ROI) analysis and visualization - Volume of Interest (VOI) analysis and visualization - DICOM Attribute Edit Dialog <p>Image Manipulation Tools</p> <ul style="list-style-type: none"> - Series Filter - Series Arithmetic - Series Reformat - Series ROI & Curve <p>Organ-Based NM Processing</p> <p>Cardiac Planar Gated Blood Pool</p> <ul style="list-style-type: none"> - Left and Right Ventricular EF Analysis - Regional EF Analysis - Automated Image Filtering - Automatic or Manual ROI determination - Functional Image Creation - Curve Analysis - Filling and Emptying Rate Analysis <p>Shunt Analysis</p> <ul style="list-style-type: none"> - Automatic Composite Creation - Curve Smoothing and Fitting Options - Integral Calculation for Patient and Shunt Curve - Shunt Qp/Qs via Area Method - Shunt Qp/Qs via Height Method

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Part No. / Product	Description
(Continued) 10275012 Symbia T Series Processing Wrkplc	<p>Lung Analysis</p> <ul style="list-style-type: none"> - Total or Segmented analysis - Perfusion Quantitation - L/R Lung Comparison - Geometric Mean Calculation - Single Lung Processing <p>Thyroid Analysis</p> <ul style="list-style-type: none"> - Automatic or Manual ROI determination - Uptake, Countrate, Area and Volume Calculations - Single Lobe Processing - 6 and 24 Hour Uptake <p>Renal Analysis</p> <ul style="list-style-type: none"> - Automatic or Manual ROI Determination - Gates GFR - Oberhausen ERPF - Itoh ERPF - Oriuchi MAG3 - MAG3 without Blood Sample - Transplant - Captopril Comparison - Curve Analysis - R/L Ratio - Bubeck (TER) Processing <p>Gastric Emptying Analysis</p> <ul style="list-style-type: none"> - Automatic or Manual ROI Determination - Dual Isotope / energy window support - Geometric Mean Calculation - Curve Fitting Routines - Liquid / Solid Processing - Emptying Calculations <p>Hepatobiliary</p> <ul style="list-style-type: none"> - Automatic or Manual ROI Determination - EF Calculations - Dynamic and Static Methods supported - User Defined Interval EF Processing <p>Brain Analysis</p> <ul style="list-style-type: none"> - ROI Quantitation and Ratio Analysis - Bloodflow Analysis - Patlok Plot & Cerebral Bloodflow - Lassen Method - IMP - IMP-ARG - NIMS <p>Customizable Displays</p> <p>Hardcopy and Print Preview of all Results</p>

Part No. / Product	Description
10183459 SPECT/CT 1/2 Time Imaging	The SPECT/CT 1/2 Time Imaging package is based upon a statistical, adaptive de-noising and de-blurring process for planar images and longitudinal whole body bone scans. It can be used to shorten the acquisition time of planar images without loss in image quality. Alternatively, current acquisition times can be maintained to produce better looking images.
07833283 Symbia 3/8" Hi-Res. Det. /Tub Asm.	<p>The Symbia® utilizes an energy independent HD High Definition Digital Detector (two are required), each with a true rectangular FOV of 38.7 x 53.3 cm (15.25" x 21"). Each detector has 59 Photomultiplier tubes:</p> <ul style="list-style-type: none"> - 53 7.6 cm (3") diameter - 6 5.1 cm (2") diameter - 3/8 inch (0.95 cm) NaI (Ti) crystal - 59.1 x 44.5 cm (23 x 17.4 inch) <p>The HD Detectors include:</p> <ul style="list-style-type: none"> - OptiMath light interface for balanced performance between energy and spatial resolution. - One 10-bit high speed flash ADC per PMT. PMTs are bonded with a patented process for maximum light transmission - VariSEL (Variable PMT Selection) which is a unique energy independent method for tube selection used for event positioning that ensures high resolution for all multi-energy and multi-peak applications. - Dynamic Digital Integration which optimizes the integration time on an event by event basis as count rate demands, dramatically improving high count rate capability. - TriplePUR provides individual PMT pile-up correction for improved performance at high count rates. - Digital Light Pipe for energy independence which maintains clinical performance at all energies, important for multi-peak isotopes such as Tl-201, Ga-67 or dual isotope studies, and for off-peak imaging. The Digital Light Pipe obviates the need for count skimming on-line flood corrections for each photopeak. Six user-accessible energy windows are available. - LIPC, location independent position calculator, used to maintain consistent spatial resolution across the entire true rectangular field of view. - ZLC Energy and Linearity Correction, which corrects crystal variations for optimal uniformity and linearity at all energies without the need for user re-calibration. - DIGITRAC PMT Gain Control, which uses a single source of either Co-57 or Tc-99m to tune each detector for all energy ranges. - Uptime Optimized Serviceability, from the Digital Acquisition Controller, which is capable of testing individual systems down to the PMT and preamplifier, the most specific component resolution in the industry.
10273914 AutoQC source kit	<p>The useful life of the 370 MBq (10 mCi) Gd-153 line, used for daily extrinsic floods and monthly multi-head registration procedures, is 2 years. The useful life of the 1.85 MBq (50 µCi) Co-57 point, used for intrinsic floods, is 1 year.</p> <p>Sources that have been replaced are returned to the source vendor for disposal. Return shipment costs are not included in the purchase price.</p>

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Part No. / Product	Description
07830909 Remote Diagnostic Services	<p>A broadband connection is required for full remote diagnostic functionality and optimal system uptime. The Remote Diagnostic Services option allows for remote access to your networked workstations. This service includes all the necessary hardware, software and configuration required to access your equipment remotely for the purposes of remote diagnostics. Features include:</p> <ul style="list-style-type: none"> -Image Transfer -Access to automatic Virus Protection updates -Error log retrieval -Remote Workflow revisions -Remote configuration -License management -Remote workstation control via netmeeting
10097270 MI University	<p>Molecular Imaging University (MI-U) is the ultimate training resource for the interpreting physician, the referring physician and the technologist working with Siemens PET/CT and SPECT/CT systems. MI University is exclusively offered to customers of Siemens Molecular Imaging.</p>
10183766 Cardiology Engine SPECT CT Cedars	<p>The Cardiology Engine SPECT/CT provides the Cedars Cardiac SPECT Suite, a comprehensive set of quantitation program for the evaluation of SPECT Myocardial Perfusion Imaging</p> <p>The engine calculates a comprehensive set of cardiac parameters including ejection fractions, volumes, wall motion including right ventricular free wall motion in QBS, wall thickening, perfusion (%). QPS allows for the quantitation of prone SPECT data and of serial perfusion changes. Both 20 and AHA-17 segment scoring models are available. In addition to calculating an Eccentricity Index, QGS also calculates a more regional measure of LV shape known as the Shape Index. Displays include gated slices with contours, a motion frozen display which results in better resolution and contrast by eliminating motion of the cardiac cycle, interactive 3D images, and polar maps. Manual over-ride of contours and DICOM compatible output are additional features. Outputs include DICOM secondary capture files, result files as well as the ability to generate an AVI file format. The Cedars application is an OEM product developed and supported by Cedars Sinai.</p> <p><i>Applications include: Cedars Cardiac SPECT Suite</i></p>
10183750 MI Processing Engine	<p>Cardiac Processing (Autocardiac Activity) Features</p> <ul style="list-style-type: none"> - Process up to 4 series simultaneously - Mixed Non-Gated, Gated, Profile series simultaneously Profile simultaneous AC and Non-AC Multi-Isotope support (6 per series) - Separate reconstruction parameters per series / isotope 3D Elliptical Masking - Filtered Backprojection, Iterative-W, OSEM 2D, or OSEM 3D (optional) Reconstructions - Coincidence Reconstruction - True 3D Reconstruction Zoom - Trial Mode Reconstruction - Interactive Filter Tool - Interactive Masking / Centering <p>General Reconstruction (TOMO Reconstruction Activity)</p> <ul style="list-style-type: none"> - Process up to 5 series simultaneously - Multi-Isotope support (6 per series) - Standard Tomography and Dynamic Tomography reconstructions - Separate reconstruction parameters per series / isotope - 3D Elliptical Masking - Filtered Backprojection, OSEM 2D or 3D (optional) Reconstructions - 3D Reconstruction Zoom - Trial Mode Reconstruction - Interactive Filter Tool Interactive Masking / Centering - Chang's Attenuation Correction <p>Quality Control (Quality Control Activity) Features</p>

