



**Robert D. Russo, M.D.  
and Associates  
Radiology**

35 Nutmeg Drive, Trumbull, CT 06611

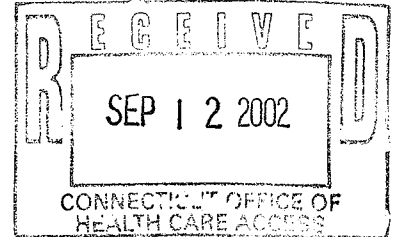
Robert D. Russo, M.D.  
Robert D. Russo, Jr. M.D.  
Norman R. Vincent, M.D.  
Shashi K. B. Chaddha, M.D.  
Ortwin F. Rusch, M.D.  
David I. Robbins, M.D.  
Guy E. Torstenson, M.D.  
Thomas D. Olsavsky, M.D.  
Peter L. Steenbergen, M.D.

John C. Olsavsky, M.D.  
Neil T. Specht, M.D.  
Bernard S. Jay, M.D.  
John R. Pannese, M.D.  
Joseph A. Gagliardi, M.D.  
Lewis Bader, M.D.  
Martin S. Herbstman, M.D.  
Leonard A. Wald, M.D.  
John P. Donahue, M.D.

Henry J. Fox, M.D.  
Ralph W. Romano, M.D.  
Barbi L. Kaplan, D.O.  
Lesley Snelling, M.D.  
Tatiana S. Kain, M.D.  
Jerome A. Melli, Ph.D.  
Kathleen M. Oraziotti, P.A.C.

September 6, 2002

Mary Heffernan, Commissioner  
Office of Health Care Access  
410 Capitol Avenue  
MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



Dear Commissioner Heffernan:

The enclosed Letter of Intent is in preparation of my filing a Certificate of Need to replace three CT scanners in my radiology practice. Will it be necessary for me to file three CON's or can one CON serve the purpose? The three existing scanners are approximately the same age and I wish to replace them with three identical CT scanners. Each will have the same costs, same financing, and will be installed consecutively within twelve months of CON approval.

Thank you for this consideration. It would serve to eliminate redundancy.

Yours truly,

Robert D. Russo, M.D.

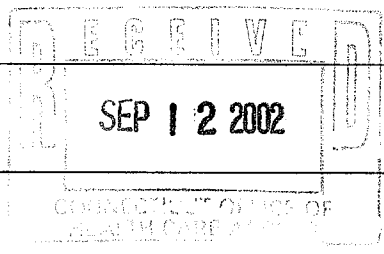


## State of Connecticut Office of Health Care Access Letter of Intent/ Waiver Form

All applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-160-64a of OHCA's Regulations. Applicants should submit this form 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 more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below

	Applicant One	Applicant Two
Full legal name	Robert D. Russo, M.D. & Associates Radiology P.C.	
DBA	SAME	
Name of Parent Corporation	NOT APPLICABLE	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	35 Nutmeg Drive Trumbull, CT 06611	
Applicant type (e.g., profit/ non-profit)	Profit	
Contact person, including title or position	Robert D. Russo, M.D. President & Owner	
Contact person's street mailing address	35 Nutmeg Drive Trumbull, CT 06611	
Contact person's phone #, fax # and e-mail address.	Tel.: 203-576-5062 Fax.: 203-381-1287	

### SECTION II. GENERAL APPLICATION INFORMATION

Proposal/Project Title: Replacement of 3 (three) CT scanners

Type of Proposal, please check all that apply:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S. |   |   |
| <input type="checkbox"/> New (F, S, Fnc)  | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc)         |
| <input type="checkbox"/> Expansion (F, S, Fnc)  | <input type="checkbox"/> Relocation             | <input type="checkbox"/> Service Termination            |
| <input type="checkbox"/> Bed Addition   | <input type="checkbox"/> Bed Reduction          | <input type="checkbox"/> Change in Ownership or Control |

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

- Project cost greater than \$ 1,000,000  
 Equipment Acquisition greater than \$ 400,000  
 New  Replacement  Major Medical  
 Imaging  Linear Accelerator  
 Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

Location of proposal (Town including street address): 2660 Main St., Bridgeport, CT 06606; 2909 Main Street, Stratford, CT 06614; and 1261 Post Road, Fairfield, CT 06824.

List all the municipalities this project is intended to serve: Greater Bridgeport area

Estimated starting date for the project: Within twelve months of approval.

Type of Facility: (Please check E for Existing and P for Proposed in all boxes that apply)

<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Acute Care Hospital	<input checked="" type="checkbox"/> <input type="checkbox"/> Imaging Center	<input type="checkbox"/> <input type="checkbox"/> Cancer Center
<input type="checkbox"/> Behavioral Health Provider	<input type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> <input type="checkbox"/> Primary Care Clinic
<input type="checkbox"/> Other (specify): (E) _____	(P) _____	

If the project includes an additional function of an existing service or a reduction/elimination of service, provide the following:

Type of project: 22 (Fill in the appropriate number(s) from page 4 of this form)

**Number of Beds**

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

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

Estimated Total Capital Expenditure: \$ 2,161,985.00 (for three CT scanners)

Please provide the following breakdown as appropriate:

Renovations	\$ 50,000.00 (for three CT scanners)
New Construction	\$
Fixed Equipment	\$ 2,111,985.00 (for three CT scanners)
Movable Equipment	\$
Fair Market Value of Leased Space	\$
Fair Market Value of Leased Equipment	\$
Other	\$

Note: The aggregate of all categories should equal the estimated total capital expenditure.

"Other" includes any category not listed above, (e.g., land acquisition, service agreement, fees, etc.)

Major Medical equipment acquisition:

Unit Type	Model	Name	Number of Units	Cost
CT Scanner	MX 8000 Dual Slice	Phillips	3 (three)	\$703,995.00 each

Type of financing or funding source: (more than one can be checked)	<input type="checkbox"/>	Applicant's Equity	<input checked="" type="checkbox"/>	Lease Financing
	<input type="checkbox"/>	Conventional Loan	<input type="checkbox"/>	Charitable Contributions
	<input type="checkbox"/>	CHEFA	<input type="checkbox"/>	Grant Funding
	<input type="checkbox"/>	Other (specify): _____		

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following:

1. What are the anticipated payer sources?
2. Identify any unmet need and how this project will fulfill that need?
3. What is the effect of this project on the health care delivery system in the State of Connecticut?
4. Are there any similar existing providers in the proposed geographic area?
5. Why should this project be approved?
6. Who will be responsible for providing the service?
7. Who is the target population?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

**SECTION V. WAIVER INFORMATION**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- This request is for Replacement Equipment
  - The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_
  - The cost of the equipment is not to exceed \$2,000,000.00
  - The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit.

PLEASE NOTE: There was no affidavit included in the forms OHCA sent.

Action taken:

- |   |  |
|---|--|
| <input type="checkbox"/> Waiver Approved        | <input type="checkbox"/> Waiver Denied |
| <input type="checkbox"/> Appropriate Forms Sent | List of the forms sent: _____          |



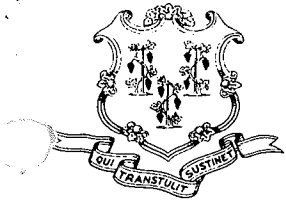
Robert D. Russo, M.D. & Associates Radiology P.C.  
LOI "Replacement of 3 (three) CT Scanners"

#### SECTION IV. PROJECT DESCRIPTION

Robert R. Russo, M.D. & Associates Radiology P.C. is submitting this Letter of Intent as a part of its Long Range Plan. There is a process in place that reviews the status of the practice's existing equipment as to its age, dependability, quality and ability to provide current, state-of-the-art technology. These three existing Picker IQ CT Scanners were purchased new in 1990, 1991 and 1992. The unit at 2660 Main Street, Bridgeport was purchased and installed in July, 1990. The unit at 2909 Main Street, Stratford was purchased and initially installed at 2595 Main Street, Stratford in October, 1991 and was moved to 2909 Main Street, Stratford in July, 2000. The unit at 1261 Post Road, Fairfield was purchased and installed at 111 East Avenue, Norwalk in February, 1992 by Park City Radiology Consultants and was acquired by Robert D. Russo, M.D. and Associates Radiology P.C. in 1995 when Dr. Russo merged with the Park City practice. It was moved to 1261 Post Road, Fairfield in July, 1997. OHCA approved CON'S were not required at the time of purchase because the units were purchased and installed for less than \$400,000 each.

This Certificate of Need will be filed to replace the existing CT Scanners with state-of-the-art high speed dual-slice whole body CT Scanners. The existing CT Scanners have outlived their usefulness and are ready to be replaced. It is the Practice's goal to provide referring physicians and their patients with the highest quality radiographic services in the most expeditious, cost effective manner. There is a long history of the Robert R. Russo, M.D. & Associates Radiology P.C. with the Office of Health Care Access that bears witness to this fact.

The Robert R. Russo, M.D. & Associates Radiology P.C. will be responsible for providing the services at these locations. There is no reason to expect a change in payer sources as the target populations and referral bases remain the same. The installation of this new technology will have a positive impact on the health care delivery system in the State of Connecticut.



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

JOHN G. ROWLAND  
GOVERNOR

MARY M. HEFFERNAN  
COMMISSIONER

September 17, 2002

Robert D. Russo, M.D.  
President & Owner  
Robert Dr. Russo, M.D. & Associates Radiology P.C.  
35 Nutmeg Drive  
Trumbull, CT 06611

RE: Docket Number 02-556L  
Robert Dr. Russo, M.D. & Associates Radiology P.C.  
Replacement of three (3) CT Scanners

Dear Dr. Russo:

On September 12, 2002, the Office of Health Care Access ("OHCA") received your request for the waiver of the Certificate of Need ("CON") for the replacement of three (3) CT Scanners for office locations in Bridgeport, Fairfield and Stratford. Enclosed is the Application Form for Robert Dr. Russo, M.D. & Associates Radiology P.C.'s Certificate of Need for the replacement of three (3) CT Scanners for office locations in Bridgeport, Fairfield and Stratford. Your Letter of Intent was received by this Office on September 12, 2002, and according to parameters stated in Section 19a-639 of the Connecticut General Statutes, the Certificate of Need Application may be filed between November 14, 2002 and January 13, 2002. The analysts assigned to the application are Harold Oberg and Steven Lazarus. Please feel free to contact them at (860) 418-7001, if you have any questions.

Sincerely,

Susan Cole  
Supervisor, Utilization Review & Forecasting

Enc.

**OFFICE OF HEALTH CARE ACCESS**  
**REQUEST FOR NEW CERTIFICATE OF NEED**  
**FILING FEE COMPUTATION SCHEDULE**

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	FOR OHCA USE ONLY: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">DATE</th> <th style="width: 10%; text-align: center;">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. <b>No Fee Required.</b>  _____ 19a-639 Capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$400,000 but less than or equal to \$1,000,000. <b>Fee Required.</b>  _____ 19a-639 Capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000. <b>Fee Required.</b>  _____ 19a-638 and 19a-639. <b>Fee Required.</b>									
2. Enter \$0 on "Total Fee Due" line (SECTION B) if application is required pursuant to Section 19a-638 only, otherwise go on to line 3 of this section.									
3. Enter \$400 on "Total Fee Due" line (SECTION B) if application is for capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$400,000 but less than or equal to \$1,000,000									
4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000 is checked above <u>OR</u> if both 19a-638 and 19a-639 are checked): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Base fee: _____</td> <td style="width: 30%; text-align: right;">\$ 1,000.00</td> </tr> <tr> <td>b. Additional Fee: (Capital Expenditure Assessment) _____                (To calculate: Total requested Capital Expenditure including capitalized financing costs multiplied time .0005 and round to nearest dollar.) (\$ _____ x .0005)</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td>c. Sum of base fee plus additional fee: (Lines A3a + A3b) _____</td> <td style="text-align: right;">\$ _____ .00</td> </tr> <tr> <td>d. Enter the amount shown on line A3c. on "Total Fee Due" line (SECTION B).</td> <td></td> </tr> </table>	a. Base fee: _____	\$ 1,000.00	b. Additional Fee: (Capital Expenditure Assessment) _____ (To calculate: Total requested Capital Expenditure including capitalized financing costs multiplied time .0005 and round to nearest dollar.) (\$ _____ x .0005)	\$ _____ .00	c. Sum of base fee plus additional fee: (Lines A3a + A3b) _____	\$ _____ .00	d. Enter the amount shown on line A3c. on "Total Fee Due" line (SECTION B).		\$ _____ .00
a. Base fee: _____	\$ 1,000.00								
b. Additional Fee: (Capital Expenditure Assessment) _____ (To calculate: Total requested Capital Expenditure including capitalized financing costs multiplied time .0005 and round to nearest dollar.) (\$ _____ x .0005)	\$ _____ .00								
c. Sum of base fee plus additional fee: (Lines A3a + A3b) _____	\$ _____ .00								
d. Enter the amount shown on line A3c. on "Total Fee Due" line (SECTION B).									
<b>SECTION B TOTAL FEE DUE:</b> _____	<b>\$ _____ .00</b>								

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

**GENERAL AFFIDAVIT**

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

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

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

of \_\_\_\_\_ being duly sworn, depose and state that the (Facility Name) said facility 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.

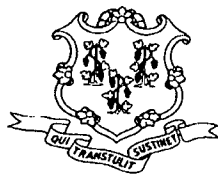
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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



## 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 will be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than November 14, 2002 and may be submitted no later than January 13, 2003. The Analysts assigned to your application are Harold Oberg and Steven Lazarus and may be reached at the Office of Health Care Access at (860) 418-7001.

**Docket Number:** 02-556

**Applicant(s) Name:** Robert D. Russo, M.D. & Associates Radio

**Contact Person:** Robert D. Russo M.D.  
**Contact Title:** President & Owner  
**Contact Address:** 35 Nutmeg Drive  
Trumbull, CT 06611

**Project Location:** Bridgeport, Stratford, Fairfield

**Project Name:** Replacement of Three (3) CT Scanners

**Type proposal:** Capital Expenditure pursuant to Section 19a-639  
Project cost greater than \$1,000,000  
Equipment Acquisition over \$400,000

**Est. Capital Expenditure:** \$2,161,985

**1. Expansion of Existing or New Service**

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

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

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

**2. State Health Plan**

No questions at this time.

**3. Applicant's Long Range Plan**

Is this application consistent with your long-range plan?

Yes

No

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

**4. Clear Public Need**

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

i) Provide the following information:

- a) Primary and secondary service area towns
- b) If existing facility/service, the unit of service (i.e. procedure, scan, visit, etc.) for the past three fiscal years by service area town
- c) If new facility/service, the number of referrals for the proposed service for the most recent fiscal year by receiving site
- d) Scheduling backlogs in service area
- e) Travel distance from proposed site to service area towns
- f) Hours of operation of existing/proposed service

ii) Identify the existing providers of the proposed service in your service area. What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?

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

- |  |   |
|--|---|
| <input type="checkbox"/> Cultural          | <input type="checkbox"/> Transportation         |
| <input type="checkbox"/> Geographic        | <input type="checkbox"/> Economic               |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other (Identify) _____ |

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Epidemiological studies    | <input type="checkbox"/> Needs assessments     |
| <input type="checkbox"/> Public information reports | <input type="checkbox"/> Market share analysis |
| <input type="checkbox"/> Other (Identify) _____     |  |

### 5. Quality Measures

A. Have all appropriate agencies approved the proposed service/procedure (e.g., FDA etc.)?

- Yes       No       Not Applicable

If "No", please provide an explanation.

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

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

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

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

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

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

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

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

- A copy of the related Quality Assurance plan
- Protocols for service (new service only)
- Patient Selection Criteria/Intake form

## 6. Improvements to Productivity and Containment of Costs

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

- Energy conservation
- Group purchasing
- Reengineering
- None of the above
- Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)
- Other (identify) \_\_\_\_\_



## 7. Miscellaneous

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

Yes  No

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

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

Yes  No

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

C. Provide the following licensing information:

i) If you are currently licensed, provide a copy of the State of Connecticut Department of Public Health license currently held.

ii) The DPH licensure category you are seeking.

iii) If not applicable, please explain why.

D. Please provide the name of the entity that will be billing for the proposed service.

## 8. Financial Information

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

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

B. Provide the following financial information:

i) If the Applicant is not a hospital, please submit a complete set of audited financial statements and/or an annual report for the most recently completed fiscal year, if available.

ii) If the Applicant has no audited financial statements, please submit an unaudited Balance Sheet and Income Statement or Statement of Operations for the most recently completed fiscal year. These statements should be externally prepared and submitted on the preparer's letterhead.