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Part No. / Product	Description
(Continued) 10183750 MI Processing Engine	<ul style="list-style-type: none"> - Sinogram, Linogram, and Summed Image - Cine with reference line - Automatic and Manual Motion Correction - Static X / Y / Copy / Paste - Dynamic X / Y / Copy / Paste - Gated Histogram Review - Tomo X / Copy / Paste - Dynamic Tomo Repeat X / Copy / Paste - Dynamic Tomo X / Copy / Paste / Repeat Rejection <p>Image Fusion</p> <ul style="list-style-type: none"> - Automatic adjustment based on pixel size - Volume translation and rotation operations - Manual, interactive volume manipulations - Manually enter desired translation and rotation parameters - Adjustable alpha blending display - Selectable viewing angles - Choice of output matrix size (64, 128, or 256) - Landmark registration technique <p>Organ Based Processing</p> <p>3D Reorientation</p> <ul style="list-style-type: none"> - Free angle reorientation of reconstructed series - Process up to 4 series simultaneously - Process 1 series to create 3 different series, each in a different plane <p>Cardiac Planar Gated Blood Pool</p> <ul style="list-style-type: none"> - Left and Right Ventricular EF Analysis - Regional EF Analysis - Automated Image Filtering - Automatic or Manual ROI determination - Functional Image Creation - Curve Analysis - Filling and Emptying Rate Analysis <p>Shunt Analysis</p> <ul style="list-style-type: none"> - Automatic Composite Creation - Curve Smoothing and Fitting Options - Integral Calculation for Patient and Shunt Curve - Shunt Qp/Qs via Area Method - Shunt Qp/Qs via Height Method <p>Optional Cardiac Packages</p> <ul style="list-style-type: none"> - Corridor4DM - Cedars Cardiac Suite - Emory Cardiac Toolbox - cardio•Flash - onco•Flash

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Part No. / Product	Description
(Continued) 10183750 MI Processing Engine	<p>Lung Analysis</p> <ul style="list-style-type: none"> - Total or Segmented analysis - Perfusion Quantitation - L/R Lung Comparison - Geometric Mean Calculation - Single Lung Processing <p>Thyroid Analysis</p> <ul style="list-style-type: none"> - Automatic or Manual ROI determination - Uptake, Countrate, Area and Volume Calculations - Single Lobe Processing - 6 and 24 Hour Uptake <p>Renal Analysis</p> <ul style="list-style-type: none"> - Automatic or Manual ROI Determination - Gates GFR - Oberhausen ERPF - Itoh ERPF - Oriuchi MAG3 - MAG3 without Blood Sample - Transplant - Captopril Comparison - Curve Analysis - R/L Ratio - Bubeck (TER) Processing <p>Gastric Emptying Analysis</p> <ul style="list-style-type: none"> - Automatic or Manual ROI Determination - Dual Isotope / energy window support - Geometric Mean Calculation - Curve Fitting Routines - Liquid / Solid Processing - Emptying Calculations <p>Hepatobiliary</p> <ul style="list-style-type: none"> - Automatic or Manual ROI Determination - EF Calculations - Dynamic and Static Methods supported - User Defined Interval EF Processing <p>Brain Analysis</p> <ul style="list-style-type: none"> - ROI Quantitation and Ratio Analysis - Bloodflow Analysis - Patlok Plot & Cerebral Bloodflow - Lassen Method - IMP - IMP-ARG - NIMS

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Part No. / Product	Description
(Continued) 10183750 MI Processing Engine	Image Manipulation <ul style="list-style-type: none"> - Series Filter - Series Arithmetic - Series Reformat - Series ROI & Curve
05245316 UPS for e.soft/c.cam (60 Hz)	Specifications: 1.4 KVA Input configuration: 120 VAC, 5-15P Output configuration: 120 VAC, (6) 5-15R
MI_SPEC_INITIAL_32 Initial onsite training 32 hrs	Up to (32) hours of on-site clinical education training, scheduled consecutively (Monday – Friday) during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist. Uptime Clinical Education phone support is provided during the warranty period for specified posted hours. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.
MI_SPEC_FLWUP_32 MI_SYMB_FOLLOWUP P	Up to (32) hours of follow-up on-site clinical education training, scheduled consecutively (Monday – Friday) during standard business hours for a maximum of (4) imaging professionals. Uptime Clinical Education phone support is provided during the warranty period for specified posted hours. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.
MI_SPEC_INT_BCLST Basic SymbiaT Class	Tuition for (1) imaging professional to attend a Siemens Classroom Course at Siemens Training Center. The objectives of this class are to introduce the user interface of the common <i>syngo</i> platform and instructions on building protocols, demonstration of software functions, and hands-on sessions. This class includes lunch, economy airfare, and lodging for (1) imaging professional. All arrangements must be arranged through Siemens designated travel agency. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.
MI_SPEC_CTRSTR CT Cross Trainer (Printed Self Study)	CT Cross Trainer printed self study materials for (1) imaging professional. These materials will provide the user with basic CT knowledge by testing the participant periodically. Successful completion of the self study program will provide the participant with CE credits. CT Cross Trainer printed self study materials for (1) imaging professional. These materials will provide the user with basic CT knowledge by testing the participant periodically. Successful completion of the self study program will provide the participant with CE credits. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.
MI_SPECT_PM MI SPECT Project Management	A Siemens Project Manager (PM) will be the single point of contact for the implementation of your Siemens equipment. The assigned PM will work with the customer's facilities management, architect or building contractor to assist you in ensuring that your site is ready for installation. Your PM will provide initial and final drawings and will coordinate the scheduling of the equipment, installation, and rigging, as well as the initiation of on-site clinical education.
MI_SPEC_ADD_12 Additional onsite training 12 hours	Up to (12) hours of on-site clinical education training, scheduled consecutively (Monday – Friday) during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist if applicable. This educational offering must be completed (12) months from date of purchase order. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.

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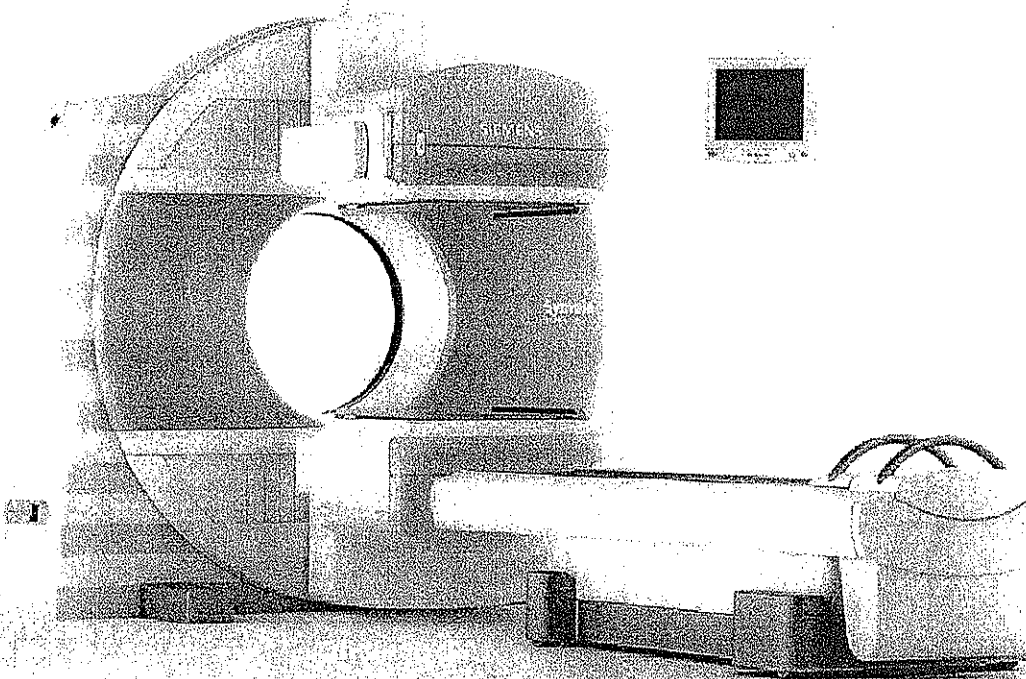
Part No. / Product	Description
MI_SPEC_CT_BCLS Basic SymbiaT Class (Optional)	Tuition for (1) imaging professional to attend a Siemens Classroom Course at Siemens Training Center. The objectives of this class are to introduce the user interface of the common <i>syngo</i> platform and instructions on building protocols, demonstration of software functions, and hands-on sessions. This class includes lunch, economy airfare, and lodging for (1) imaging professional. All arrangements must be arranged through Siemens designated travel agency. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.
M2SCT211PET Stellant D PET/CT Injector (stand) (Optional)	<p>Stellant D Dual Head injector – pedestal mounted. The Stellant D PET/CT injector is a dual syringe injection system that enables clinicians to perform the most critical CT contrast exams, including cardiac CT and coronary CTA.</p> <ul style="list-style-type: none"> - Real-time display of injection pressure in graph form. - Snap-on / twist-off syringe design. - Automatic plunger advance and retract when attaching and detaching syringes. - Automatic filling and priming with the touch of a button. - Stores and recalls up to 32 protocols. - Multi-phase programming (and patented Hold/Pause feature) - Programmable pressure limit <p>Installation, applications and one year warranty provided by Medrad.</p> <p>This product has been tested and verified for compatibility with the following Siemens' products: Biograph and mCT. Compatibility with other products cannot be guaranteed and used w/any other products may void service contracts and/or system warranties.</p> <p>Additional Options Available: M2SCTXDS700P - MEDRAD XDS™ extravasation detector – Pedestal M2SCTUFKP3TC - MEDRAD P3T Cardiac</p>

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SYMBIA T6

TYPICAL ROOM PLAN

MI



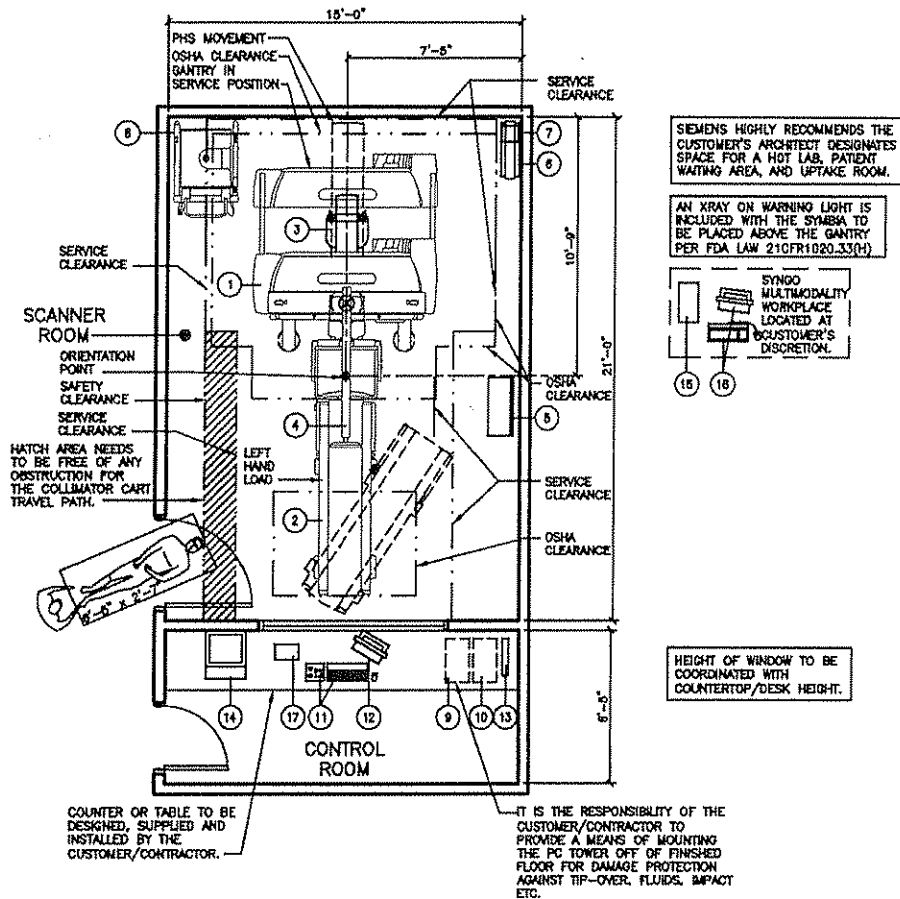
The intended use for this Cut Sheet is to communicate the spatial requirements as well as the basic architectural, electrical, structural, and mechanical requirements for this piece of imaging equipment. The information provided in this document is for reference only, during the pre-planning stage, and therefore does not contain any site specific detailed requirements. This information is subject to change without notice. Federal, state and/or local requirements may impact the final placement of the components. It is the customer's responsibility to ensure that the final layout and placement of the equipment complies with all applicable requirements.