**9. Major Cost Components/Total Capital Expenditure**

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

Medical Equipment (Purchase)	\$
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	
Other (Non-Construction) Specify: _____	
<b>Total Capital Expenditure</b>	<b>\$</b>
Medical Equipment (Lease (FMV))	\$
Imaging Equipment (Lease (FMV))	
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – Capital Lease	
<b>Total Capital Cost</b>	<b>\$</b>
Capitalized Financing Cost	
<b>Total Capital Expenditure with Cap. Fin. Costs</b>	<b>\$</b>

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

**10. Capital Equipment Lease/ Purchase**

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

1.	What is the anticipated residual value at the end of the lease or loan term?	\$ _____
2.	What is the useful life of the equipment?	___ Months
3.	Please submit a copy of the vendor quote or invoice as an attachment.	
4.	Please submit a schedule of depreciation for the acquired equipment as an attachment.	

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

## 11. Type of Financing

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

- Applicant's equity:  
Source and amount:

Operating Funds	\$ _____
Contributions	\$ _____
Funded depreciation	\$ _____
Other	\$ _____

- Grant:

Amount of grant	\$ _____
Funding institution/ entity	_____

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

Amount of total debt	\$ _____
Interest rate	_____ %
Monthly payment	\$ _____
Term	_____ Years
Debt service reserve fund	\$ _____

- Lease financing:

Capital or operating	\$ _____
Fair market value of leased assets at lease inception	\$ _____
Interest rate	_____ %
Monthly payment	\$ _____
Term	_____ Years

- Other financing alternatives:

Amount	\$ _____
Source (e.g., donated assets, etc.)	_____

- B. Please provide copies of the following, if applicable: letter of interest from the lending institution, letter of interest from CHEFA, amortization schedule (if not level amortization) and the lease agreement.

**12. Revenue, Expense and Volume Projections**

A. Payer Mix Projection

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

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

\*Includes managed care activity.

B. Provide the following for the financial projections:

- i) A summary of revenue, expense and volume statistics, with the CON project, without the CON project and incremental to the CON project. **See attached.**
- ii) The assumptions utilized in developing the projections (e.g., FTE's, volume statistics, other expenses, revenue and expense % increases, project implementation date, etc.).
- iii) An explanation for any projected incremental losses from operations contained in the financial projections that result from the CON proposal.

13. Are you requesting a Waiver of Hearing pursuant to Section 19a-643-45 of OHCA's Regulations?

Yes (if yes then check one:)  Energy  Fire Safety Code

Non Substantive

No

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

<u>Description</u>	FY Actual Results	FY Projected		FY Projected		FY Projected		FY Projected	
		W/out Project	Incremental	W/out Project	Incremental	W/out Project	Incremental	W/out Project	Incremental
Revenue from Operations	\$	\$	\$	\$	\$	\$	\$	\$	\$
Non-Operating Revenue									
Total Revenue:									
Total Operating Expenses	\$	\$	\$	\$	\$	\$	\$	\$	\$
Revenue Over/(Under) Expense	\$	\$	\$	\$	\$	\$	\$	\$	\$

\*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.



**Robert D. Russo, M.D.  
and Associates  
Radiology**

35 Nutmeg Drive, Trumbull, CT 06611

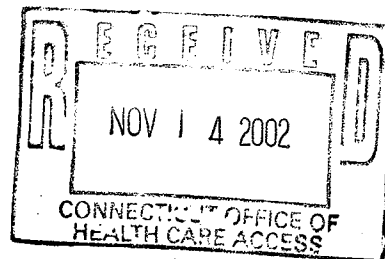
Robert D. Russo, M.D.  
Robert D. Russo, Jr. M.D.  
Norman R. Vincent, M.D.  
Shashi K. B. Chaddha, M.D.  
Ortwin F. Rusch, M.D.  
David I. Robbins, M.D.  
Guy E. Torstenson, M.D.  
Thomas D. Olsavsky, M.D.  
Peter L. Steenbergen, M.D.

John C. Olsavsky, M.D.  
Neil T. Specht, M.D.  
Bernard S. Jay, M.D.  
John R. Pannese, M.D.  
Joseph A. Gagliardi, M.D.  
Lewis Bader, M.D.  
Martin S. Herbstman, M.D.  
Leonard A. Wald, M.D.  
John P. Donahue, M.D.

Henry J. Fox, M.D.  
Ralph W. Romano, M.D.  
Barbi L. Kaplan, D.O.  
Lesley Snelling, M.D.  
Tatiana S. Kain, M.D.  
Jerome A. Meli, Ph.D.  
Kathleen M. Oraziotti, P.A.C.

November 14, 2002

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



RE: Certificate of Need Application  
Replacement of three (3) CT Scanners  
Docket Number: 02-556

Dear Commissioner:


Robert D. Russo, M.D. & Associates Radiology P.C. submits this Certificate of Need Application for the replacement of three (3) CT scanners.

Enclosed you will find an original CON Application and five copies. Also included are the Certificate of Need Filing Fee Computation Schedule with a check for \$2,106.00 and a completed Affidavit.

In reviewing the data you will notice that the historical volume data are very similar for the three CT scanners. The costs data are practically identical and the leasing information for the three scanners is identical, other than the start dates. Therefore, in order to reduce the submission of redundant data, I have taken the liberty of submitting one set of data to the answers of questions Number 9, 10, 11 and 12 in this Certificate of Need.

Thank you for your understanding.

Yours truly,

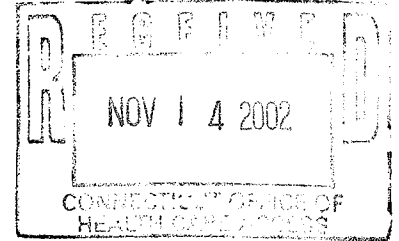
  
Robert D. Russo, M.D.  
President & Owner

#17

REQUEST FOR NEW CERTIFICATE OF NEED

FILING FEE COMPUTATION SCHEDULE

CANT: Robert D. Russo, M.D. & Associates Radiology, P.C. PROJECT TITLE: Replacement of three (3) CT Scanners Docket # 02-556 DATE: March 19, 2002	FOR OHCA USE ONLY: 1. Check logged (Front desk) 2. Check rec'd (Clerical/Cert.) 3. Check correct (Superv.) 4. Check logged (Clerical/Cert.)	DATE INITIAL 11/13/02 [Signature] 11/14/02 [Signature] 11/15/02 [Signature] 11/15/02 [Signature]
---	---	--



**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 for major medical equipment, imaging equipment or linear accelerator exceeding \$400,000 but less than or equal to \$1,000,000.  
**Fee Required.**

19a-639 Capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000.  
**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 exceeding \$400,000 but less than or equal to \$1,000,000

4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000 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)	\$ 1,106.00
(To calculate: Total requested Capital Expenditure including capitalized financing costs multiplied time .0005 and round to nearest dollar.) (\$ 2,211,985.00 x .0005)	
c. Sum of base fee plus additional fee: (Lines A3a + A3b)	\$ 2,106.00
d. Enter the amount shown on line A3c. on "Total Fee Due" line (SECTION B).	

**SECTION B TOTAL FEE DUE:** \$ 2,106.00

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

w:\cert\conforms\confeenew

BR./DEPT. 9192	<b>HUDSON UNITED BANK HUB</b>	30934054
REMITTER	<b>CASHIER'S CHECK</b>	55-150/212
	Date November 12, 2002	
PAY TO THE ORDER OF	Treasurer, State of Connecticut ****	\$ 2,106.00
Two Thousand One Hundred Six and 00/100		DOLLARS
TWO SIGNATURES REQUIRED IF GREATER THAN 2500 DOLLARS		
HUDSON UNITED BANK HUB 1000 MacArthur Boulevard Mahwah, NJ 07430		[Signature] AUTHORIZED SIGNATURE
		[Signature] AUTHORIZED SIGNATURE
⑈ 30934054 ⑆ ⑆ 02120⑆ 503⑆ 00⑆ 08000000⑆ 5⑈		



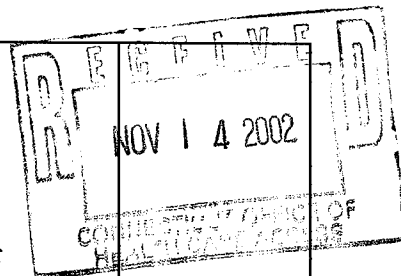
**OFFICE OF HEALTH CARE ACCESS**

**REQUEST FOR NEW CERTIFICATE OF NEED**

**FILING FEE COMPUTATION SCHEDULE**

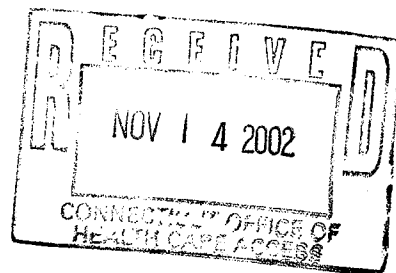
<p>APPLICANT: Robert D. Russo, M.D. &amp; Associates                  Radiology, P.C.</p> <p>PROJECT TITLE: Replacement of three (3) CT Scanners                  Docket # 02-556</p> <p>DATE: March 19, 2002</p>	<p>FOR OHCA USE ONLY:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:15%;">DATE</th> <th style="width:15%;">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	
<p>1. Check statute reference as applicable to CON application (see statute for detail):</p> <p>_____ 19a-638..Additional function or service, Change of Ownership, Service Termination.  <b>No Fee Required.</b></p> <p>_____ 19a-639 Capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$400,000 but less than or equal to \$1,000,000.  <b>Fee Required.</b></p> <p><input checked="" type="checkbox"/> 19a-639 Capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000.  <b>Fee Required.</b></p> <p>_____ 19a-638 and 19a-639.  <b>Fee Required.</b></p>	
<p>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.</p>	
<p>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 exceeding \$400,000 but less than or equal to \$1,000,000</p>	
<p>4. Section 19a-639 fee calculation (applicable if section 19a-639 capital expenditure for major medical equipment, imaging equipment or linear accelerator exceeding \$1,000,000 or other capital expenditure exceeding \$1,000,000 is checked above <u>OR</u> if both 19a-638 and 19a-639 are checked):</p> <p>a. Base fee: _____ \$ 1,000.00</p> <p>b. Additional Fee: (Capital Expenditure Assessment) _____ \$ 1,106.00                  (To calculate: Total requested Capital Expenditure including capitalized financing costs multiplied time .0005 and round to nearest dollar.) (\$ 2,211,985.00 x .0005)</p> <p>c. Sum of base fee plus additional fee: (Lines A3a + A3b) _____ \$ 2,106.00</p> <p>d. Enter the amount shown on line A3c. on "Total Fee Due" line (SECTION B).</p>	
<p><b>SECTION B TOTAL FEE DUE:</b> _____</p>	<p>\$ 2,106.00</p>



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

GENERAL AFFIDAVIT



Applicant: Robert D. Russo, M.D. & Associates Radiology P.C.

Project Title: Replacement of three (3) CT Scanners  
Docket Number 02-556

I, Robert D. Russo, M.D., President and Owner  
(Name) (Position - CEO or CFO)

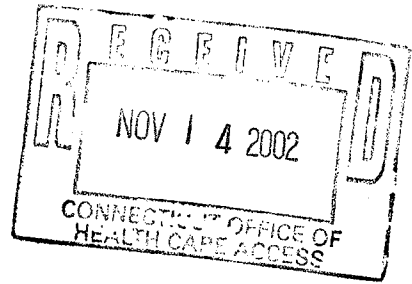
of Robert D. Russo, M.D. & Assoc. Radiology, P.C. being duly sworn, depose and state that the (Facility Name) said facility complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

[Signature] 11/14/02  
Signature ROBERT D. RUSSO, President & Owner Date

Subscribed and sworn to before me on November 14, 2002

[Signature]  
DAVID L. QUATRELLA  
~~Notary Public~~/Commissioner of Superior Court

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



## 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 will be an acceptable response. Your Certificate of Need application will be eligible for submission no earlier than November 14, 2002 and may be submitted no later than January 13, 2003. The Analysts assigned to your application are Harold Oberg and Steven Lazarus and may be reached at the Office of Health Care Access at (860) 418-7001.

**Docket Number:** 02-556

**Applicant(s) Name:** Robert D. Russo, M.D. & Associates Radiology, P.C.

**Contact Person:** Robert D. Russo M.D.  
**Contact Title:** President & Owner  
**Contact Address:** 35 Nutmeg Drive  
Trumbull, CT 06611

**Project Location:** Bridgeport, Stratford, Fairfield

**Project Name:** Replacement of Three (3) CT Scanners

**Type proposal:** Capital Expenditure pursuant to Section 19a-639  
Project cost greater than \$1,000,000  
Equipment Acquisition over \$400,000

**Est. Capital Expenditure:** \$2,161,985

**1. Expansion of Existing or New Service**

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

**Answer. Augment: The replacement of the existing Picker IQ CT scanners with new state-of-the-art Phillips MX 8000D CT Scanners will augment the present CT services by offering faster scan times, higher resolutions and additional studies:**

- Vascular
- High-resolution chest
- Reconstruction
- Multiple joints

**2. State Health Plan**

No questions at this time.

**3. Applicant's Long Range Plan**

Is this application consistent with your long-range plan?

- Yes
- No

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

**4. Clear Public Need**

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

- i) Provide the following information:
  - a) Primary and secondary service area towns
  - b) If existing facility/service, the unit of service (i.e. procedure, scan, visit, etc.) for the past three fiscal years by service area town
  - c) If new facility/service, the number of referrals for the proposed service for the most recent fiscal year by receiving site
  - d) Scheduling backlogs in service area
  - e) Travel distance from proposed site to service area towns
  - f) Hours of operation of existing/proposed service

**Answer. The CT scanners are located at 2660 Main Street, Bridgeport, 1261 Post Road, Fairfield and 2909 Main Street, Stratford and service all of the towns in the greater Bridgeport area. There are six to eight day scheduling backlogs at these offices. They are located in the center of each town, all on established bus routes. The hours of operation at each office are 8:30 AM to 5 PM, Monday through Friday and 8AM to 12 NOON on Saturday.**

The number of CT scans by office:	<u>Bridgeport</u>	<u>Fairfield</u>	<u>Stratford</u>
Year ending 9/30/02	2,633	2,486	2,329
9/30/01	2,542	2,418	2,151
9/30/00	2,396	2,371	1,982

- ii) Identify the existing providers of the proposed service in your service area. What will be the effect of your proposal on existing providers (i.e. patient volume, financial stability, quality of care, etc.)?

**Answer. It is not within the means of the Applicant to determine the status of CT scanners in the greater Bridgeport area radiology offices and hospital radiology departments. These three offices are well established offices with existing referral patterns. There should be no effect of this proposal on existing providers.**

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

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

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

**Answer. The locations of these three imaging centers provide services to the downtown Bridgeport, Fairfield and Stratford residents and all three are on existing bus routes.**

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

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

**5. Quality Measures**

- A. Have all appropriate agencies approved the proposed service/procedure (e.g., FDA etc.)?

- Yes
- No
- Not Applicable

If "No", please provide an explanation.

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

- American College of Cardiology
- National Committee for Quality Assurance
- Public Health Code & Federal Corollary

- National Association of Child Bearing Centers
- American College of Obstetricians & Gynecologists
- American College of Surgeons
- Report of the Inter-Society Council for Radiation Oncology
- American College of Radiology
- Other: Specify \_\_\_\_\_

See Exhibit 1 on pages 12 through 48.

**Answer.** The Applicant has incorporated these guidelines into the Practice's operating procedures and quality standards.

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

See Exhibit 2 on pages 49 through 121.

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

**Answer.** The four radiologists are members of the Medical Staff of St. Vincent's Medical Center.

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

**Not Applicable**

- DPH
- JCAHO
- Fire Marshall Report
- Other States Health Dept. Reports (new out-of-state providers)
- AAAHC
- AAAASF
- Other: \_\_\_\_\_

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

- E. Provide a copy of the following (as applicable):
- A copy of the related Quality Assurance plan See Exhibit 3 on pages 122 and 123.
- Protocols for service (new service only)
- Patient Selection Criteria/Intake form See Exhibit 4 on pages 124 through 128.

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

**6. Improvements to Productivity and Containment of Costs**

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

- Energy conservation       Group purchasing
- Reengineering                       None of the above
- Application of technology (e.g., computer systems, robotics, telecommunication systems, etc.)
- Other (identify) \_\_\_\_\_

**7. Miscellaneous**

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

- Yes                       No

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

**Answer. It will be additive to the teaching caseload of radiological procedures available to the radiology residents at St. Vincent's Medical Center.**

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

- Yes                       No

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

**Answer. The Applicant's practice is known for its charitable works and its commitment to the underserved populations. No patients have ever been turned away because of their inability to pay. The practice performs services for both federally qualified community health centers in Bridgeport and has relationships with not-for-profit entities, such as the American Red Cross.**

C. Provide the following licensing information:

- i) If you are currently licensed, provide a copy of the State of Connecticut Department of Public Health license currently held.
- ii) The DPH licensure category you are seeking.
- iii) If not applicable, please explain why.