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NOT FOR CONSTRUCTION.

SYMBIA T6 TYPICAL ROOM PLAN

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TYPICAL PLAN

SCALE: 1/8" = 1'-0"

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NOT FOR CONSTRUCTION.

SYMBIA T6 SPECIFICATIONS

MI

EQUIPMENT LEGEND

NO	DESCRIPTION	SMS SYM	WEIGHT (LBS)	BTU/HR TO AIR	DIMENSIONS (INCHES)			REMARKS
					W	D	H	
①	SYMBIA T6 GANTRY W/COLLIMATORS	Ⓔ	7413	24574	93	84 1/2	90 1/2	6,828 BTU ON STANDBY. WEIGHT INCLUDES WORST CASE WEIGHT WITH (2) HIGH ENERGY COLLIMATORS 275 LBS. EACH
②	FRONT PHS WITH ACC/AQC (OPTION)	Ⓕ	3505	----	31 1/8	97 1/2	23 3/16	WEIGHT CALCULATED WITH 1 SET LOW AND MEDIUM ENERGY COLLIMATORS.
③	REAR PHS WITH SNAC	Ⓖ	504	----	----	----	----	
④	PATIENT BOOM SWING ARM	Ⓖ	----	----	----	----	----	
⑤	LINE CONNECTION BOX	Ⓖ	227	1365	29 1/2	11 3/4	32	
⑥	UPS FOR SPECT SYMBIA (OPTION)	Ⓖ	120	1024	10	28 3/8	17 7/8	
⑦	TRANSFORMER FOR SPECT UPS (SPS) (OPTION)	Ⓖ	----	----	----	----	----	CUSTOMER SUPPLIED PRIOR TO INSTALLATION SEE PG. E-501 POWER DIAGRAM
⑧	COLLIMATOR CART (EMPTY) (OPTION)	Ⓖ	400	----	47 3/8	32 5/8	47 1/2	WORST CASE 1330 LBS. WITH 1 SET HE AND 1 SET ME
⑨	IMAGE CONSTRUCTION SYSTEM FOR SYNGO MI (ACQUISITION) WORKPLACE	Ⓖ	66	2398	8	22	18	ON FLOOR UNDER COUNTER - TOTAL COMPUTER EQUIPMENT
⑩	IMAGE RECONSTRUCTION SYSTEM FOR SYNGO MI (ACQUISITION) WORKPLACE	Ⓖ	66		8	22	18	ON FLOOR UNDER COUNTER
⑪	CONTROL AND KEYBOARD	Ⓖ	----	----	----	----	----	ON CUSTOMER'S COUNTER
⑫	18" MONITOR	Ⓖ	31	----	18 3/8	2 5/8	14 13/16	ON CUSTOMER'S COUNTER
⑬	SYNGO MI (ACQUISITION) WORKPLACE UPS FOR IMS (VERTICAL) STANDARD COMPONENT	Ⓖ	67	----	17	19 1/2	4	ON FLOOR UNDER COUNTER
⑭	LASER CAMERA (OPTION)	Ⓖ	----	----	----	----	----	SEE MANUFACTURER'S SPECS
⑮	SYNGO MULTI MODALITY WORKPLACE (OPTION)	Ⓖ	55	----	19 3/4	10	23 5/8	ON FLOOR UNDER COUNTER
⑯	SYNGO MULTI MODALITY WORKPLACE KEYBOARD AND MONITOR (OPTION)	Ⓖ	----	----	----	----	----	ON CUSTOMER'S COUNTER
⑰	DVD (OPTION)	Ⓖ	----	----	----	----	----	ON CUSTOMER'S COUNTER

CASEWORK & ACCESSORY NOTES

- 1) ALL CASEWORK IS EITHER EXISTING OR IS TO BE DESIGNED, DETAILED, FURNISHED AND INSTALLED BY THE CUSTOMER AND/OR CONTRACTOR. FOLLOW DESIGN RECOMMENDATIONS INCLUDED HEREWITH, AS THEY ARE ESSENTIAL FOR THE SUCCESSFUL INSTALLATION & OPERATION OF THE SIEMENS EQUIPMENT.
- 2) ALL FURNITURE (CHAIRS, ETC.) FOR THE CONTROL ROOM ARE TO BE PROVIDED BY THE CUSTOMER.

REMOTE SYSTEM DIAGNOSTICS

SIEMENS REMOTE SERVICES (SRS) REQUIRES A CONNECTION BETWEEN THE SRS REMOTE SERVER AND SIEMENS SYSTEMS VIA REMOTE LOCAL AREA NETWORK ACCESS, TO ENSURE THE UPTIME OF YOUR SYSTEM.

THIS SERVICE REQUIRES ONE OF THE FOLLOWING CONNECTION METHODS:

1. (PREFERRED) VPN - WHERE THE CUSTOMER HAS AVAILABLE A VPN CAPABLE FIREWALL OR OTHER VPN APPLIANCE.
2. (OPTIONAL) *SRS ROUTER* - CONNECTED TO ANALOG PHONE LINE VIA *ANALOG MODEM*, ETHERNET CONNECTION TO CUSTOMER'S LAN, AND A POWER OUTLET.

NOTE: = *SUPPLIED BY SIEMENS*

FINISHED ROOM HEIGHT

SYMBIA T, T2, T6 OR T16	MINIMUM 8'-0"
SYMBIA T, T2, T6 OR T16 WITH CEILING MOUNTED COMPONENT OTHER THAN RADIATION ON LAMP	MINIMUM 8'-0" MAXIMUM 12'-0"

CONSIDER THE WARNING LIGHT WILL BE BE PLACED ON TOP OF THE PATIENT BOOM. ANY OTHER CEILING MOUNTED COMPONENT MUST BE PLACED AS TO NOT COLLIDE WITH WARNING LIGHT.

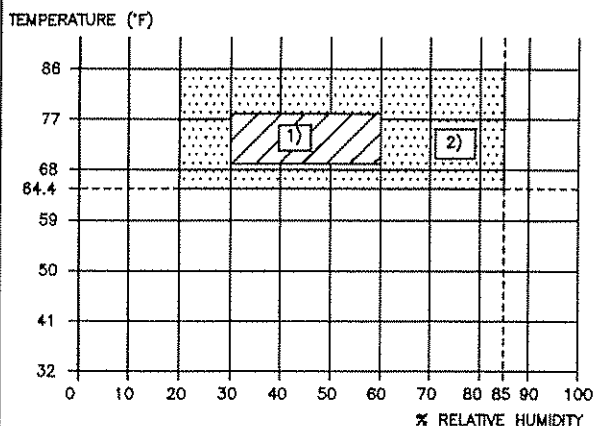
FOR MORE INFORMATION

FOR MORE DETAILED PLANNING REQUIREMENTS FOR THIS SYSTEM, SEE THE TYPICAL FINAL DRAWING SET NUMBER: TYPICAL #04104

SYMBIA T6 SPECIFICATIONS

MI

ENVIRONMENTAL REQUIREMENTS



- 1) RECOMMENDED OPERATING CONDITIONS
- 2) REQUIRED OPERATING CONDITIONS

TEMPERATURE, HUMIDITY, DUST, AIR CONTAMINATION:
REFER TO THE CLIMATOGRAM ABOVE FOR THE PERMITTED CLIMATE RANGE.

THE MAXIMUM TEMPERATURE GRADIENT IS 8°F PER HOUR.

THE OPTIMAL ENVIRONMENT FOR THE SCANNER ROOM AND THE SYSTEM IS 65°F-86°F WITH A RELATIVE HUMIDITY OF 20-80% NON-CONDENSING. THE OPTIMAL ENVIRONMENT FOR THE CONTROL ROOM 75°F (± 8°F/HR.) WITH A RELATIVE HUMIDITY OF 20-80%, NON-CONDENSING.

FOR EXTERNAL AIR SUPPLY (FRESH AIR) IT IS RECOMMEND THAT COURSE FILTERS OF THE CLASS EU3 TO EU4 BE USED ON-SITE TO FILTER OUT DUST PARTICLES > 10µm.

THE VENTILATION SHOULD ENSURE THAT AGGRESSIVE POLLUTANTS ARE PREVENTED FROM ENTERING THE ROOM. THE ROOM AIR SHOULD BE PROTECTED AGAINST CONTAMINATION BY HYDROGEN SULFIDE, EVEN IN SMALL AMOUNTS. THE MOST WELL KNOWN SOURCES OF HYDROGEN SULFIDE INCLUDE: EXHAUST FUMES AND WASTE WATER FROM DEVELOPERS, EXPOSED SEWER DRAINS, EXHAUST FUMES FROM DIESEL POWER UNITS. IF A DANGER OF SUCH CONTAMINATION EXISTS, CORRECTIVE ACTIONS HAVE TO BE TAKEN E.G.: EXTRACTOR FANS, SIPHON, AND MODIFICATION OF VENTILATION INTAKE.

RADIOACTIVE SOURCES

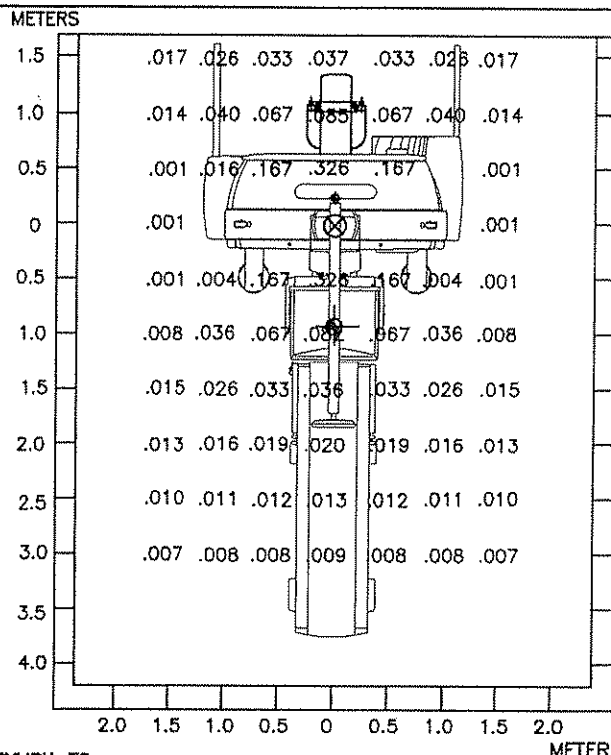
THE FOLLOWING RADIOACTIVE SOURCES ARE REQUIRED FOR THE SYMBIA T AT THE TIME OF INSTALLATION FOR CALIBRATION:

- 1) 10-30 mCi Co57 (COBAL 57) OR LIQUID FILLED Tc99 (TECHNETIUM 99) SHEET SOURCE (FOR EXTRINSIC FLOOD).
- 2) POINT SOURCE 30-35 uCi Tc99 (FOR INTRINSIC FLOODS, TUNING AND PEAKING).
- 3) QUANTITY OF 3 OR 5 1 mCi Tc99 POINT SOURCES (FOR MHR CALIBRATION).
- 4) QUANTITY OF 10 Tc99 POINT SOURCES WITH COMBINED ACTIVITY OF ALL SOURCES 5 mCi TO 20 mCi (FOR NM/CT FOV).

IT IS CUSTOMER'S RESPONSIBILITY TO OBTAIN THESE SOURCES PRIOR TO INSTALLATION. CO-57 RECTANGULAR FLOOD SHEET SOURCE MAY BE ORDERED FROM SIEMENS (ASK SIEMENS SALES ASSOCIATE). Tc99 MUST OBTAINED THROUGH CUSTOMER'S LOCAL RADIOACTIVE SOURCE PROVIDER.

THESE RADIOACTIVE SOURCES AREA NEEDED TO COMPLETE CALIBRATION OF EQUIPMENT. PLEASE NOTE SOURCE PROVIDERS WILL NOT SHIP SOURCES TO SITE WITHOUT A VALID RAM LICENSE.

RADIATION SCATTER



SYMBIA T6

MEASUREMENT IN uG/1 mAs

SCALE 1/4"=1'-0"

THE MEASUREMENT WAS TAKEN AT THE MAXIMUM SLICE THICKNESS OF 6 x 3 mm AT 130 kV AND 300 mAs/scan IN THE HORIZONTAL PLANE THROUGH THE SYSTEM AXIS WITH SPECT DETECTORS AT 180 DEG POSITION. THE PHANTOM USED WAS A CYLINDRICAL PMMA PHANTOM WITH A DIAMETER OF 32 CM AND 16 CM. THE PHANTOM WAS CENTERED IN THE TOMOGRAPHIC PLANE.

♦ INDICATES CT ORIENTATION POINT

⊗ INDICATES SPECT ORIENTATION POINT

NOISE LEVEL

SYSTEM COMPONENT	DECIBEL LEVEL (AT 3'-3" DISTANCE)
SPECT/CT GANTRY	68
FRONT PHS (PATIENT TABLE)	60
UPS FOR IMS	<45

1) NOISE DEPENDS ON THE ROOM TEMPERATURE AND THE PROCESSOR LOAD.

SYMBIA T6 SPECIFICATIONS

MI

RAM LICENSE

RAM LICENSE NEEDS TO BE APPLIED FOR THROUGH GOVERNMENT AGENCY AS EARLY AS POSSIBLE. PLEASE ADDRESS WITH YOUR RSO (RADIATION SAFETY OFFICER).

RAM LICENSE MUST BE OBTAINED NO LATER THAT 4 WEEKS AHEAD OF SCHEDULED DELIVERY. DELAY OF INSTALLATION MAY OCCUR IF SITE HAS NOT OBTAINED RAM LICENSE AT THIS TIME. RADIOACTIVE SOURCES NEEDED TO COMPLETE CALIBRATION OF EQUIPMENT WILL NOT BE SHIPPED TO SITE WITHOUT VALID RAM LICENSE.