**Answer. Not applicable. The Applicant is a private practice physician**

D. Please provide the name of the entity that will be billing for the proposed service.

**Answer. Robert D. Russo, M.D. & Associates Radiology P.C.**

**8. Financial Information**

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

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

B. Provide the following financial information:

- i) If the Applicant is not a hospital, please submit a complete set of audited financial statements and/or an annual report for the most recently completed fiscal year, if available.
- ii) If the Applicant has no audited financial statements, please submit an unaudited Balance Sheet and Income Statement or Statement of Operations for the most recently completed fiscal year. These statements should be externally prepared and submitted on the preparer's letterhead.

**Answer. The Applicant for this CON application is a private physician practice and the information requested is proprietary in nature. The Applicant has not supplied this information in previous OHCA approved CON applications. As part of a recent CON application, Docket Number 99-546, OHCA, in its request for additional information, instructed the Applicant "to provide a letter from your accountant etc...". The Applicant has done so in past CON applications and has taken the liberty to request such a letter from his accountant regarding this CON application.**

**See Exhibit 5 on page 129.**



**9. Major Cost Components/Total Capital Expenditure**

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

Medical Equipment (Purchase)	\$
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)*	
Land/Building (Purchase)	
Construction/Renovation	<b>\$100,000.00</b>
Other (Non-Construction) Specify: _____	
<b>Total Capital Expenditure</b>	<b>\$100,000.00</b>
Medical Equipment (Lease (FMV))	\$
Imaging Equipment (Lease (FMV))	<b>\$2,111,985.00</b>
Non-Medical Equipment (Lease (FMV))*	
Fair Market Value of Space – Capital Lease	
<b>Total Capital Cost</b>	<b>\$2,211,985.00</b>
Capitalized Financing Cost	
<b>Total Capital Expenditure with Cap. Fin. Costs</b>	<b>\$</b>

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

**10. Capital Equipment Lease/ Purchase**

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

1.	What is the anticipated residual value at the end of the lease or loan term?	<b><u>\$232,318.</u></b>
2.	What is the useful life of the equipment?	<b><u>84</u> Months</b>
3.	Please submit a copy of the vendor quote or invoice as an attachment. <b>See Exhibit 6 on pages 130 through 157.</b>	
4.	Please submit a schedule of depreciation for the acquired equipment as an attachment. <b>See Exhibit 7 on pages 158 and 159.</b>	

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

Answer. The financials are identical for each CT scanner.

**11. Type of Financing**

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

**Answer. The financials are identical for each CT scanner.**

Applicant's equity:  
Source and amount:

Operating Funds	<b>\$ 33,333.00</b>
Contributions	\$ _____
Funded depreciation	\$ _____
Other	\$ _____

Grant:

Amount of grant	\$ _____
Funding institution/ entity	_____

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

Amount of total debt	\$ _____
Interest rate	_____ %
Monthly payment	\$ _____
Term	_____ Years
Debt service reserve fund	\$ _____

Lease financing:

Capital or operating	<b>\$ 703,995.00</b>
Fair market value of leased assets at lease inception	<b>\$ 703,995.00</b>
Interest rate	<b>5.199 %</b>
Monthly payment	<b>\$ 13,292.00</b>
Term	<b>60 months</b>

Other financing alternatives:

Amount	\$ _____
Source (e.g., donated assets, etc.)	_____

- B. Please provide copies of the following, if applicable: letter of interest from the lending institution, letter of interest from CHEFA, amortization schedule (if not level amortization) and the lease agreement.  
**See Exhibit 8 on pages 160 through 164.**

**12. Revenue, Expense and Volume Projections**

A. Payer Mix Projection

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

Total Facility Description	Current Payer Mix	Year 1 Projected Payer Mix	Year 2 Projected Payer Mix	Year 3 Projected Payer Mix
Medicare*	23	23	23	23
Medicaid* (includes other medical assistance)				
TriCare (CHAMPUS)				
<b>Total Government Payers</b>	23	23	23	23
Commercial Insurers*	63	63	63	63
Self-Pay	9	9	9	9
Workers Compensation	3	3	3	3
<b>Total Non-Government Payers</b>	75	75	75	75
Uncompensated Care	2	2	2	2
<b>Total Payer Mix</b>	100.0%	100.0%	100.0%	100.0%

\*Includes managed care activity.

- B. Provide the following for the financial projections:  
**Answer. The financial projections are identical for each CT scanner.**
  - i) A summary of revenue, expense and volume statistics, with the CON project, without the CON project and incremental to the CON project. **See attached.**
  - ii) The assumptions utilized in developing the projections (e.g., FTE's, volume statistics, other expenses, revenue and expense % increases, project implementation date, etc.).

iii) An explanation for any projected incremental losses from operations contained in the financial projections that result from the CON proposal.

**Answer. There are no projected losses from operations contained in the financial projections that result from this CON.**

**13.** Are you requesting a Waiver of Hearing pursuant to Section 19a-643-45 of OHCA's Regulations?

Yes (if yes then check one:)     Energy     Fire Safety Code

Non Substantive

No

**12 B (I).** Please provide one year of actual results and three years of projections of Total Facility revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

Total Facility: Description	BASE YEAR FY		YEAR 1 POST INSTALLATION				YEAR 2 POST INSTALLATION				YEAR 3 POST INSTALLATION			
	Actual Results		Projected Without Project	Projected Incremental	Projected With Project		Projected Without Project	Projected Incremental	Projected With Project		Projected Without Project	Projected Incremental	Projected With Project	
Revenue from Operations	700,625		700,625.00	184,375.00	885,000.00		737,500.00	221,250.00	958,750.00		774,375.00	221,250.00	995,625.00	
Non-Operating Revenue	0		0	0	0		0	0	0		0	0	0	
Total Revenue:	700,625		700,625.00	184,375.00	885,000.00		737,500.00	221,250.00	958,750.00		774,375.00	221,250.00	995,625.00	
Total Operating Expenses	230,325		254,206.00	158,122.00	412,328.00		284,127.00	246,554.00	510,681.00		268,677	246,531.00	515,208.00	
Revenue Over/(Under) Expense	470,300		446,419.00	26,253.00	472,672.00		473,373.00	-25,304.00	448,069.00		505,698.00	-25,281.00	480,417.00	
*Volume Statistics:CT scans/year	2375		2375	625	3000		2500	750	3250		2625	750	3375	

\*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.

The financial data provided above is based on an average income/expense of the three existing CT scanners.

The Applicant's rationale for using this is that the three CT's are each located in well established imaging centers,

have very similar utilization and costs figures and are expected to have similar growth patterns when these replacements are installed.

The installations will be completed one at a time but within one year of the CON approval.

The 2,375 scans per year in the base year is the average of the data provided in Answer # 4.A.1)b).

The expenses reflect 2 FTE's with benefits and a 2% annual increase; equipment maintenance cost; lease payments and other usual operating costs.

The American College of Radiology, with more than 30,000 members, is the principal organization of radiologists, radiation oncologists, and clinical medical physicists in the United States. The College is a nonprofit professional society whose primary purposes are to advance the science of radiology, improve radiologic services to the patient, study the socioeconomic aspects of the practice of radiology, and encourage continuing education for radiologists, radiation oncologists, medical physicists, and persons practicing in allied professional fields.

The American College of Radiology will periodically define new standards for radiologic practice to help advance the science of radiology and to improve the quality of service to patients throughout the United States. Existing standards will be reviewed for revision or renewal, as appropriate, on their fifth anniversary or sooner, if indicated.

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## ACR STANDARD FOR DIAGNOSTIC MEDICAL PHYSICS PERFORMANCE MONITORING OF COMPUTED TOMOGRAPHY (CT) EQUIPMENT

### I. INTRODUCTION

All computed tomography (CT) equipment should be evaluated upon installation and subsequently monitored at least annually by a qualified medical physicist to ensure that it is functioning properly. Additional or more frequent performance monitoring may be necessary after any service that may change the radiation exposure to patients or personnel or the image quality. Although it is not possible to consider all possible variations of equipment performance to be monitored, adherence to this standard will assist in maximizing image quality and in reducing patient radiation dose(s). Key points to consider are: performance characteristics to be monitored, patient radiation dose, qualifications of personnel, and follow-up procedures.

### II. GOAL

The goal is to produce the highest quality diagnostic image at the lowest reasonable dose consistent with the clinical use of the equipment and the information requirement of the examination and to establish performance standards.

### III. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

A Qualified Medical Physicist is an individual who is competent to practice independently in one or more of the subfields in medical physics. The American College of Radiology (ACR) considers that certification and continuing education in the appropriate subfield(s) demonstrate that an individual is competent to practice in one or more of the subfields in medical physics and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR).

The appropriate subfields of medical physics for this standard are Diagnostic Radiological Physics and Radiological Physics.

The continuing education of a Qualified Medical Physicist should be in accordance with the ACR Standard for Continuing Medical Education (CME).

The Qualified Medical Physicist must be familiar with the principles of imaging physics and of radiation protection; the guidelines of the National Council on Radiation Protection and Measurements; laws and regulations pertaining to the performance of the equipment being tested; the function, clinical uses, and performance specifications of the imaging equipment; and calibration processes and limitations of the instruments used for testing performance.

The Qualified Medical Physicist may be assisted by properly trained individuals in obtaining data. These individuals must be approved by the Qualified Medical Physicist in the techniques of performing tests, the function and limitations of the imaging equipment and test instruments, the reason for the tests, and the importance of the test results. The Qualified Medical Physicist is responsible for and must be present during initial and annual surveys and must review, interpret, and approve all data as well as provide a signed report of conclusions.

**IV. PERFORMANCE CHARACTERISTICS TO BE MONITORED**

**A. Characteristics to be Monitored**

Performance monitoring should be performed on each CT unit at least annually. This evaluation should include, but not be limited to, the following:

1. Scan localization light accuracy;
2. Alignment of table to gantry;
3. Table/gantry tilt;
4. Slice localization from radiographic (scout) image;
5. Table incrementation;
6. Slice thickness;
7. Contrast scale;
8. CT number assessment;
9. Image quality;
  - a. High-contrast (spatial) resolution
  - b. Low-contrast sensitivity
  - c. Field uniformity
  - d. Noise
10. Display devices;
  - a. Video display
  - b. Hard-copy unit
11. Artifact evaluation;
12. CT dosimetry index (CTDI);
13. Radiation safety evaluation;
  - a. Scatter measurements
  - b. Audible/visual signals
  - c. Posting requirements
14. Other tests as required by state and/or local regulations.

**B. Patient Radiation Dose**

Patient radiation dose for CT equipment shall be evaluated at least annually. Tables of patient radiation absorbed dose for representative examinations (i.e., head, thorax, abdomen, and pelvimetry) shall be prepared and supplied to the facility. These tables shall be prepared using measured radiation CTDI values and manufacturer dose-calculation conversion tables. These results shall be compared with appropriate guidelines or recommendations when they are available.

**V. QUALITY CONTROL PROGRAM**

A continuous quality control (QC) program shall be established for all CT units with the assistance of a qualified medical physicist. The qualified medical physicist should determine the frequency of each test and who should perform each test based upon the facility and CT usage.

The QC program should include, but not be limited to, the following:

1. CT number calibration;
2. Image quality;
  - a. High contrast (spatial) resolution
  - b. Noise
3. Artifact evaluation;
4. Slice thickness;
5. Display devices.

The result of the QC program shall be monitored annually by the Qualified Medical Physicist. If the QC program falls outside the control limits, corrective action should be taken. A qualified medical physicist should be available to assist in prescribing corrective actions for unresolved problems.

**VI. ACCEPTANCE TESTING**

Initial performance testing shall be performed upon installation and should be completed before clinical use. This testing shall be more comprehensive than periodic performance and compliance testing and shall be consistent with current acceptance testing practices.

**VII. FOLLOW-UP PROCEDURES/Written SURVEY REPORTS**

The qualified medical physicist shall report the findings to the physician(s), to the responsible professional(s) in charge of obtaining or providing necessary service to the equipment, and, in the case of the consulting physicist(s), to the representative of the hiring party, and, if appropriate, initiate the required service. Action shall be taken immediately by verbal communication, if there is imminent danger to patients or staff using the equipment due to unsafe conditions. Written survey reports shall be provided in a

timely manner consistent with the importance of any adverse findings.

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# ACR STANDARD FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY (CT) IN NEURORADIOLOGIC IMAGING OF ADULTS AND CHILDREN

## I. INTRODUCTION

Computed tomography (CT) is a technology extensively used in neuroradiology that produces cross-sectional displays utilizing ionizing radiation to generate images resulting from x-ray absorption of the specific tissues examined. CT is well accepted and offers a high degree of utility in the examination of the brain, head and neck, and spine. This standard outlines the principles for the performance of high-quality CT imaging in the pediatric and adult patient for neuroradiology.

(For pediatric neuroradiologic CT considerations, see Sections III.A.2, IV.A, IV. B, and IV.C.2.)

## II. INDICATIONS

Indications for CT imaging, CT angiography, and CT venography in neuroradiology include, but are not limited to:

1. Brain  
 Primary indications: acute head trauma, suspicion of acute intracranial hemorrhage, detection or evaluation of calcification, immediate post-operative evaluation for surgical treatment of tumor or for surgical treatment of hemorrhage or hemorrhagic lesions, treated/untreated vascular lesions, shunted hydrocephalus, or shunt revision. Other primary indications are mental status change, increased intracranial pressure, headache, acute neurologic deficits, suspected intracranial infection, suspected hydrocephalus, congenital lesions (such as, but not limited to, craniosynostosis, macrocephaly, and microcephaly), evaluation of patients with psychiatric disorders, brain herniation, suspected mass or tumor, and patients presenting with symptoms of acute cerebral infarction, including those who are being evaluated for possible systemic and/or endovascular thrombolysis.

Secondary indications: (when access to magnetic resonance (MR) imaging is not available, when MR

imaging may be contraindicated, or if the supervising physician deems CT to be appropriate) diplopia, cranial nerve dysfunction, seizures, apnea, syncope, ataxia, suspicion of neurodegenerative disease, developmental delay, neuroendocrine dysfunction, encephalitis, vascular occlusive disease or vasculitis (including use of CT angiography and/or venography), aneurysm, drug toxicity, cortical dysplasia, and migration anomalies or other morphologic brain abnormalities.

2. Head and Neck

Primary indications: fractures of the orbit, temporal bone, skull, and face; detection or evaluation of calcification; evaluation of the skull base including primary and secondary osseous lesions; evaluation of the temporal bone, mastoids, paranasal sinuses and salivary glands; craniocervical anomalies; evaluation of vascular structures, including CT angiography and CT venography; three-dimensional reconstructions for preoperative planning of the cranial base, vault, or dental abnormalities.

Secondary indications: (when MR imaging may be contraindicated, CT may be an alternative modality, or if the supervising physician deems CT to be appropriate) evaluation of lesions involving the orbit; larynx; nasopharynx; oropharynx; oral cavity; hypopharynx; masticator; parapharyngeal, retropharyngeal, carotid and prevertebral spaces; soft tissue spaces of the face; posterolateral neck; extracalvarial region; and the thyroid and parathyroid gland.

3. Spine

Primary indications: acute trauma, acute or chronic fractures, spinal stenosis, detection or evaluation of calcification, evaluation of osseous lesions, craniocervical anomalies, congenital anomalies, primary and secondary neoplasms, as an adjunct to myelography, as an adjunct to MR, and in failed back syndrome.

Secondary indications: (when MR imaging may be contraindicated, CT may be an alternative modality, or if the supervising physician deems CT to be appropriate) evaluation of degenerative diseases of the spine.

4. Post-myelogram CT

Primary indications: degenerative disease of the spine, especially in the pre-surgical evaluation when looking for spinal cord and nerve root compression; evaluation of arachnoiditis, spinal CSF leaks, dural ectasia, dural cysts, arachnoid cysts, and Tarlov cysts; evaluation of nonspecific cord swelling due to intramedullary lesions, secondary to primary or

metastatic neoplasm, syringomyelia, transverse myelitis, cord infarction, sarcoidosis, and acute tumefactive changes of multiple sclerosis.

Secondary indications: (when MR imaging is not available or is contraindicated or if the supervising physician deems CT to be appropriate) extramedullary infectious or inflammatory disorders (e.g., epidural abscess, diskitis, osteomyelitis) and epidural or subdural hematomas.

All imaging facilities should have policies and procedures to reasonably attempt to identify pregnant patients prior to the performance of any diagnostic examination involving ionizing radiation. If the patient is known to be pregnant, the potential radiation risks to the fetus and clinical benefits of the procedure should be considered before proceeding with the study (Res. 24, 1995).

III. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

A. Physician

Examinations must be performed under the supervision of and interpreted by a physician with the following qualifications:

- 1. Certification in Radiology or Diagnostic Radiology by the American Board of Radiology (ABR), the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada, provided the board examination included CT in Neuroradiology.

or

- 2. If appropriately certified by the ABR, before it examined in CT (1978), the physician can qualify by experience (including at least 2 years during which 500 exams of the brain, spine, and head and neck were supervised, interpreted, and formally reported) or by completing a mentoring program of 1 year or less during which the physician interprets 300 exams under the supervision of an on-site qualified physician (including generating a formal report). If pediatric neuroradiologic CT examinations are to be performed, the physician should have had 3 months of documented formal training in pediatric radiology and should have had documented training and experience in the administration of appropriate sedation and iodinated contrast to pediatric patients.

or

- 3. The physician shall have spent a minimum of 6 months interpreting cross-sectional neuroradiologic imaging examinations with at least 3 months' training in the interpretation and formal reporting of

CT images in a documented formal training program in an institution with accredited residency, fellowship, or equivalent programs in diagnostic radiology and/or neuroradiology.

or

4. In the absence of residency training in Diagnostic Radiology or Radiology, formal fellowship training in Neuroradiology, or other post-graduate training that included instruction in neuroradiologic CT, at least 2 years of experience with CT under the supervision of an on-site qualified physician during which a minimum of 1000 CT examinations of the brain, spine, and head and neck were supervised, interpreted, and formally reported.

and

5. The physician shall have documented training in the physics of diagnostic radiology. Additionally, the physician must be familiar with principles of radiation protection, the hazards of radiation exposure to both patients and radiologic personnel, and of appropriate monitoring requirements.
6. The physician should be thoroughly acquainted with the many morphologic and pathophysiologic aspects, variations, and diseases of the central nervous system, spine, and head and neck and the subtle findings for which urgent therapy may be warranted, such as in acute stroke. Additionally, supervising physicians should have appropriate knowledge of alternative imaging methods, including the use of and indications for such specialized studies as angiography, ultrasonography, MRI, and nuclear medicine studies.
7. The physician should be familiar with the appropriate requirements for patient preparation for the examination. The physician must have had training in the recognition and treatment of adverse effects of contrast materials used for these studies. Training and proficiency in cardiopulmonary resuscitation is required for those who attend to patients undergoing contrast-enhanced CT.
8. The physician shall have the responsibility for reviewing all indications for the examination; specifying the use, dosage, and rate of administration of contrast agents; supervising the safe and effective administration of sedative to and monitoring of patients requiring conscious sedation; specifying the scanning technique; interpreting images; generating written reports; and maintaining the quality of both the images and interpretations.

## Maintenance of Competence

Physicians must regularly perform and interpret a sufficient number of CT scans to maintain their skills and should participate in an ongoing a quality-improvement program.

### Continuing Medical Education

Continuing education should be in accordance with the ACR Standard for Continuing Medical Education (CME).

### B. Service Engineer

The service engineer should be responsible for system installation, calibration, and preventive maintenance at regularly scheduled intervals. The engineer shall be qualified on the basis of training and experience with appropriate service training on the model and manufacture of the CT equipment.

### C. Radiological Technologist

Under the supervision of the physician, the technologist should be responsible for the comfort and safety of the patient; preparing and positioning the patient for the CT examination; and acquiring, recording, and processing the CT data in a manner appropriate for interpretation by the physician. The technologist should be fully trained to operate CT equipment and be knowledgeable in radiation physics and protection with documented evidence of such training and experience. The technologist should be certified by the American Registry of Radiologic Technologists and, if applicable, have an unrestricted state license in radiological technology.

### D. Nurse, if applicable

Under the supervision of the physician, the nurse, if available, should be responsible for the care of the patient including screening, preparation, sedation, monitoring of vital signs, support, recovery, discharge, and medical record documentation. The nurse should have documented training or experience in the care of patients undergoing neuroradiologic exams including airway management, the use of sedative agents and contrast media, the recognition and management of adverse effects, and cardiopulmonary resuscitation. He/she should be certified by the appropriate registry and have an unrestricted state license.

### E. Qualified Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently one or more of the subfields in medical physics. The ACR considers that certification and continuing education in the appropriate subfield(s) demonstrate that an individual is competent to practice one or more of the subfields in medical physics and

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The continuing education of a Qualified Medical Physicist should be in accordance with the ACR Standard for Continuing Medical Education (CME).

#### IV. SPECIFICATIONS OF EXAMINATION

CT protocols in neuroradiology require close attention and development by the supervising physician, according to specified indications. Protocols should be reviewed and updated periodically in order for the examinations to be optimized. The supervising physician should be familiar with the indications for each examination, patient history, potential adverse reactions to contrast media, exposure factors, window and center settings, field of view, collimation, slice intervals, and reconstruction algorithms.

Certain indications require administration of intravenous contrast medium or intrathecal contrast (e.g., cisternography) during imaging of the brain, head, and neck. Intravenous (IV) contrast enhancement should be performed using appropriate injection protocols and in accordance with the institution's policy on IV contrast utilization. CSF contrast administration requires use of nonionic agents approved for intrathecal use.

##### A. Brain CT

For CT of the brain, contiguous or overlapping axial slices with a slice thickness of no greater than 10-mm in the supratentorial regions in older children and adults and no greater than 5-mm in the neonatal child are preferred. Imaging for evaluation of the posterior fossa should be with no greater than 5-mm slice thickness in the adult or pediatric patient. In the setting of trauma, images should be obtained and/or reviewed at window settings appropriate for demonstration of soft tissue and bony abnormalities, or other abnormalities, as suspected by the physician, including subdural window widths when appropriate. For imaging of the cranial base, an axial slice thickness no greater than 3-mm with spiral techniques and 2-mm without spiral technique should be used for 2D reformatting or for 3D reconstruction.

##### B. Head and Neck CT

For CT of the head and neck, a slice thickness of no greater than 5-mm in children and adults. Thinner images (3-mm) may be indicated for the evaluation of infants or smaller anatomic structures. Images can be performed with either

standard or bone algorithms. If bone disease is the primary diagnostic consideration, a bone reconstruction algorithm should be employed. For CT of the orbit, slice thickness no greater than 3-mm should be used for both axial and direct coronal imaging. CT of the paranasal sinuses should be performed with a slice thickness no greater than 5-mm for both axial and direct coronal imaging. Axial slice thickness no greater than 2-mm should be used for 2D reformatting or 3D reconstruction of the orbits or sinuses. For imaging of the facial bones and jaw, slice thickness no greater than 3-mm should be used in infants and no greater than 5-mm in older children and adults for both axial and direct coronal sections. An axial slice thickness no greater than 1.5-mm should be used for reformatting or for reconstructions. For temporal bone imaging, slice thickness should not exceed 2-mm for axial or direct coronal sections and should be no greater than 1.5-mm for axial slices to be used in reformatting.

##### C. Spinal CT

1. Cervical: Axial images with a slice thickness no greater than 3-mm allow for optimal imaging of the cervical spine in the setting of trauma as well as in degenerative disease. Coronal and sagittal reformations can be also obtained with this slice thickness. IV contrast injection can be useful in increasing the detection of small disk herniations and can also provide better delineation of anatomic detail, particularly when beam-hardening artifact is present. IV contrast material can also be administered in conjunction with 25-30 second spiral thin-cut acquisitions. Images should be performed and/or reviewed with both soft tissue and bone windows. Three-dimensional volume surface reconstructions may also be obtained. Bilateral oblique reconstructions are advantageous in evaluating the intervertebral foramina. Intrathecal contrast provides excellent detail of the thecal contents including the spinal cord. Performance of CT myelography should be in accordance with the ACR Standard for the Performance of Myelography and Cisternography.
2. Thoracic spine: In the setting of trauma, thin-section slices (thickness no greater than 3-mm) should be used. Sagittal, coronal, and oblique reformations can also be employed. Three-dimensional reconstructions are also possible with thin sections. Routine imaging may be performed with 3-5mm slice thickness parallel to the disk spaces. If reformations are necessary, thin sections (3-mm) should be obtained. IV and intrathecal contrast may enhance visualization of anatomic detail. Spiral techniques can also be employed with contrast-enhanced CT of the thoracic spine. Images should be performed and/or reviewed with both soft tissue and

bone windows. In the neonate, slice thickness no greater than 3-mm should be employed for routine imaging, and thinner sections may be used where appropriate. The use of intrathecal contrast or postmyelographic CT imaging of the thoracic spine should be performed in accordance with the ACR Standard for the Performance of Myelography and Cisternography.

- 3. Lumbar spine: In the setting of trauma, slice thickness no greater than 3-mm should be employed with sagittal, coronal, and oblique reformations as may be necessary. For routine imaging in older children and adults, contiguous or overlapping 3-5-mm thick sections should be performed parallel to the disc spaces. In the neonate, slice thickness should not exceed 3-mm. Images should be performed and/or reviewed with both soft tissue and bone windows. Three-dimensional reconstructions as well as spiral imaging may be performed as needed. Intrathecal contrast can be utilized to enhance visualization of intrathecal anatomy and should be performed in accordance with the ACR Standard for the Performance of Myelography and Cisternography.

CT imaging of the spine can be performed with either standard (soft tissue) or bone reconstruction algorithms. If osseous disease is suspected, the bone algorithm should be included. Retention of the raw data allows retrospective reconstruction using different algorithms, if clinically indicated, but is impractical to perform for every study.

**V. DOCUMENTATION**

The findings of the examination should be reported in accordance with the ACR Standard on Communication: Diagnostic Radiology.

**VI. EQUIPMENT SPECIFICATIONS**

**A. Performance Standards**

For patient imaging, the CT scanner should meet or exceed the following specifications:

- 1. Scan times: minimum, not more than 2 seconds.
- 2. Slice thickness: minimum, not more than 2-mm.
- 3. Interscan delay: minimum, not more than 4 seconds (may be longer if intravascular contrast material is not used).

- 4. Limiting spatial resolution: must be measured to verify that it meets the unit manufacturer's specifications.

B. Patient monitoring equipment and facilities for cardiopulmonary resuscitation including vital signs monitoring, support equipment, and an emergency crash cart should be immediately available. Radiologists, technologists, and staff members should be able to assist with procedures, patient monitoring, and patient support. A written policy should be in place for dealing with emergency procedures such as cardiopulmonary arrest.

**VII. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION CONCERNS**

Policies and procedures related to quality, patient education, infection control and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns appearing elsewhere in the ACR Standards Book.

A comprehensive CT quality-control program should be documented and maintained at the CT facility. The program should help to minimize radiation risk to the patient, facility personnel, and the public and to maximize the quality of the diagnostic information. CT facility personnel must adhere to radiation safety regulations when inside the scanner room. Overall program responsibility should remain with the physician, but specific program implementation should be supervised by the medical physicist or service engineer in compliance with local and state regulations, as well as manufacturer specifications. A list of quality-control tests, frequency of performance, and description of the procedure as well as a list of individuals or groups performing each test should be maintained. Moreover, the parameters of technique, equipment testing, and acceptability of limits for each test should also be maintained in addition to sample records from each test. Quantitative dose determination should be conducted periodically, in addition to equipment performance monitoring

The supervising physician should review all practices and policies at least annually. Policies with respect to contrast and sedation must be administered in accordance with institutional policy as well as state and federal regulations. A physician should be available on-site whenever contrast and/or sedation is administered.

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## ACR STANDARD FOR THE PERFORMANCE OF PEDIATRIC AND ADULT THORACIC COMPUTED TOMOGRAPHY (CT)

### I. INTRODUCTION

Computed tomography (CT) is currently the imaging modality of choice following routine chest radiography for evaluating many intrathoracic diseases. Optimal performance of CT requires knowledge of both thoracic anatomy (including anatomic variants) and pathophysiology, as well as familiarity with CT techniques. This standard outlines the principles for the performance of high-quality thoracic CT in adults and children.

(For pediatric thoracic CT specifically, refer to Sections IV.A.2, V.H-1.)

### II. GOAL

The goal of thoracic CT is to demonstrate the absence or presence and nature of disease involving the chest.

### III. INDICATIONS AND CONTRAINDICATIONS

The role of chest CT has been defined as a complementary examination to plain chest radiography (see ACR Standard for the Performance of Pediatric and Adult Chest Radiography). Indications for the use of thoracic CT include, but are not limited to:

- A. Evaluation of abnormalities discovered on chest radiographs;
- B. Evaluation of the thorax in patients with clinically suspected occult pathology;
- C. Staging and follow-up of lung and other primary or secondary thoracic malignancies;
- D. Evaluation for thoracic manifestations of known extrathoracic diseases;
- E. Evaluation of suspected thoracic vascular abnormalities (congenital or acquired);
- F. Evaluation of suspected congenital thoracic anomalies;
- G. Evaluation and follow-up of extent and distribution of pulmonary parenchymal and airway disease;
- H. Trauma; and
- I. Performance of CT-guided biopsies and drainage procedures.



There are no absolute contraindications to thoracic CT. As with all procedures, the relative benefits and risks of the procedure should be evaluated prior to the performance of thoracic CT with use of iodinated contrast. Appropriate precautions should be taken to minimize patient risks.

All imaging facilities should have policies and procedures to reasonably attempt to identify pregnant patients prior to the performance of any diagnostic examination involving ionizing radiation. If the patient is known to be pregnant, the potential radiation risks to the fetus and clinical benefits of the procedure should be considered before proceeding with the study (Res. 24, 1995).

**IV. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL**

**A. Physician**

Examinations must be performed under the supervision of and interpreted by a physician with the following qualifications:

- 1. Certification in Radiology or Diagnostic Radiology by the American Board of Radiology (ABR), the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada, provided the board examination included body CT.

or

- 2. If appropriately certified, as in (1) above, but before the Board examined in body CT (1978), the physician can qualify by experience including at least 2 years during which 200 thoracic CT exams were interpreted and formally reported or by completing a mentoring program of 1 year or less during which the physician interprets 100 thoracic CT exams under the supervision of an on-site qualified physician

If pediatric thoracic CT examinations are to be performed, the physician should have had 3 months of documented formal training in pediatric radiology and should have had documented training and experience in the administration of appropriate sedation and iodinated contrast to pediatric patients.

or

- 3. The physician has spent a minimum of 6 months interpreting cross-sectional imaging examinations with at least 3 months' training in the interpretation and formal reporting of thoracic CT images in a documented formal training program in an accredited residency, fellowship, or equivalent.

or

- 4. In the absence of residency training, formal fellowship, or other postgraduate training that included instruction in body CT, at least 2 years of experience with body CT under supervision of an on-site qualified physician during which a minimum of 500 thoracic CT examinations were supervised, interpreted, and formally reported.

and

- 5. The physician shall have documented training in the physics of diagnostic radiology. Additionally, the physician must be familiar with principles of radiation protection, the hazards of radiation exposure to both patients and radiology personnel, and appropriate monitoring requirements.
- 6. Physicians should be thoroughly acquainted with the many morphologic and pathophysiologic manifestations of thoracic disease. Additionally, supervising physicians should have appropriate knowledge of alternative imaging methods, including the use and indications for specialized studies such as angiography, ultrasonography, magnetic resonance imaging, and nuclear medicine studies.
- 7. The physician should be familiar with patient preparation for the examination. The physician must have had training in the recognition and treatment of adverse effects of contrast materials used for these studies. Training and proficiency in cardiopulmonary resuscitation is required for those who attend to patients undergoing contrast-enhanced CT.
- 8. The physician shall have the responsibility of reviewing all indications for the examination; specifying the use, dosage, and rate of administration of contrast agents; specifying the scanning technique; interpreting images; generating written reports; and maintaining the quality of both the images and interpretations.

**B. Medical Physicist**

A Qualified Medical Physicist is an individual who is competent to practice independently one or more of the subfields in medical physics. The American College of Radiology considers that certification and continuing education in the appropriate subfield(s) demonstrate that an individual is competent to practice one or more of the subfields in medical physics and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR).

The appropriate subfields of medical physics for this standard are Diagnostic Radiological Physics or Radiological Physics.

The continuing education of a Qualified Medical Physicist should be in accordance with the ACR Standard for Continuing Medical Education (Res. 17, 1996).

C. Technologist

1. The technologist should have the responsibility for patient comfort, preparing and positioning the patient for the CT examination, monitoring the patient during the examination, and obtaining the CT data in a manner prescribed by the supervising physician. If intravenous contrast material is to be administered, qualifications for technologists performing intravenous injections should be in compliance with current ACR policy statements<sup>1</sup> and existing operating procedures or manuals at the imaging facility. The technologist should also perform the regular quality control testing of the CT system under the supervision of the qualified medical physicist.
2. Technologists performing CT examinations should be certified by the American Registry of Radiologic Technologists or have an unrestricted state license with documented training and experience in CT.

V. SPECIFICATIONS OF THE EXAMINATION

A. A typical CT of the thorax should include transaxial images from the lung apices to the costophrenic sulci (or the adrenal glands, whichever is obtained last) usually with 5- to 10-mm slice thickness and 5- to 15-mm table incrementation. The examination may be modified under specific clinical circumstances. Thin-section thoracic CT will typically be performed with 1- to 2-mm slice thickness and may be reconstructed with high spatial frequency reconstruction algorithms.

<sup>1</sup>The American College of Radiology approves of the injection of contrast material and diagnostic levels of radiopharmaceuticals by certified and/or licensed radiologic technologists and radiologic nurses under the direction of a radiologist or his or her physician designee who is personally and immediately available, if the practice is in compliance with institutional and state regulations. There must be prior written approval by the medical director of the radiology department/service of such individuals; such approval process having followed established policies and procedures, and the radiologic technologists and radiologic nurses who have been so approved maintain documentation of continuing medical education related to the materials being injected and to the procedure being performed; (Res. 1-H, 1987,1997).

B. During any single examination, all scans should be obtained in the same suspended state of respiration (e.g., inspiration) if possible. Scans should be obtained through the entire area of interest. The field of view should be optimized for each patient.

C. The examination may be conducted without contrast, with contrast, or both as clinically indicated.

D. Appropriate window and level settings should be used to view the lung parenchyma and the mediastinal structures. When skeletal pathology is suspected, window settings appropriate to visualize osseous structures should be used.

E. Although many of the operations of a CT scanner are automated, a number of technical parameters remain operator dependent. As these can significantly affect the diagnostic value of the CT examination, it is necessary for the supervising physician to acquire familiarity with the following:

1. Patient history (to include indications and risk factors which might increase the likelihood of adverse reactions to contrast media);
2. Exposure factors;
3. Collimation (slice thickness);
4. Slice spacing (table increment) or pitch;
5. Field of view;
6. Window settings;
7. Algorithm of reconstruction;
8. Contrast media;
9. Restruction interval (for helical exams).

F. Optimization of the CT examination requires the supervising physician to develop an appropriate CT protocol based on careful review of clinical indications as well as all relevant prior available imaging studies.

G. Protocols should be prepared by region of interest and medical indication. Techniques should be selected that provide image quality consistent with the diagnostic needs of the exam at acceptably low radiation dose levels to the patient. For each area of interest or indication, the protocol should indicate at least the following:

1. Use of helical (spiral) versus incremental slice acquisition.
2. If intravenous contrast is used, the volume, rates of administration, and time delay between administration of contrast material and initiation of scan.
3. Collimation (slice thickness).
4. Slice spacing (table increment), or pitch.
5. kVp and mAs per slice for small, medium, and large patients.
6. Superior and inferior extent of the region of interest to be imaged.

- 25
7. Reconstruction algorithm and level and window settings of permanent images.
  8. Reconstruction interval (for helical exams).

These protocols should be reviewed and updated periodically.

H. For pediatric patients, efforts should be directed to:

1. Limit radiation dose where diagnostically feasible with increased table increment or pitch, use of low mA, and partial scans.
2. Minimize motion artifact with short scan times, partial scans, and appropriate sedation.

I. If sedation is used, it should be done in accordance with the ACR Standard for Adult Sedation/Analgesia. For pediatric patients see the ACR Standard for Pediatric Sedation/Analgesia.

## VI. DOCUMENTATION

Reporting should be in accordance with the ACR Standard on Communication: Diagnostic Radiology.

## VII. EQUIPMENT SPECIFICATIONS

### A. Performance Standards

To achieve acceptable clinical CT scans of the thorax, a CT scanner should meet or exceed the following capabilities:

1. Scan times:  $\leq 2$  sec.
2. Slice thickness:  $\leq 2$ -mm.
3. Interscan delay:  $< 5$  sec (may be longer if no intravascular contrast used).
4. Limiting spatial resolution: must be measured to verify that it meets the unit manufacturer's specifications.

B. Emergency supplies including appropriate medications and resuscitation equipment must be immediately available to treat adverse reactions. If pediatric patients are examined, these supplies should include appropriately sized emergency devices and medication doses for pediatric patients. Policies and procedures should be in place for the regular review of emergency supplies to assure that those supplies are current.

## VIII. EQUIPMENT QUALITY CONTROL

A. The quality-control program for CT equipment should be designed to minimize patient, personnel, and public radiation risks and to maximize the quality of the diagnostic information. The program should be supervised by a Qualified Medical Physicist. Each imaging facility should have documented policies and procedures that include:

1. A list of quality control tests to be performed and the frequency of performance.
2. A list of individuals or groups who will perform each test.
3. A written description of the procedure that will be used for each test, including the technique factors to be employed, the equipment to be used for testing, the acceptability limits of each test, and sample records from each test.

B. At least annually, equipment performance should be monitored and a quantitative dose determination should be conducted by a Qualified Medical Physicist (see ACR Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment)

## IX. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION CONCERNS.

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns appearing elsewhere in the ACR Standards Book.

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# ACR STANDARD FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY FOR THE DETECTION OF PULMONARY EMBOLISM IN ADULTS

## I. INTRODUCTION

Rapid helical CT scanning during injection of intravenous contrast material demonstrates and allows for evaluation of the pulmonary vasculature. This technique has led to the use of helical (spiral) CT pulmonary angiography for the direct visualization and diagnosis of pulmonary embolism. This standard should serve as a guide to physicians with access to helical CT wishing to use this technique in the evaluation of patients with suspected pulmonary embolism.

## II. DEFINITION

Helical CT may be used to detect pulmonary embolism by rapid data acquisition through the central pulmonary vessels during rapid intravenous injection of iodinated contrast material.

## III. GOAL

A major goal of helical CT pulmonary angiography is to detect pulmonary embolism. In selected patients, this relatively noninvasive test can replace ventilation/perfusion lung scanning and the more invasive, direct catheter pulmonary angiography.

## IV. PATIENT SELECTION

### A. Indications

The clinical indications for helical CT pulmonary angiography continue to evolve as the results of clinical trials are published comparing this technology to other imaging modalities. At present the indications for this examination include, but are not limited to, the following clinical situations:

1. For the primary diagnosis of pulmonary embolism in patients with suggestive clinical and/or radiographic findings.
2. For patients with suspected pulmonary embolism having extensive underlying heart or lung disease, with a reduced likelihood of a diagnostic-quality nuclear medicine ventilation/perfusion (V/Q) study.

- 3. Following a lung ventilation/perfusion study that does not result in a definitive diagnosis.
- 4. When a rapid diagnosis of pulmonary embolism is essential.
- 5. For evaluating patients, particularly those considered for pulmonary thromboendarterectomy, with chronic pulmonary hypertension possibly secondary to central embolism.
- 6. For patients with contraindications to conventional catheter pulmonary arteriography.

**B. Contraindications**

The relative risks are associated with the injection of intravascular iodinated contrast agents, including hypersensitivity reactions, renal toxicity, and soft-tissue extravasation. Patients with known hypersensitivity to contrast material and renal failure are at particular risk. As with all radiographic examinations requiring intravenous administration of iodinated contrast, the risks and benefits of CT pulmonary angiography should be evaluated relative to alternative methods of diagnosis. Patients who are very tachypneic may be unable to breath-hold or breathe quietly during image acquisition, and therefore, may have poor quality, nondiagnostic scans due to respiratory motion. In such patients, consideration should be given to the limitations of CT pulmonary arteriography as well as an alternative imaging technique.

All imaging facilities should have policies and procedures to reasonably attempt to identify pregnant patients prior to the performance of any diagnostic examination involving ionizing radiation. If the patient is known to be pregnant, the potential radiation risks to the fetus and clinical benefits of the procedure should be considered before proceeding with the study (Res. 24, 1995).

**V. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL**

**A. Physician**

The physician is responsible for reviewing indications for the examinations and for specifying the parameters of image acquisition, the route, volume, and rate of contrast injection, and the method of image reconstruction and storage. The physician should monitor the quality of the images and interpret the study. Additionally, interpreting physicians must be familiar with segmental bronchovascular anatomy and should recognize the direct and indirect CT findings associated with pulmonary embolism.

All CT pulmonary angiograms must be performed under the supervision of and interpreted by a licensed physician with the following qualifications:

Certification in Radiology or Diagnostic Radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada, and involvement with the performance, interpretation, and reporting of 300 CT examinations within the last 36 months.<sup>1</sup>

or

Completion of an accredited diagnostic radiology residency program and involvement with the performance, interpretation, and reporting of 500 CT examinations in the past 36 months.<sup>1</sup>

or

Completion of an ACGME accredited residency in specialty practiced, plus 200 hours Category I CME in subspecialty where CT reading occurs (e.g., cardiology), and 500 CT cases, limited to chest, interpreted and reported during the past 36 months in a supervised situation.

and

The physician shall have documented training in the physics of diagnostic radiology. Additionally, the physician must have documented training in the principles of radiation protection, the hazards of radiation exposure to both patients and radiologic personnel, and appropriate monitoring requirements.

and

The physician must have had training in the recognition and treatment of adverse effects of contrast materials used for these studies. This includes the management of subcutaneous extravasation of iodinated contrast.

**Maintenance of Competence**

The physician must have interpreted and reported 100 CT examinations per year to maintain competence. For the physician assuming limited CT imaging for specific anatomic areas, the examination should reflect those anatomic areas.

**Continuing Medical Education**

The physician's continuing education should be in accordance with the ACR Standard for Continuing Medical

<sup>1</sup>Completion of an accredited radiology residency in the past 24 months will be presumed to be satisfactory experience for the reporting and interpreting requirement.

Education (CME) and should include CME in CT as is appropriate to the physician's practice needs.

B. Qualified Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently in one or more subfields in medical physics. The American College of Radiology considers certification and continuing education in the appropriate subfield(s) to demonstrate that an individual is competent to practice one or more of the subfields in medical physics to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR).

The appropriate subfields of medical physics for this standard are Diagnostic Radiological Physics or Radiological Physics.

The continuing education of a Qualified Medical Physicist should be in accordance with the ACR Standard for Continuing Medical Education (Res. 17, 1996).

B. Radiological Technologist

The technologist should have the responsibility for patient comfort; preparing and positioning the patient for the CT examination, monitoring the patient during the examination, and obtaining the CT data in a manner prescribed by the supervising physician. If intravenous contrast material is to be administered, qualifications for technologists performing intravenous injections should be in compliance with ACR policy statements<sup>2</sup> and existing operating procedures or manuals at the imaging facility. The technologist may perform regular quality control testing of the CT system while under the supervision of a Qualified Medical Physicist.

Technologist performing CT examinations should be certified by the American Registry of Radiologic Technologists (ARRT) or have an unrestricted state license with documented training and experience in CT.

<sup>2</sup> The American College of Radiology approves of the injection of contrast material and diagnostic levels of radiopharmaceuticals by certified and/or licensed radiologic technologists and radiologic nurses under the direction of a radiologist or his or her physician designee who is personally and immediately available, if the practice is in compliance with institutional and state regulations. There must be prior written approval by the medical director of the radiology department/service for such individuals; such approval process having followed established policies and procedures, and the radiologic technologists and radiologic nurses who have been so approved maintain documentation of continuing medical education related to the material being injected and to the procedure being performed; (Res. 1-H, 1987, 1997).

VI. SPECIFICATIONS OF THE EXAMINATION (PERFORMANCE STANDARDS)

A. Patient Considerations

Relevant patient history (including indications and risk factors that might increase the likelihood of adverse reaction to contrast media).

B. Technical Parameters - General

The supervising physician must be familiar with the following operator-dependent parameters, appropriately applied, based on imaging equipment available:

1. Technique factors and patient dose.
2. Collimation and pitch.
3. Slice spacing - table motion and longitudinal coverage.
4. Scan and display field-of-view (FOV).

C. Technical Requirements - Minimum

The following operator-dependent parameters are minimum requirements:

1. Slice thickness  $\leq$  5-mm.
2. Slice spacing  $\leq$  slice thickness.
3. Longitudinal coverage - from top of lower hemidiaphragm to top of aortic arch (12-15-cm distance).
4. Scan delay from initiation of injection
  - a. An empiric delay of 15 seconds for arterial enhancement or 25-35 seconds for arterial and venous enhancement.
  - b. In patients who are anticipated to have a prolonged delay of pulmonary arterial enhancement, the length of the delay may be calculated by performing a preliminary test bolus and obtaining a time-density curve or by the use of on-line bolus tracking software.
5. Display FOV - inner rib to inner rib at greatest width of the thorax.
6. Window width and level - modified mediastinal windows for emboli and lung windows for airways and parenchymal disease/pneumothorax evaluation.
7. Algorithm of reconstruction - soft tissue or bone.
8. Contrast media administration - contrast concentrations and injection rate and volume should be selected to assure sufficient opacification of pulmonary vessels, such as 100-150 ml of 300 mg% nonionic contrast at 3-5 cc/second. Nonionic contrast should be used to reduce the likelihood of vomiting during the acquisition and to reduce the adverse effects of subcutaneous extravasated contrast that might result from a high rate of contrast injection. The high flow rate necessary for adequate

intravascular contrast concentrations requires intravenous access with a catheter capable of administering iodinated contrast at a high injection rate using a power injector. The rate and volume of contrast injection and scan delay should be customized to the specific catheter and injection site utilized.

**D. Scan Interpretation**

The interpretation of the CT pulmonary arteriogram should include a statement about the quality of the examination when there are limitations impacting accuracy, particularly regarding the level of arterial enhancement and whether motion artifact limits evaluation of the pulmonary vessels.

Scans are to be interpreted by comparing mediastinal and lung windows at similar levels to distinguish arteries from veins and lymph nodes. While not essential, the use of a computer console or workstation allows for cine format viewing that may aid in the detection of emboli.

**VII. DOCUMENTATION**

Reporting should be in accordance with the ACR Standard for Communication: Diagnostic Radiology.

**VIII. EQUIPMENT SPECIFICATIONS**

For diagnostic quality CT pulmonary angiography for pulmonary embolism, the CT scanner should meet or exceed the following specifications:

1. Type of scanner: single- or multi-row helical or electron beam CT.
2. Gantry rotation period: 1 sec or less.
3. Tube heat capacity that allows for a single 24-30 second acquisition.
4. Slice thickness: no greater than 5-mm.
5. Table pitch: no greater than 2:1 for single row detector helical scanners.
6. Spatial resolution: the scanner should be capable of providing a pixel size equal to 1/512th of the smallest field of view encompassing both lungs.

An emergency cart containing appropriate medication and resuscitation equipment must be available to treat adverse contrast reactions.

**IX. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION CONCERNS**

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality

Control and Improvement, Safety, Infection Control, and Patient Education Concerns appearing elsewhere in the ACR Standards Book.

Equipment performance monitoring should be in accordance with the ACR Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography Equipment.

**ACKNOWLEDGEMENTS**

This standard was developed according to the process described in the ACR Book of Standards by the Committee on Standards of the Commission on General and Pediatric Radiology.

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The American College of Radiology, with more than 30,000 members, is the principal organization of radiologists, radiation oncologists, and clinical medical physicists in the United States. The College is a nonprofit professional society whose primary purposes are to advance the science of radiology, improve radiologic services to the patient, study the socioeconomic aspects of the practice of radiology, and encourage continuing education for radiologists, radiation oncologists, medical physicists, and persons practicing in allied professional fields.

The American College of Radiology will periodically define new standards for radiologic practice to help advance the science of radiology and to improve the quality of service to patients throughout the United States. Existing standards will be reviewed for revision or renewal, as appropriate, on their fifth anniversary or sooner, if indicated.

Each standard, representing a policy statement by the College, has undergone a thorough consensus process in which it has been subjected to extensive review, requiring the approval of the Commission on Standards and Accreditation as well as the ACR Board of Chancellors, the ACR Council Steering Committee, and the ACR Council. The standards recognize that the safe and effective use of diagnostic and therapeutic radiology requires specific training, skills, and techniques, as described in each document.

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The standards of the American College of Radiology (ACR) are not rules, but are guidelines that attempt to define principles of practice that should generally produce high-quality radiological care. The physician and medical physicist may modify an existing standard as determined by the individual patient and available resources. Adherence to ACR standards will not assure a successful outcome in every situation. The standards should not be deemed inclusive of all proper methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The standards are not intended to establish a legal standard of care or conduct, and deviation from a standard does not, in and of itself, indicate or imply that such medical practice is below an acceptable level of care. The ultimate judgment regarding the propriety of any specific procedure or course of conduct must be made by the physician and medical physicist in light of all circumstances presented by the individual situation.