RADIATION SAFETY

LEAD OR EQUIVALENT SHIELDING MAY BE REQUIRED IN THE WALLS OF THE SCANNER ROOM, HOTLAB AND/OR PATIENT PREPARATION AREAS. IT IS THE RESPONSIBILITY OF THE CUSTOMER TO VERIFY WITH THE SITE'S RADIATION SAFETY OFFICER THAT RADIATION DOSE RATES FROM THE PET PATIENT AND/OR ISOTOPE WILL NOT EXCEED LOCAL RADIATION SAFETY GUIDELINES IN THE ROOM ADJACENT TO SCANNER, HOTLAB, AND/OR PATIENT PREPARATION AREAS.

IMPROPER SHIELDING MAY AFFECT CAMERA'S PERFORMANCE.

TRANSPORT AND DELIVERY NOTES

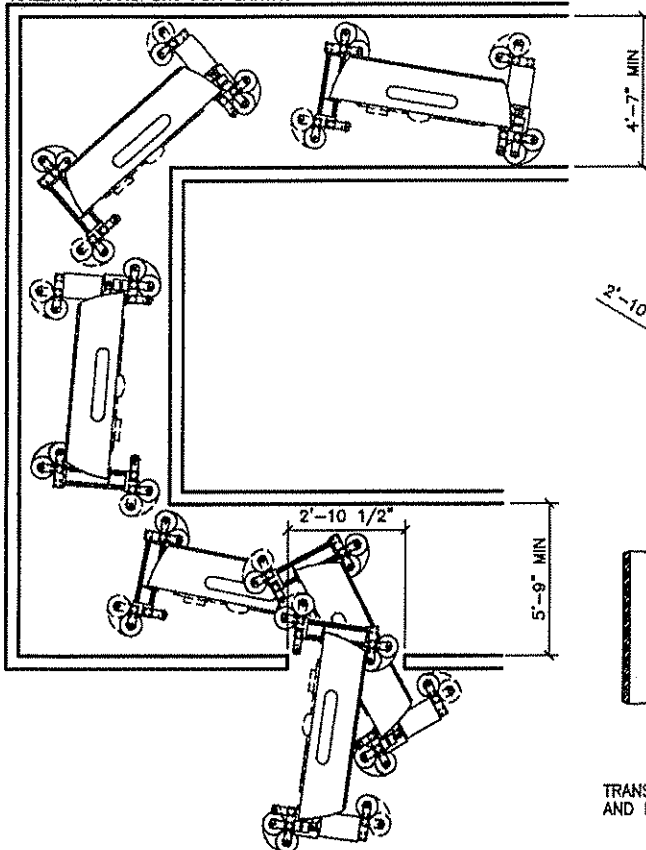
NM SUB-SYSTEM ON SKID	4,118 LBS.
CT SUB-SYSTEM	2,480 LBS.
FRONT PHS	2,745 LBS.
REAR PHS	505 LBS.

NORMAL TRANSPORT REQUIREMENTS:
DURING THE MOVEMENT OF THE GANTRY THROUGH CORRIDORS THE TRANSPORT CASTERS ARE SWIVELED OUT FOR STABILITY.

FRONT PHS REQUIRES THE SAME HALLWAY TRANSPORT ROUTE AS THE GANTRY AS SHOWN BELOW.

PLEASE CONSULT PLANNING GUIDE FOR ELEVATOR CLEARANCES FOR GANTRY AND FRONT PHS.

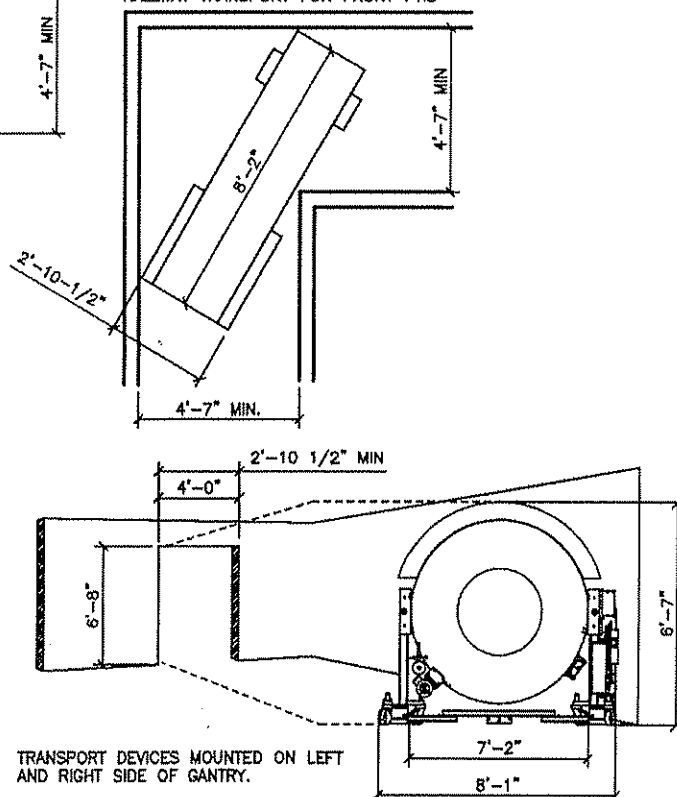
HALLWAY TRANSPORT FOR GANTRY



HALLWAY TO DOOR TRANSPORT:
TRANSPORTS MAY HAVE TO BE SWIVELED IN NARROW AREAS. ONCE SYSTEM HAS PASSED THROUGH NARROW AREA, THE TRANSPORT ROLLERS MUST BE SWIVELED OUT AGAIN FOR STABILITY.

TRANSPORTING GANTRY FLOOR LOAD:
ACCESS FLOORS MUST BE LAID OUT TO SUPPORT A LOAD MINIMUM 1296 LBS. DURING TRANSPORT OF THE GANTRY, HIGHER LOADS CAN OCCUR AT INDIVIDUALS POINTS IF THE FLOOR IS NOT LEVEL. COVER THE TRANSPORT PATH WITH SHEET METAL TO DISTRIBUTE THE FLOOR LOAD.

HALLWAY TRANSPORT FOR FRONT PHS



TRANSPORT DEVICES MOUNTED ON LEFT AND RIGHT SIDE OF GANTRY.

SYMBIA T6 SPECIFICATIONS

MI

POWER REQUIREMENTS

SYSTEM	LINE VOLTAGE (VOLTS)	POWER CONSUMPTION (KVA) SEE NOTE BELOW	AUTOMATIC CIRCUIT BREAKER (AMPS)	INCOMING LINE IMPEDANCE ($m\Omega$)	HZ
SYMBIA T6 SPECT/CT	3 ϕ 480 \pm 10%	74.8 KVA SCAN	100	320	60

POWER CONSUMPTION

SYMBIA T6 - LESS THAN OR EQUAL TO 70 KVA MAXIMUM POWER CONSUMPTION, LESS THAN OR EQUAL TO 3 KVA STANDBY

SPECT GANTRY, PHS, UPS, & SNAC - 4.8 KVA MAXIMUM POWER CONSUMPTION, LESS THAN OR EQUAL TO 1.5 STANDBY

TOTAL CONSUMPTION = 74.8 TOTAL STANDBY = 4.5 KVA

NOTE: THE SPECT UNITS NEED TO BE WIRED SINGLE PHASE TO NEUTRAL WITH A 20 AMP BREAKER AND 12 AWG WIRE.

DO NOT CONNECT ANY EXTERNAL USERS TO THE SPECT/CT POWER LINE. FOR SYMBIA T6 & T16, THE IMAGING SYSTEM IMS (ICS, IRS, AND MONITOR) MUST BE CONNECTED VIA THE UPS TO THE LCB. THE FUSE IS ALREADY INTEGRATED IN THE LCB.

AN ON/OFF SWITCH IN ACCORDANCE WITH UL 2601/CSA114 INCLUDING A SWITCH POSITION INDICATOR IS INTEGRATED IN THE LCB. A SEPARATE ON/OFF SWITCH MAY BE REQUIRED PER LOCAL CODE.

THE SCANNER AND CONTROL ROOM SHOULD BE EQUIPPED WITH AT LEAST ONE EACH EMERGENCY POWER OFF BUTTON.

FLOOR REQUIREMENTS

1) THE MINIMUM ALLOWABLE CONCRETE THICKNESS FOR NONSEISMIC REGIONS OF THE SCANNER ROOM FLOOR IS 4".

2) CONDITIONS OF FLOORING:

VIBRATION FREE LOCATION AS FOUND IN A TYPICAL CLINICAL ENVIRONMENT.

INSTALLATION OF THE GANTRY AND PATIENT TABLE ON:

CONCRETE FLOORING CLASS C20/25 TO C50/60.
COMPOSITE FLOORING OR ACCESS FLOOR WITH SUITABLE ON SITE MOUNTING FRAME, SUB CONSTRUCTION, OR EQUIVALENT STRUCTURE.

3) WEIGHT CAPACITY OF FLOORING SHOULD BE TESTED BY A STRUCTURAL ENGINEER.

4) ANY FLOORING OTHER THAN LISTED ABOVE REQUIRES AN ON SITE FRICTION FREE SUB CONSTRUCTION MADE FROM STEEL IN THE AREAS OF SUPPORT. PLEASE CONSULT STRUCTURAL ENGINEER.

5) THE MINIMUM EXTRACTION FORCE FOR THE POINTS WHERE THE PATIENT TABLE IS ATTACHED AS WELL AS FOR THE EXISTING MOUNTING FRAME AND RAISED OR DOUBLE FLOORING. ACCORDING TO IEC 60601-1, A SAFETY FACTOR OF 4 HAS TO BE OBSERVED.

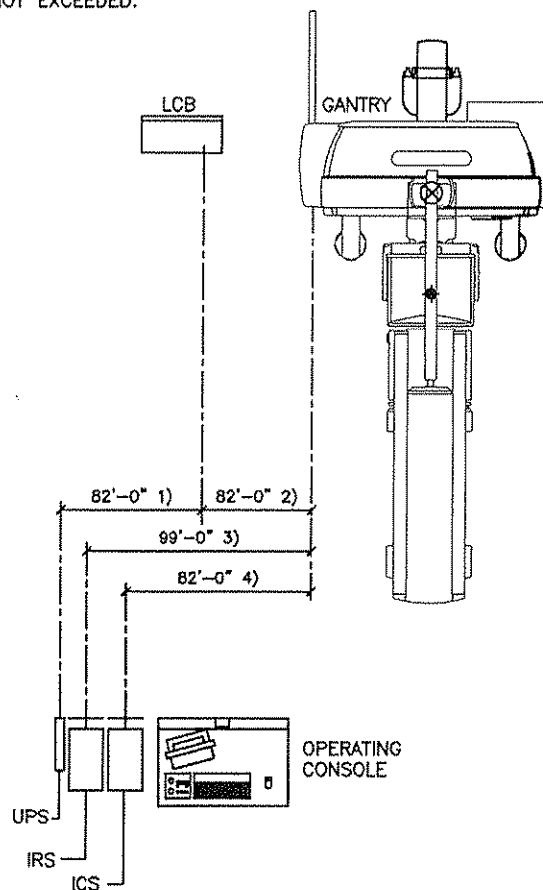
INSTALLATION ON A FLOATING FLOOR WITHOUT SUB-CONSTRUCTION IS PROHIBITED.

6) THE FLOOR MUST BE LEVEL WITH A MAXIMUM VARIANCE OF .5" FROM THE HIGHEST TO THE LOWEST POINT WITHIN THE INSTALLATION AREA.

7) THE BASE FRAME FOOT PADS ARE MOUNTED TO THE FLOOR USING (4) 5/8" X 3 1/2" ANCHORS.

MAXIMUM DISTANCES

THE MAXIMUM DISTANCE BETWEEN COMPONENTS IS CALCULATED AS THE DISTANCE FROM CABLE OUTLET TO CABLE OUTLET. VARIOUS ARRANGEMENTS OF COMPONENTS ARE POSSIBLE AS LONG AS THE DISTANCES SHOWN BELOW ARE NOT EXCEEDED.



- 1) LCB TO UPS THE OVERALL LENGTH OF CABLE IS 82'-0".
- 2) LCB TO THE SYMBIA T GANTRY THE OVERALL LENGTH OF CABLE IS 82'-0".
- 3) IRS TO THE SYMBIA T GANTRY THE OVERALL LENGTH OF CABLE IS 99'-0".
- 4) ICS TO THE SYMBIA T GANTRY THE OVERALL LENGTH OF CABLE IS 82'-0".

ATTACHMENT 2

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0054

General Hospital

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

Saint Francis Hospital and Medical Center of Hartford, CT, d/b/a Saint Francis Hospital and Medical Center is hereby licensed to maintain and operate a General Hospital.

Saint Francis Hospital and Medical Center is located at 114 Woodland Street and 500 Blue Hills Avenue, Hartford, CT 06105

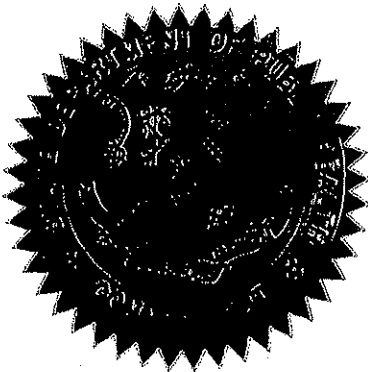
The maximum number of beds shall not exceed at any time:

65 Bassinets

617 General Hospital beds

This license expires **December 31, 2011** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2010. RENEWAL.



J. Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA,
Commissioner



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

May 20, 2010

via fax and email only

Christopher Hartley
Senior Vice President, Planning and Facilities Development
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105

RE: Certificate of Need Application Forms; Docket Number: 10-31614-CON
Saint Francis Hospital and Medical Center
Acquisition of a SPECT-CT Camera in Hartford

Dear Mr. Hartley:

Enclosed are the application forms for Saint Francis Hospital and Medical Center's Certificate of Need ("CON") proposal to acquire a SPECT-CT in Hartford, with an associated capital expenditure of \$714,000. According to the parameters stated in Section 19a-639 of the Connecticut General Statutes, the CON application may be filed between July 2, 2010 and August 31, 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 Carmen Cotto and Alexis Fedorjaczenko. Please feel free to contact them at (860) 418-7001 if you have questions.