# ACR STANDARD FOR THE PERFORMANCE OF HIGH-RESOLUTION COMPUTED TOMOGRAPHY (HRCT) OF THE LUNGS IN ADULTS

## I. INTRODUCTION

High-resolution computed tomography (HRCT) of the lungs is a well-established imaging method for the evaluation of many pulmonary diseases. Optimal performance of HRCT requires knowledge of anatomy and pathophysiology, as well as familiarity with the basic physics and techniques of computed tomography. This standard outlines the principles for performance of high-quality thoracic HRCT.

## II. INDICATIONS

Indications for the use of thoracic HRCT include, but are not limited to the following:

1. Evaluation of diffuse pulmonary disease discovered on chest radiographs, including selection of the appropriate site for biopsy of diffuse lung disease.
2. Evaluation of the lungs in patients with clinically suspected pulmonary disorders that have normal or equivocal chest radiographs.
3. Evaluation of suspected small airway disease.
4. Evaluation of suspected bronchiectasis.
5. Quantification of the extent of diffuse lung disease for purposes of judging effectiveness of treatment.

There are no absolute contraindications to thoracic HRCT. Intravenous iodinated contrast is not used for routine HRCT but may be helpful in some cases for problem solving.

All imaging facilities should have policies and procedures to reasonably attempt to identify pregnant patients prior to the performance of any diagnostic examination involving ionizing radiation. If the patient is known to be pregnant, the potential radiation risks to the fetus and clinical benefits of the procedure should be considered before proceeding with the study (Res. 24, 1995).

## III. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

### A. Physician

The physician shall have the responsibility for reviewing all indications for the examination; specifying the precise

technical factors to be used for the HRCT study; generating written report; and monitoring and maintaining the quality of images and interpretation.

The physician should be thoroughly acquainted with the many anatomic and physiologic manifestations of intrathoracic disease. Additionally, supervising physicians should have appropriate knowledge of alternative imaging modalities, including available techniques for performing routine chest radiography and applications and indications for the use of specialized studies, such as standard thoracic computed tomography, angiography, ultrasonography, magnetic resonance imaging, and nuclear medicine studies.

All examinations must be performed under the supervision of, and interpreted by, a licensed physician with the following qualifications:

Certification in Radiology or Diagnostic Radiology by the American Board of Radiology, the American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada, and involvement with the performance, interpretation, and reporting of 300 CT examinations within the last 36 months.<sup>1</sup>

or

Completion of an accredited diagnostic radiology residency program and involvement with the performance, interpretation, and reporting of 500 CT examinations in the past 36 months.<sup>1</sup>

or

Completion of an ACGME accredited residency in specialty practiced, plus 200 hours Category I CME in subspecialty where CT reading occurs (e.g., cardiology), and 500 CT cases, limited to chest, interpreted and reported during the past 36 months in a supervised situation.

and

The physician shall have documented training in the physics of diagnostic radiology. Additionally, the physician must demonstrate training in the principles of radiation protection, the hazards of radiation exposure to both patients and radiologic personnel, and appropriate monitoring requirements.

<sup>1</sup>Completion of an accredited radiology residency in the past 24 months will be presumed to be satisfactory experience for the reporting and interpreting requirement.

### Maintenance of Competence

The physician must have interpreted and reported 100 CT examinations per year to maintain competence. For the physician assuming limited CT imaging for specific anatomic areas, the examination should reflect those anatomic areas.

### Continuing Medical Education

The physician's continuing education should be in accordance with the ACR Standard for Continuing Medical Education (CME) and should include CME in CT as is appropriate to the physician's practice needs.

### B. Qualified Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently in one or more subfields in medical physics. The American College of Radiology considers certification and continuing education in the appropriate subfield(s) to demonstrate that an individual is competent to practice one or more of the subfields in medical physics, and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR).

The appropriate subfields of medical physics for this standard are Diagnostic Radiological Physics or Radiological Physics.

The continuing education of a Qualified Medical Physicist should be in accordance with the ACR Standard for Continuing Medical Education (Res. 17, 1996).

### C. Radiological Technologist

The technologist should have the responsibility for patient comfort, preparing and positioning the patient for the CT examination, monitoring the patient during the examination, and obtaining the CT data in a manner prescribed by the supervising physician. The technologist should also perform the regular quality control testing of the CT system under the supervision of a Qualified Medical Physicist.

Technologist performing CT examinations should be certified by the American Registry of Radiologic Technologists (ARRT) or have an unrestricted state license with documented training and experience in CT.

## IV. SPECIFICATIONS AND PERFORMANCE OF THE EXAMINATION

A. Although many of the operations of a CT scanner are automated, a number of technical parameters remain operator-dependent. As these factors can significantly affect

the diagnostic value of the HRCT examination, it is necessary for the supervising physician to acquire familiarity with the following:

1. Radiation exposure factors.
2. Collimation (slice thickness).
3. Slice spacing (table increment).
4. Field of view.
5. Level and window settings.
6. Reconstruction algorithm.

B. Optimization of the CT examination requires the supervising physician to develop an appropriate CT protocol based on careful review of relevant patient history and clinical indications as well as all prior available imaging studies.

1. Protocols should be prepared according to the specific medical indication. Techniques should be selected that provide image quality consistent with the diagnostic needs of the exam at acceptably low radiation dose levels to the patient. For each indication, the protocol should include at least the following:
  - a. Bone or high-spatial-frequency reconstruction algorithm.
  - b. Collimation (slice thickness)  $\leq 2$ -mm.
  - c. Slice spacing (table increment).
  - d. Field of view (FOV) for small, medium, and large patients.
  - e. kVp and mAs per slice (120–140 kVp and approximately 240 mAs, although lower doses may be used with small patients or those receiving serial HRCT scans).
  - f. Superior and inferior extent of the region of interest to be imaged.
  - g. Level and window settings of hard-copy images.
  - h. Patient positioning (supine and/or prone).
  - i. State of respiration (inspiration and/or expiration).
2. These protocols should be reviewed and updated periodically.

**V. DOCUMENTATION**

Reporting should be in accordance with the ACR Standard on Communication: Diagnostic Radiology.

**VI. EQUIPMENT SPECIFICATIONS**

To achieve acceptable clinical HRCT scans of the thorax, a CT scanner should meet or exceed the following capabilities:

1. Scan times:  $\leq 2$  sec.

2. Slice thickness:  $\leq 2$ -mm.
3. Algorithm available: bone or high-spatial frequency.
4. Spatial resolution should meet or exceed manufacturer's specifications.

**VII. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION CONCERNS**

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns appearing elsewhere in the ACR Standards Book.

Equipment performance monitoring should be in accordance with the ACR Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography Equipment.

**ACKNOWLEDGEMENTS**

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35

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## ACR STANDARD FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY (CT) OF THE ABDOMEN AND COMPUTED TOMOGRAPHY (CT) OF THE PELVIS

### I. INTRODUCTION

Computed tomography (CT) is a proven radiologic modality that utilizes ionizing radiation to obtain cross-sectional images. Optimal performance of CT requires knowledge of both anatomy and pathophysiology as well as familiarity with the basic physics and techniques of computed tomography. This standard outlines the principles for the performance of high-quality diagnostic abdominal CT and pelvic CT.

### II. INDICATIONS AND CONTRAINDICATIONS

Indications for abdominal CT or pelvic CT examinations include, but are not limited to:

- A. Evaluation of abdominal or pelvic pain.
- B. Evaluation of known or suspected abdominal or pelvic masses or fluid collections, primary or metastatic malignancies, abdominal or pelvic inflammatory processes, and abnormalities of abdominal or pelvic vascular structures.
- C. Evaluation of abdominal or pelvic trauma.
- D. Clarification of findings from other imaging studies or laboratory abnormalities.
- E. Evaluation of known or suspected congenital abnormalities of abdominal or pelvic organs.
- F. Guidance for interventional, diagnostic, or therapeutic procedures within the abdomen or pelvis.
- G. Treatment planning for radiation therapy.

There are no absolute contraindications to abdominal CT or pelvic CT examinations. As with all procedures, the relative benefits and risks of the procedure should be evaluated prior

to the performance of iodinated contrast-enhanced abdominal CT and pelvic CT. Appropriate precautions should be taken to minimize patient risk.

Imaging facilities should have policies and procedures to reasonably attempt to identify pregnant patients prior to the performance of any diagnostic examination involving ionizing radiation. If the patient is known to be pregnant, the potential radiation risks to the fetus and clinical benefits of the procedure should be considered before proceeding with the study (Res. 24, 1995).

### III. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

See the ACR Standard for Performing and Interpreting Computed Tomography (CT).

### IV. SPECIFICATIONS OF THE EXAMINATION

A. A typical CT of the abdomen should include transaxial images from the dome of the diaphragm to the iliac crest with up to 10-mm slice thickness. A typical CT of the pelvis would extend from the iliac crest to the ischial tuberosities with up to 10-mm slice thickness (see Section VI). Often, depending on the clinical circumstances, both the abdomen and pelvis must be examined concurrently. An adequate study may be performed with sequential single-slice technique, multislice helical (spiral) technique, or multidetector multislice technique.

B. In addition to directly acquired axial images, reformatted images in coronal, sagittal, or other more complex planes may be constructed from the axial data set to answer specific clinical questions, or the images may be manipulated to allow selective visualization of specific tissues such as in CT angiography or virtual colonoscopy. Such applications are better performed with helical data sets using smaller slice thickness than with routine axial images and overlapping reconstruction.

C. During any single diagnostic examination, all scans are best obtained in the same suspended state of respiration if possible. For radiation treatment planning, examinations may be obtained during normal respirations. Scans should be obtained through the entire area of interest. The field of view should be optimized for each individual patient.

D. An intraluminal gastrointestinal contrast agent may be administered to provide adequate visualization of the gastrointestinal tract unless medically contraindicated or unnecessary for the clinical indication. This may be a positive contrast agent such as dilute barium or gastrografin, or a negative contrast agent such as water and/or gas air/CO<sub>2</sub>.

E. For many indications, the examination should be performed with intravenous contrast material, either alone or following a non-enhanced examination, using appropriate injection techniques. Abnormal findings on a non-enhanced examination may require further evaluation with contrast enhancement or alternative and complementary imaging if contrast is contraindicated (e.g., allergy, renal failure, etc.).

F. Appropriate window settings should be used to view the visceral organs, the intra-abdominal fat and muscles, and the pulmonary parenchyma at the lung bases. When skeletal pathology is suspected, window settings appropriate to visualize osseous structures should be used.

G. Although many of the operations of a CT scanner are automated, a number of technical parameters remain operator-dependent. As these can significantly affect the diagnostic value of a CT examination, it is necessary for the supervising physician to acquire familiarity with the following:

1. Exposure factors.
2. Collimation (slice thickness).
3. Slice spacing (table increment) or pitch.
4. Field of view.
5. Window settings.
6. Reconstruction algorithms.
7. Image reconstruction interval.

H. Optimization of the CT examination requires the supervising physician to develop an appropriate CT protocol based on careful review of the patient history (to include risk factors that might increase the likelihood of adverse reactions to contrast media) and clinical indications as well as all relevant, prior available imaging studies. This may include determining if CT examination of the abdomen, pelvis, or both is necessary.

I. Protocols may be prepared by region of interest and medical indication. Techniques should be selected that provide image quality consistent with the diagnostic needs of the exam at acceptable low patient radiation dose levels. For each area of interest or indication, the protocol should indicate the following:

1. The volume and type of gastrointestinal contrast media to be administered, the route of administration (oral and/or rectal), and the time during which it should be delivered.
2. If intravenous contrast is used, the type, volume, rate of administration, and time delay between administration of contrast material and initiation of scan.
3. Collimation (slice thickness).
4. Slice spacing (table increment) or pitch.

5. kVp and mAs per slice as appropriate for adult or pediatric patients.
6. Superior and inferior extent of the region of interest to be imaged.
7. Appropriate window and level settings for hard-copy imaging.

These protocols should be reviewed and updated periodically.

## V. DOCUMENTATION

Reporting should be in accordance with the ACR Standard on Communication: Diagnostic Radiology.

## VI. EQUIPMENT SPECIFICATIONS

### A. Performance Standards

To achieve acceptable clinical CT scans of the abdomen and pelvis, a CT scanner should meet or exceed the following capabilities:

1. Scan time:  $\leq 5$  sec ( $\leq 2$  sec is preferable).
2. Slice thickness:  $\leq 5$ -mm ( $\leq 2$ -mm is preferable).
3. Interscan delay:  $< 10$  sec ( $\leq 2$  sec preferred, but may be longer if no intravascular contrast used).
4. Limiting spatial resolution:  $\geq 8$  lp/cm for  $\geq 32$ -cm display field of view (DFOV) and  $\geq 10$  lp/cm for  $< 24$ -cm DFOV.
5. Table pitch: no greater than 2:1 for single-row-detector helical scanners.

B. An emergency cart containing appropriate medication and resuscitation equipment must be readily available to treat adverse contrast reactions.

C. Soft-copy workstation review capability is desirable.

## VII. EQUIPMENT QUALITY CONTROL

The quality control program for computed tomographic equipment should be designed to minimize patient, personnel, and public radiation risks and to maximize the quality of the diagnostic information. The program should be supervised by a Qualified Medical Physicist. Each imaging facility should have documented policies and procedures that include:

1. A list of tests to be performed and the frequency of performance.
2. A list identifying which individual or group will perform the tests.
3. A written description of the procedure that will be used for each test, including the technique factors to be employed, the equipment to be used for testing,

the acceptability limits of each test, and sample records from each test.

## VIII. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION CONCERNS

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns appearing elsewhere in the ACR Standards Book.

For specific issues regarding CT quality control, see the ACR Standard for Performing and Interpreting Computed Tomography.

Equipment performance monitoring should be in accordance with the ACR Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography Equipment.

## ACKNOWLEDGEMENTS

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## ACR STANDARD FOR THE PERFORMANCE OF COMPUTED TOMOGRAPHY (CT) OF THE EXTRACRANIAL HEAD AND NECK IN ADULTS AND CHILDREN

### I. INTRODUCTION

Computed tomography (CT) is a proven and useful modality for the evaluation of a variety of disorders involving the extracranial head and neck. CT should be performed only for a valid medical reason and with the minimum radiation dose necessary to achieve an optimal study. Additional or specialized examinations may be required. While it is not possible to detect all abnormalities using CT, adherence to the following standards will increase the probability of their detection.

### II. INDICATIONS

A. Indications for CT of the soft tissues of the extracranial head and neck include, but are not limited to:

1. Congenital anomalies.
2. Benign and malignant neoplasms.
3. Infections and inflammatory processes.
4. Trauma.
5. Vascular malformations.
6. Evaluation of palpable masses.
7. Radiation therapy treatment planning.
8. Follow-up after surgery, chemotherapy, or radiation therapy.

B. Indications for CT of the paranasal sinuses include, but are not limited to:

1. Congenital anomalies.
2. Fibro-osseous disease.
3. Sinonasal neoplasm, including benign or malignant lesions and soft tissue or bone involvement.
4. Facial trauma.
5. Acute and chronic inflammation.
6. Follow-up after surgery, chemotherapy, or radiation therapy.
7. Radiation therapy treatment planning.

C. Indications for CT of the orbits include, but are not limited to:

1. Congenital abnormalities.
2. Proptosis.

3. Fibro-osseous disease.
4. Orbital and ocular neoplasms.
5. Trauma.
6. Infections and inflammation.
7. Thyroid ophthalmopathy.
8. Follow-up after surgery, chemotherapy, or radiation therapy.
9. Radiation therapy treatment planning.
10. Foreign body.

D. Indications for CT of the temporal bone include, but are not limited to:

1. Conductive or sensorineural hearing loss.
2. Neoplasms.
3. Trauma.
4. Acute or chronic otomastoid inflammatory disease.
5. Preoperative evaluation prior to mastoidectomy.
6. Preoperative evaluation for cochlear implant.
7. Suspected inner ear disease.
8. Radiation therapy treatment planning.
9. Follow-up after surgery, chemotherapy, or radiation therapy.

All imaging facilities should have policies and procedures to reasonably attempt to identify pregnant patients prior to the performance of any diagnostic examinations involving ionizing radiation. If the patient is known to be pregnant, the potential radiation risk to the fetus and clinical benefits of the procedure should be considered before proceeding with the study (Res. 24, 1995).

### III. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

See the ACR Standard for Performing and Interpreting Computed Tomography.

### IV. SPECIFICATIONS OF THE EXAMINATION

Head and neck CT protocols require close attention and development by the supervising physician, according to specified indications. Protocols should be reviewed periodically in order for the examinations to be optimized. The supervising physician should be familiar with the indications for each examination, relevant patient history, potential adverse reactions to contrast media, exposure factors, window and center settings, field of view, collimation, slice intervals, and reconstruction algorithms.

With multidetector helical CT scanners, high-quality images may be reconstructed in multiple planes from a single data set, obviating the need for separate coronal and axial acquisitions.

The written or electronic request for the CT of the extracranial head and neck examination should contain appropriate clinical history and the reason for the examination. This request should be completed under the supervision of the referring physician or by other allied health professional for which this activity is within the scope of practice.

#### A. Neck CT

The patient should lie on the table in the supine position with the neck slightly extended. The study should be performed with the patient breathing quietly. Contiguous or overlapping sections should be obtained through the area of interest. The slice thickness should not exceed 5-mm; and the gantry angle should be parallel to the hard palate. In patients with dental amalgam, the gantry angle may initially be parallel to the hard palate and then be angled to avoid streak artifact from the dental amalgam during image acquisition. The second angle should approximate the plane of the hyoid bone. All studies should be reconstructed in soft-tissue algorithm. Additional reconstruction with a suitable edge-enhancing algorithm or technique to improve bone depiction should be obtained in patients with a history of infection, tumor, or trauma. Intravenous contrast is recommended in patients without contraindications. A non-contrast study may be performed to evaluate for salivary stones. If the examination is performed for a vocal cord tumor, axial sections should be parallel to the vocal cords or hyoid bone.

#### B. Sinus CT

The standard study should be performed in the coronal plane. Axial studies may be performed when deemed clinically necessary by the radiologists or the referring physician. If a patient cannot be positioned for direct coronal images, coronal reconstruction from the axial study may be obtained. Intravenous contrast should be used to evaluate neoplasms. Contrast is not required for evaluating facial trauma or routine evaluation of patients with "sinusitis." Contrast may be helpful to evaluate patients with sinus infection who have periorbital or facial swelling and have a clinical suspicion of abscess. All studies should be reconstructed in bone algorithm. Reconstruction in soft-tissue algorithms should be obtained when deemed necessary by the radiologist or referring clinician.

##### 1. Coronal studies

The patient should be placed in the prone position for direct coronal imaging to evaluate the Ostiomeatal Unit (OMU). An attempt should be made to have the gantry angle perpendicular to the plane of the hard palate. Contiguous or overlapping sections should be obtained from the opening of the

nasal cavity to the sella. The slice thickness should not exceed 3-mm. Sedated small children may be scanned in the supine head back position to obtain coronal images.

## 2. Axial studies

The patient should be supine for direct axial imaging. Contiguous or overlapping sections should be obtained from the top of the frontal sinus and continue inferiorly through the hard palate. The slice thickness should not exceed 3-mm.

## C. Orbital CT

The standard examination should consist of image acquisition in the axial and coronal planes. Intravenous contrast should be administered when evaluating neoplasms, inflammatory disorders, and vascular lesions. Pre-contrast imaging is necessary when attempting to identify calcium in entities such as retinoblastoma. Studies should be reconstructed in soft-tissue and bone algorithm.

### 1. Coronal imaging

The patient should be placed in the prone position for the coronal plane. The gantry angle should be perpendicular to the infraorbital-meatal line, while avoiding metallic dental work. If the patient cannot tolerate prone positioning, the coronal images may be attempted with maximal extension of the neck and gantry reangling. Contiguous or overlapping sections should be obtained from the orbital rim to the sella. The slice thickness should not exceed 3-mm. In the case of evaluation for small foreign bodies, slice thickness should not exceed 1.5-mm. Multiplanar reformatted coronal views from direct axial imaging may be used if the patient cannot tolerate direct coronal examination.

### 2. Axial imaging

The patient should be placed in the supine position. The gantry angle should be obtained in a plane parallel to the infraorbital-meatal line selected. Contiguous or overlapping sections should be obtained from the top of the frontal sinus and continue inferiorly through the hard palate. The slice thickness should not exceed 3-mm. In the case of evaluation for small foreign bodies, slice thickness should not exceed 1.5-mm.

## D. Temporal Bone

The standard examination should consist of image acquisition in the axial and coronal planes. Intravenous

contrast may be helpful when evaluating patients with acute mastoiditis in order to evaluate patency of the adjacent transverse sinus. Contrast should be used when there is concern for a tumor. All studies should be reconstructed in bone algorithms. Right and left sides should be separately reconstructed using magnified small field of view.

### 1. Coronal imaging

The patient should be placed in the prone position for the coronal plane. The gantry angle should be perpendicular to the infraorbital-meatal line. Contiguous or overlapping sections should be obtained from approximately 6-mm anterior to the bony portion of the external auditory canal (EAC) to approximately 6-mm posterior to the bony portion of the EAC, or through the entirety of air cells in the affected mastoid. The slice thickness should not exceed 1.5-mm. Multiplanar reformatted coronal views from direct axial imaging may be used if the patient cannot tolerate direct coronal examination.

### 2. Axial imaging

The patient should be placed in the supine position for the axial plane. The gantry angle should be parallel to the infraorbital-meatal line. Contiguous or overlapping sections should be obtained from approximately 6-mm above the bony portion of the EAC to approximately 6-mm below the bony portion of the EAC, or through the entirety of air cells in the affected mastoid. Reconstruction of the posterior fossa using soft-tissue algorithms may be performed if deemed necessary by the radiologist or referring physician. The slice thickness should not exceed 1.5-mm.

## V. DOCUMENTATION

Reporting should be in accordance with the ACR Standard for Communication: Diagnostic Radiology.

## VI. EQUIPMENT SPECIFICATIONS

### A. Performance Standards

For patient imaging, the CT scanner should meet or exceed the following specifications:

1. Scan times: minimum, not more than 2 seconds.
2. Slice thickness: minimum, not more than 1.5-mm.
3. Interscan delay: minimum, not more than 4 seconds (may be longer if intravascular contrast material is not used).
4. Limiting spatial resolution: must be measured to verify that it meets the unit manufacturer's specifications.

5. Table pitch: no greater than 2:1 for single-row-detector helical scanners.

3. An emergency cart containing appropriate medication and resuscitation equipment must be readily available to treat adverse contrast reactions.

C. Soft copy workstation review capability is desirable.

**VII. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION CONCERNS**

Policies and procedures related to quality, patient education, infection control, and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns appearing elsewhere in the ACR Standards Book.

The lowest possible radiation exposure and dose should be used in CT, especially for children. In all pediatric patients, the lowest possible exposure factors should be chosen that would produce images of diagnostic quality.

For specific issues regarding CT quality control, see the ACR Standard for Performing and Interpreting Computed Tomography.

Equipment monitoring should be in accordance with the ACR Standard for Medical Physics Performance Monitoring of Computed Tomography Equipment.

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# ACR STANDARD FOR PERFORMING AND INTERPRETING DIAGNOSTIC COMPUTED TOMOGRAPHY (CT)

## I. INTRODUCTION

Computed tomography is a proven radiologic modality that provides clinical information in the detection, differentiation, and demarcation of disease. Computed tomography is the primary diagnostic modality for a variety of presenting problems and is widely accepted as a supplement to other imaging techniques.

Computed tomography is a form of medical imaging that involves the exposure of patients to ionizing radiation. It should only be performed under the supervision of a physician with the necessary training in radiation protection to optimize examination safety. Radiation physicists and trained technical staff must be available.

Computed tomography examinations should be performed only for a valid medical reason and with the minimum exposure that provides the image quality necessary for adequate diagnostic information.

This standard applies to all computed tomography examinations performed in all settings.

(For pediatric considerations see Section IV.)

## II. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

Physicians who supervise, perform, and interpret computed tomography examinations should be licensed medical practitioners who have a thorough understanding of the indications for computed tomography as well as a familiarity with the basic physical principles and limitations of the technology of computed tomography imaging. They should be familiar with alternative and complementary imaging and diagnostic procedures and should be capable of correlating the results of these with computed tomographic findings. The physicians should have a thorough understanding of computed tomography technology and instrumentation as well as radiation safety. Physicians responsible for computed tomography examinations should be able to demonstrate familiarity with the anatomy, physiology, and pathophysiology of those organs or anatomic areas that are being examined. These physicians should provide evidence of training and requisite competence needed to perform computed tomography examinations successfully.

A. Physician

All examinations must be performed under the supervision of and interpreted by a physician who has the following qualifications:

1. Certification in Radiology or Diagnostic Radiology by the American Board of Radiology, American Osteopathic Board of Radiology, or the Royal College of Physicians and Surgeons of Canada, and involvement with the supervision and/or performance of, as well as interpretation (and/or review) and reporting of, 300 CT examinations in the past 36 months.<sup>1</sup>

or

Completion of an accredited diagnostic radiology residency and involvement with the performance of, as well as interpretation and reporting of, 500 CT examinations in the past 36 months.<sup>1</sup>

or

For non-radiologists, the completion of an accredited residency in the specialty practiced plus 200 hours of Category I CME in the performance as well as interpretation of CT in the subspecialty where CT reading occurs, and 500 cases interpreted and reported during the past 36 months in a supervised situation.

and

2. The physician shall have documented training in the physics of diagnostic radiology. Additionally, the physician must demonstrate training in the principles of radiation protection, the hazards of radiation exposure to both patients and radiologic personnel, and appropriate monitoring requirements.

and

3. The physician should be thoroughly acquainted with the many morphologic and pathophysiologic manifestations and artifacts demonstrated on computed tomography. Additionally, supervising physicians should have appropriate knowledge of alternative imaging methods, including the use and indications for general radiography and specialized studies such as angiography, ultrasonography,

magnetic resonance imaging, and nuclear medicine studies.

and

4. The physician should be familiar with patient preparation for the examination. The physician must have had training in the recognition and treatment of adverse effects of contrast materials<sup>2</sup> used for these studies.

and

5. The physician shall have the responsibility for reviewing all indications for the examination; specifying the use, dosage, and rate of administration of contrast agents<sup>2</sup>; specifying the imaging technique, including appropriate windowing and leveling; interpreting images; generating written reports; and maintaining the quality of both the images and interpretations.

Maintenance of Competence

The physician must interpret and report 100 CT examinations per year to maintain competence. For the physician assuming limited CT imaging for specific anatomic areas, the examinations should reflect those anatomic areas.

Continuing Medical Education

The physician's continuing education should be in accordance with the ACR Standard for Continuing Medical Education (CME) and should include CME in CT as is appropriate to the physician's practice needs.

B. Qualified Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently one or more of the subfields in medical physics. The American College of Radiology considers certification and continuing education in the appropriate subfield(s) to demonstrate that an individual is competent to practice one or more of the subfield(s) in medical physics and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR).

The appropriate subfields of medical physics for computed tomography are Radiological Physics and Diagnostic Radiological Physics.

<sup>1</sup>Completion of an accredited radiology residency in the past 24 months will be presumed to be satisfactory experience for the reporting and interpreting requirement.

<sup>2</sup>See the ACR Standard for the Use of Intravascular Contrast Media.



A Qualified Medical Physicist's continuing education should be in accordance with the ACR Standard for Continuing Education (CME) (Res. 17, 1996).

C. Radiologic Technologist

The technologist should have the responsibility for patient comfort, preparing and positioning the patient for the CT examination, monitoring the patient during the examination, and obtaining the CT data in a manner prescribed by the supervising physician. If intravenous contrast material is to be administered, qualifications for technologists performing intravenous injections should be in compliance with current ACR policy statements<sup>3,4</sup> and existing operating procedures or manuals at the imaging facility. The technologist should also perform the regular quality control testing of the CT system under the supervision of a Qualified Medical Physicist.

Technologists performing CT examinations should be certified by the American Registry of Radiologic Technologists (ARRT) or have an unrestricted state license with documented training and experience in CT.

III. EQUIPMENT SPECIFICATIONS

See the various anatomic CT procedure standards for definitive equipment specifications.

IV. QUALITY CONTROL AND IMPROVEMENT, SAFETY, INFECTION CONTROL, AND PATIENT EDUCATION CONCERNS

Policies and procedures related to quality, patient education, infection control and safety should be developed and implemented in accordance with the ACR Policy on Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns elsewhere in the ACR Standards Book.

<sup>3</sup>See the ACR Standard for the Use of Intravascular Contrast Media.

<sup>4</sup>The American College of Radiology approves of the injection of contrast material and diagnostic levels of radiopharmaceuticals by certified and/or licensed radiologic technologists and radiologic nurses under the direction of a radiologist or his or her physician designee who is personally and immediately available, if the practice is in compliance with institutional and state regulations. There must be prior written approval by the medical director of the radiology department/service of such individuals; such approval process having followed established policies and procedures, and the radiologic technologists and radiologic nurses who have been so approved maintain documentation of continuing medical education related to the materials being injected and to the procedures being performed; 1987, 1997 (Res. 1-H).

A comprehensive CT quality-control program should be documented and maintained at the CT facility. The program should help to minimize radiation risk to the patient, facility personnel, and the public, and to maximize the quality of diagnostic information. CT facility personnel must adhere to radiation safety regulations when inside the scanner room. Overall program responsibility should remain with the physician, but specific program implementation should be supervised by the medical physicist or service engineer in compliance with local and state regulations as well as manufacturer specifications. The facility should maintain a record of quality control tests, frequency of performance, and description of procedures, as well as a list of individuals or groups performing each test. Moreover, the parameters of technique, equipment testing, and acceptability of limits for each test should also be maintained, along with sample records for each test. Quantitative dose determination should be conducted periodically, in addition to equipment performance monitoring.

The supervising physician should review all practices and policies at least annually. Policies with respect to contrast and sedation must be administered in accordance with institutional policy as well as state and federal regulations. A physician should be available on-site whenever intravenous or intrathecal contrast or intravenous sedation is administered.

The lowest possible radiation dose consistent with acceptable image quality should be used in CT examinations of children. Radiation exposure levels and doses should be measured routinely using a reasonable sample of pediatric examinations performed. In all instances, the lowest possible exposure factors should be chosen that would produce images of diagnostic quality. Such factors should be appropriate for the size and age of the child to be examined. These factors may include mAs, kVp, slice thickness, helical pitch, organs in the radiation field and lead shielding, among others. Guides to technical factors that can be used effectively in children can be found in the published radiological literature.

All imaging facilities should have policies and procedures to reasonably attempt to identify pregnant patients prior to the performance of any diagnostic examination involving ionizing radiation. If the patient is known to be pregnant, the potential radiation risks to the fetus and clinical benefits of the procedure should be considered before proceeding with the study (Res. 24, 1995).

Equipment performance monitoring should be in accordance with the ACR Standard for the Diagnostic Medical Performance Monitoring of Computed Tomography Equipment.

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Spencer B. Gay, MD

Michael C. Beachley, MD, Chair  
Kimberly Applegate, MD  
Anthony Bruzzese, MD  
Eric N. Faerber, MD  
Edmund A. Franken, MD  
Sam Kottamasu, MD  
Paul A. Larson, MD  
William H. McAlister, MD  
William R. Reinus, MD  
Arvin E. Robinson, MD  
Edward Weinberger, MD

J. Bruce Hauser, MD, Chair, Commission  
Paul Ellenbogen, MD, CSC

**REFERENCES**

1. Brenner DJ, Elliston CD, Hall EJ, et al. Estimated risks of radiation-induced fatal cancer from pediatric CT. AJR 2001; 176:289-296.
2. Donnelly LF, Emery KH, Brody AS, et al. Minimizing radiation dose for pediatric body applications of single-detector helical CT. AJR 2001; 176:303-306.
3. Paterson A, Frush DP, Donnelly LF. Helical CT of the body: are settings adjusted for pediatric patients? AJR 2001; 176:297-301.

**CURRICULUM VITAE**

**ROBERT D. RUSSO, M. D.**  
**2800 Main Street**  
**Bridgeport, CT 06606**  
**PHONE 203-576-5062**  
**FAX 203-331-4530**

**MEDICAL EDUCATION**

Medical School: Tulane University School of Medicine, New Orleans, LA 1969-73, M.D. degree  
Internship: Ochsner Foundation Hospital, New Orleans, LA, 1973-74  
Residency: Yale-New Haven Hospital, New Haven, CT  
Diagnostic Radiology Residency 1974-77  
Chief Resident, 1976-77

**EDUCATION**

Undergraduate: Fordham University, Bronx, NY, 1965-69, B.S. degree  
High School: Fairfield Prep School, Fairfield, CT, 1961-1965

**HONORS**

President, Medical Staff, St. Vincent's Medical Center, 1996-1998  
President, St. Vincent's Medical Center IPA, 1997 - present  
President, ACR Connecticut Chapter, 1988-1990  
Councillor, American College of Radiology, 1995-2000.

**CERTIFICATION**

American Board of Radiology, 1977.  
Fellowship, American College of Radiology, #25408, 1985.

**FACULTY APPOINTMENTS**

Chairman, Department of Radiology, St. Vincent's Medical Center, 1988 to present.

CURRICULUM VITAE  
Robert D. Russo, M.D.

Vice-Chairman, Department of Radiology, St. Vincent's Medical Center, 1987-1988

Medical Director, Quinnipiac College, Hamden, CT, 1979 , School of Radiologic Technology, 1977-1980.