Sincerely,

A handwritten signature in black ink that reads "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 July 2, 2010, and may be submitted no later than August 31, 2010. The Analysts assigned to your application are Carmen Cotto and Alexis Fedorjaczenko and they may be reached at the Office of Health Care Access at (860) 418-7001.

Docket Number: 10-31614-CON

Applicant Name: Saint Francis Hospital and Medical Center
Contact Person: Christopher Hartley
Contact Title: Senior Vice President,
Planning and Facilities Development

Contact Address: 114 Woodland Street
Hartford, CT 06105

Project Location: Hartford

Project Name: Acquisition of a SPECT-CT Camera

Type proposal: Section 19a-639, C.G.S.

Est. Capital Cost: \$714,000

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 ****
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 ****
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.

OFFICE OF HEALTH CARE ACCESS

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: <table> <thead> <tr> <th></th> <th>DATE</th> <th>INITIAL</th> </tr> </thead> <tbody> <tr> <td>1. Check logged (Front desk)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Check rec'd (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. Check correct (Superv.)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4. Check logged (Clerical/Cert.)</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		DATE	INITIAL	1. Check logged (Front desk)	_____	_____	2. Check rec'd (Clerical/Cert.)	_____	_____	3. Check correct (Superv.)	_____	_____	4. Check logged (Clerical/Cert.)	_____	_____
	DATE	INITIAL														
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: _____ \$ 1,000.00 b. Additional Fee: (Capital Expenditure Assessment) _____ \$ _____.00 (To calculate: Total requested Capital Expenditure/Cost excluding capitalized financing costs multiplied times .0005 and round to nearest dollar.) (\$ _____ x .0005) \$ _____.00 c. Sum of base fee plus additional fee: (Lines A4a + A4b) _____ d. Enter the amount shown on line A4c. on "Total Fee Due" line (SECTION B).	
SECTION B TOTAL FEE DUE: _____	\$ _____.00

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

Saint Francis Hospital and Medical Center

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:

<u>Total Facility:</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>	<u>FY</u>
<u>Description</u>	<u>Actual</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>	<u>Projected</u>
	<u>Results</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>	<u>W/out CON</u>	<u>Incremental</u>	<u>With CON</u>	<u>Incremental</u>	<u>With CON</u>
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 Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Operating Revenue									
Revenue from Operations	\$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
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
Gain/(Loss) from Operations	\$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
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.

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 Revenue	Allowances/ Deductions	Charity Care	Bad Debt	Net Revenue	Operating Expenses	Gain/(Loss) from Operations
Total Incremental Expenses:				Col. 2 * Col. 3				Col. 4 - Col. 5 -Col. 6 - Col. 7	Col. 1 Total * Col. 4 / Col. 4 Total	Col. 8 - Col. 9
Total Facility by										
Payer Category:										
Medicare				\$0				\$0		\$0
Medicaid		\$0		\$0				\$0		\$0
CHAMPUS/TriCare		\$0		\$0				\$0		\$0
Total Governmental			0	\$0	\$0	\$0	\$0	\$0		\$0
Commercial Insurers		\$0	5	\$0				\$0		\$0
Uninsured		\$0	2	\$0				\$0		\$0
Total NonGovernment		\$0	7	\$0	\$0	\$0	\$0	\$0		\$0
Total All Payers		\$0	7	\$0	\$0	\$0	\$0	\$0		\$0

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: _____

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1596
RECIPIENT ADDRESS 98607148093
DESTINATION ID
ST. TIME 05/20 09:05
TIME USE 01'46
PAGES SENT 12
RESULT OK



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

FAX SHEET

TO: CHRISTOPHER HARTLEY,
SENIOR VICE PRESIDENT,
PLANNING AND FACILITIES DEVELOPMENT

FAX: (860) 714-8093

AGENCY: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

FROM: DPH-OHCA- CARMEN COTTO

DATE: 5/20/10 TIME: 9:05

NUMBER OF PAGES: 12
(Including transmittal sheet)

Comments:

CON Application Forms - DOCKET# 10-31614-CON

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

May 21, 2010

Facsimile Only

R. Christopher Hartley
Senior Vice President, Planning and Facilities Development
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105

Re: Letter of Intent; Docket Number: 10-31614
Saint Francis Hospital and Medical Center
Acquisition of a SPECT-CT Camera in Hartford

Dear Mr. Hartley,

On May 3, 2010, the Office of Health Care Access ("OHCA") received the Letter of Intent ("LOI") Form of Saint Francis Hospital and Medical Center ("Applicant") for the acquisition of a SPECT-CT Camera in Hartford, with a total associated capital expenditure of \$714,000.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly R. Martone".

Kimberly R. Martone
Director of Operations

KRM:lmg



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

May 21, 2010

Requisition #31518

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, May 24, 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 Carmen Cotto at 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim R. Martone", written over a horizontal line.

Kimberly R. Martone
Director of Operations

Attachment

KRM:CC:lmg

c: Danielle Pare, DPH

PLEASE INSERT THE FOLLOWING:

Statute Reference:	19a-639
Applicant:	Saint Francis Hospital and Medical Center
Town:	Hartford
Docket Number:	10-31614-LOI
Proposal:	Acquisition of a SPEC-CT Camera
Capital Expenditure:	\$714,000

The Applicant may file its Certificate of Need application between July 2, 2010 and August 31, 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 1609
RECIPIENT ADDRESS 98607148093
DESTINATION ID
ST. TIME 05/21 16:11
TIME USE 00'59
PAGES SENT 4
RESULT OK



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

FAX SHEET

TO: R. CHRISTOPHER HARTLEY

FAX: (860) 714-8093

AGENCY: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

FROM: CARMEN COTTO

DATE: 5/21/10 TIME: _____

NUMBER OF PAGES: 4
(including transmittal sheet)

Comments: Docket 10-31614 LOI

PLEASE PHONE IF THERE ARE ANY TRANSMISSION PROBLEMS.

Greer, Leslie

From: Ads [ads@graystoneadv.com]
Sent: Friday, May 21, 2010 3:56 PM
To: Greer, Leslie
Subject: Re: Legal Notice 10-31614

Will do, thanks!

On 5/21/10 3:55 PM, "Greer, Leslie" <Leslie.Greer@ct.gov> wrote:

Yes, Tuesday will be fine.
Thank you
Leslie Greer


From: Ads [<mailto:ads@graystoneadv.com>]
Sent: Friday, May 21, 2010 3:47 PM
To: Greer, Leslie
Subject: Re: Legal Notice 10-31614

The deadline for the 5/24 issue of the Hartford Courant was noon today. The next available issue is 5/25, would you like us to place in that issue?

On 5/21/10 3:43 PM, "Greer, Leslie" <Leslie.Greer@ct.gov> wrote:
To Whom It May Concern,
Please run the attached legal notice in The Hartford Courant by 5/24/10. For billing refer to requisition 31518, 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