Instructor, Yale University School of Medicine, New Haven, CT, 1977.

Program Director, Radiology Residency Program, St. Vincent's Medical Center, 1977 to present.

**STAFF APPOINTMENTS**

St. Vincent's Medical Center, Bridgeport, CT, 1977 to present

St. Joseph's Manor, Trumbull, CT

Robert D. Russo, M. D., and Associates, Trumbull, CT, 1977 to present

**ST. VINCENT'S MEDICAL CENTER**

1. President of the Medical Staff, 1996 to 1998.  
Vice President, 1994 to 1995.  
Secretary/Treasurer, 1992 to 1993.
2. Utilization Review Committee, Membership 1978 to 1986  
Active Reviewer, 1981 to 1986.
3. Performance Improvement Committee, 1986 to 1996.
4. Education Committee, 1978 to present.
5. Planning Committee of the Board, 1979 to 1990.  
1997 to present.
6. Bylaws Committee, 1985 to present: Chairman 1995-present.
7. Executive Committee, 1982 to present.
8. Credentials Committee, 1985 to present.  
Chairman, 1991 to present.
9. Staff Development Committee, 1989 to 1992.

CURRICULUM VITAE

Robert D. Russo, M.D.

- 10. Outreach Services Task Force, for the Medically Underserved, 1990 to the present.
- 11. Chairperson's Group, Chairman 1991-1992.  
Committee member 1991 to present.
- 12. Medical/Dental Staff, Secretary-Treasurer 1992-1993,  
Vice President 1994-1995, President 1996-1998.

**AWARDS**

The Outstanding 1998 Leadership Volunteer Award, The Volunteer Center of Greater Bridgeport, for his commitment to volunteerism in the community.

Proclamation from Joseph P. Ganim, Mayor of Bridgeport  
Proclamation from Kenneth A. Flatto, First Selectment of Fairfield.

Susan G. Komen Breast Cancer Foundation Award, Dallas TX, for his work in mammography.

Hall of Fame, Fairfield University Preparatory School, September, 1995.

Southwest Community Health Center, Inc., Service Award for making "The Michele Project" a reality, October, 1991.

**GOVERNMENTAL APPOINTMENTS**

Governor's Blue Ribbon Commission on State Health Insurance, 1989

CURRICULUM VITAE

Robert D. Russo, M.D.

to 1990. Appointment by Robert G. Jaekle, House Minority Leader.

Governor's Blue Ribbon Commission on State Licensure, 1996 to 1997.

State Legislature's Commission on TeleMedicine, 1996 to 1997.

American College of Radiology Government Relations Committee, 1992-present.

MRI Task Force, The Connecticut Health Institute for Policy Study, Inc., Chairman. Commissioned by the Connecticut Commission on Hospitals and Health Care.

CURRICULUM VITAE  
Robert D. Russo, M.D.

**MEMBERSHIPS**

Fairfield College Prep School  
Chairman of Board of Trustees 1998-present

Connecticut Radiology Network  
Chairman of the Board

Fellowship, American College of Radiology, #2545408  
Councilor 1995-2001

Radiological Society of CT, Inc.  
Executive Committee Member, Legislative Committee  
American University Radiologist

Radiological Society of North America

Association of American Academic Chief Residents in Radiology  
1976-77, Chairman of Education Committee

Connecticut AMA

Fairfield County AMA  
Liability Committee, 1980-86  
Board of Trustees Appointment, 1991 to present.

CT State Medical Society, PAC ( COMPAC )

Ochsner Clinic Alumni Association

Advisory Council, Quinnipiac College, Radiological Science  
Division

Society of Nuclear Medicine

American College of Nuclear Medicine

HSA of Southwestern Connecticut, Review Committee, 1982

PHS, GBIPA, CSMSIPA, Alliance etc.

Connecticut Hospital Association, Task Force on N.M.R., 1984

**PUBLICATIONS**

Books:

CURRICULUM VITAE  
Robert D. Russo, M.D.

Abdominal CT scanning for the Clinician, 1982

Ultrasonography, Scintigraphy, and Computerized Axial Tomography of the Liver, Ken Taylor, M.D., Ron Newman, M.D. Robert D. Russo, Jr. M.D., Lippincott Publishers, 1982.

Practical Guide to Diagnostic Imaging, Neil T. Specht, M.D., Robert D. Russo, M. D., et.al., Mosby Press, 1998.

Chapters:

Gastrointestinal CT, R. Russo, M.D. Gastroenterology, 3rd Edition, H. Spiro, Saunders Publishers, 1982.

Gallbladder and Bile Duct Imaging, Chapter on CT Scanning, Morton Burrell, M.D., Robert D. Russo, M.D., Churchill-Livingstone, 1987.

**EXHIBITS:**

Radiological Society of North America Meeting, 1975, Infected Total Hip Arthroplasties

Radiological Society of North America Meeting, 1976, Wandering Spleen and GI Manifestation of Polycystic Renal Disease.

**ARTICLES:**

Review of Ischemic Bowel Disease, R. Russo, M.D., M. Burrell, M.D. and S. Schwartz, M.D., Contemporary Diagnostic Radiology, William and Wilkins Publishers.

Criteria for Roentgenographic Diagnosis of Ischemic Bowel Disease, R. Russo, M.D., M. Burrell, M.D., and S. Schwartz, M.D., Contemporary Diagnostic Radiology, Williams and Wilkins Publishers.

Early Detection of Infected Hip Arthroplasties, P. Jensen, M.D., R. Russo, M.D., Radiology, April 1978, 132:294-296.

CT Diagnosis of Carotid Body Tumors, V. Shaw, M.D., R. Russo, M.D., St. Vincent's Medical Center, Bulletin, 1979.

CT in Aiding the Diagnosis of Infected Aortic Grafts, R. Russo, M.D., and P. Triolo, M.D., Connecticut Medicine, January 1982.

CURRICULUM VITAE

Robert D. Russo, M.D.

The Intrahepatic and Extrahepatic Bile Ducts in Surgical Jaundice, R. Zeman, M.D., M. Burrell, M.D., G. Gold, M.D., R. Russo, Jr., M.D., Critical Reviews in Diagnostic Imaging, Vol. 21, Issue I, 1984.

Hepatic Angiosarcoma, L. Neshiwat, M.D., M. Friedland, M.D., B. Schorr-Lesnick, M.D., S. Feldman, M.D., W. Glucksman, M.D., R. Russo, Jr., M.D., August 1992, The American Journal of Medicine, Volume 93.

Colonic Sphincters Revisited: Simulators of Organic Disease, Joseph A. Gagliardi, M.D., Martin G. Radvany, M.D., Thomas E. Kilkenny, M.D., Robert D. Russo, M.D., Hawaii Medical Journal, October 1994.

Radiological Case of the Month, Fletcher M. Munter, M.D., Joseph A. Gagliardi, M.D., Robert D. Russo, M.D., Applied Radiology, July, 1996.

**GUEST SPEAKER**

St. Vincent's College, Commencement Address, May 1997.

9/20/98



ROBERT D. RUSSO, M. D.  
CME, 1994-1998

-2-

- October 16-19, 1997      **ADVANCES IN MID AND LOW FIELD MRI 1997**, sponsored by Educational Symposia, Inc., Orlando, FL, 25 category 1 hours.
- November 30-Dec 5, 1997      **RSNA '97, 83RD SCIENTIFIC ASSEMBLY & ANNUAL MEETING**, Chicago, IL, category 1 credits 13.75.
- NOVEMBER 29-DEC 4, 1998**      **RSNA '98, 84th SCIENTIFIC ASSEMBLY & ANNUAL MEETING**, Chicago, IL, category 1 credits 16.25. (Breast US: 1.50)
- DECEMBER 14-19, 1998**      **CT/MRI: HEAD TO TOE**, sponsored by New York University School of Medicine, 41 credit hours in category 1.
- 

- NOVEMBER 28-DEC 3, 1999**      **RSNA '99, 85<sup>TH</sup> SCIENTIFIC ASSEMBLY & ANNUAL MEETING**, Chicago, IL, category 1 credits 12 hrs.

MANAGEMENT SEMINARS

- September 22-24, 1995      **GOVERNANCE/MANAGEMENT PHYSICIAN CONFERENCE**, DCNHS - East Region, Sagamore Resort, Bolton Landing, NY, 10 hours.
- June, 1996      **HORIZONS IN IMAGING: MANAGING MANAGED CARE**, St. Vincent's Medical Center, Sponsored by Center for Biomedical Communication, Inc., 1 hour category 1.
- September 6, 1997      **AMERICAN COLLEGE OF RADIOLOGY'S MANAGED CARE SEMINAR**, Atlanta, GA, 9 credit hours in category 1.

GUEST SPEAKER

- January 12, 1994      **THE NEW LIGHT: DISCOVERY AND INTRODUCTION OF THE X-RAY**, Department of Radiology In-Service Education, 1 Category A, CE credits for ASRT.
- July 11, 1994      **MANAGED CARE AND NETWORKING IN CONNECTICUT**, Maine Medical Center, Department of Radiology sponsored.

*Connecticut Medical Insurance Company*

Policy #500243-K

# CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

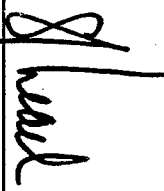
*presented to*

Robert D Russo Jr, MD

*for participation in*

**CMIC Risk Management Self-Study Program**  
The Physician Patient Relationship  
The Compendium Edition

The Program has been approved for 5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, an organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.



Stephen Leach, M.D., Chairman  
CMIC Risk Management Committee  
November 1997

## RECORD OF HOURS OF ATTENDANCE

**RSNA '97**RSNA 83rd SCIENTIFIC ASSEMBLY & ANNUAL MEETING  
NOVEMBER 30 - DECEMBER 5, 1997ROBERT D RUSSO JR MD  
ST VINCENTS MEDICAL CENTER  
DEPT OF RADIOLOGY  
2800 MAIN ST  
BRIDGEPORT, CT 06606 4201

DATE: December 19, 1997

BADGE NO.: 11510

CERTIFICATE NO.: 97353011510 (1)

The Radiological Society of North America is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The Radiological Society of North America designates that the activities listed below meet the criteria for Category 1 Credit for the American Medical Association Physician's Recognition Award on an hour-for-hour basis. Category 2 credit hours are listed for the convenience of the attendee. This record confirms that the individual designated attended the scientific assembly and participated in the listed activities. Attendance at specific activities of the scientific assembly should not be construed as training that would constitute competency in the subject matter.

This report is the computer accumulation of vouchers submitted at the scientific assembly and is provided as a help in record keeping. It may not reflect the total hours of attendance if vouchers have not been appropriately used. If that is the case, it is the responsibility of the individual to correct his/her own records in accordance with the honor system which is customarily observed in reporting continuing medical education credit hours. This record of attendance is available only to the designated individual and will not be supplied to accrediting agencies and other organizations. The individual is charged with the responsibility of maintaining his/her own record of accumulated hours.

C. Douglas Maynard, M.D.  
Secretary-Treasurer

106	Update Course in Head and Neck Imaging	1.50
204	MR Imaging of the Ankle and Foot	1.50
306	Update Course in Head & Neck Imaging: Sinonasal Cavities	1.50
506	Update Course Head & Neck Imaging: Nodal & Nonnodal Neck	1.50
709	Categorical Course in Diagnostic Radiology: Gastrointestinal	1.50
806	Update Course in Head & Neck Imaging: The Temporal Bone	1.50
B00	President's Address and Opening Session Advances in Abdomina	1.75
F00	Pendergrass New Horizons Lecture	1.00
J00	Annual Oration in Diagnostic Radiology The Genesis of Modern	1.00
S00	RSNA/AAPM Symposium: Bone Mass Measurement	1.00
	RSNA 1997 Category 2 Credit - Scientific Exhibits	0.50

ROBERT D. RUSSO, M.D.

# Continuing Medical Education Certificate of Attendance

9th Annual

Title of Activity: **Advances in Mid and Low Field MRI 1997**  
Orlando, FL

Dates of Activity: **October 16 - 19, 1997**

Accredited Sponsor: **Educational Symposia, Inc.**  
1527 South Dale Mabry  
Tampa, FL 33629-5808

(800) 338-5901  
(813) 254-4608

Total AMA/PRA Category 1 CME  
hours awarded this activity: **Up to 25 hours**

Total hours in Attendance by Participant: 25 hours

**\*\*\*\*PLEASE RETAIN FOR YOUR OWN RECORDS\*\*\*\***

Additional or replacement copies provided at a minimal charge.



October 7, 1997

ACR97-2545-408

Robert D. Russo, Jr., M.D.  
Department of Radiology  
St. Vincent's Med. Center  
2800 Main St.  
Bridgeport, CT 06606-4292

Dear Robert D. Russo:

This letter is to verify your attendance at the American College of Radiology's Managed Care Seminar on September 6, 1997 in Atlanta, GA. The ACR -- an organization accredited by the Accreditation Council for Continuing Medical Education -- is awarding Continuing Medical Education (CME) credit on an hour-for-hour basis for fulfilling the requirements of this course. You may claim up to 9 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Provision of this letter, by non-physician attendees, to other organizations or entities who require continuing education credits, may result in a reciprocal award of credit.

Sincerely,

Valerie P. Jackson, M.D.  
Chairman  
Committee on Accreditation for Continuing Medical Education

PLEASE RETAIN THIS LETTER FOR YOUR  
CONTINUING EDUCATION RECORDS

A M E R I C A N C O L L E G E O F R A D I O L O G Y

1891 Preston White Drive, Reston, Virginia 20191 (703) 648-8900

## CME Certificate

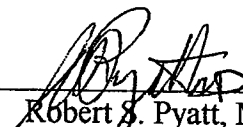
Pittsburgh Breast Imaging Conference, Sept. 8 - 11, 1994

This certifies that **Robert D. Russo, M.D.** has successfully completed the videotape series on Mammography conducted by the Pittsburgh Breast Imaging Seminar Associates on Sept. 8 - 11, 1994. This videoseries CME certification capability expires on Sept. 1, 1997.

- **Accreditation:** The Pennsylvania Radiological Society is accredited by the Pennsylvania Medical Society to sponsor continuing medical education for physicians.
- **Designator:** The Pennsylvania Radiological Society designates this program for **21.25 credit hours** in Category 1 of the Physicians Recognition Award of the AMA.

---

- **Disclosure:** All faculty participating in any program sponsored by the Pennsylvania Radiological Society are expected to disclose to their program audience any real or perceived conflict(s) of interest related to the content of their program.

  
\_\_\_\_\_  
Robert S. Pyatt, MD, FACR  
Chairman, Commission on  
Radiological Education  
September 1, 1997

## RECORD OF HOURS OF ATTENDANCE

### RSNA' 96

RSNA 82nd SCIENTIFIC ASSEMBLY & ANNUAL MEETING  
DECEMBER 1 - DECEMBER 6, 1996

ROBERT D RUSSO JR MD  
ST VINCENTS MEDICAL CENTER  
DEPT OF RADIOLOGY  
2800 MAIN ST  
BRIDGEPORT, CT 06606

DATE: December 21, 1996

BADGE NO.: 8300

CERTIFICATE NO.: 96356008300 (1)

The Radiological Society of North America is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The Radiological Society of North America designates that the activities listed below meet the criteria for Category 1 and Category 2 Credit for the American Medical Association Physician's Recognition Award on an hour-for-hour basis. This record confirms that the individual designated attended the scientific assembly and participated in the listed activities. Attendance at specific activities of the scientific assembly should not be construed as training that would constitute competency in the subject matter.

This report is the computer accumulation of vouchers submitted at the scientific assembly and is provided as a help in record keeping. It may not reflect the total hours of attendance if vouchers have not been appropriately used. If that is the case, it is the responsibility of the individual to correct his/her own records in accordance with the honor system which is customarily observed in reporting continuing medical education credit hours. This record of attendance is available only to the designated individual and will not be supplied to accrediting agencies and other organizations. The individual is charged with the responsibility of maintaining his/her own record of accumulated hours.

C. Douglas Maynard, M.D.  
Secretary-Treasurer

110	Special Course in Diagnostic Ultrasound	1.50
210	Special Course in Diagnostic Ultrasound	1.50
310	Special Course in Diagnostic Ultrasound	1.50
410	Special Course in Diagnostic Ultrasound	1.50
610	Special Course in Diagnostic Ultrasound	1.50
B00	President's Address and Opening Session	1.75
D00	Film Interpretation Session	1.75
F00	Eugene P. Pendergrass New Horizons Lecture	1.00
J00	Annual Oration in Diagnostic Radiology and Gold Medal Awards	1.00
G01	Breast (Screening)	1.00
	RSNA 1996 Category II Credit - Scientific Exhibits Area	1.50
		7.0

RSNA 1996



progress through partnership

CME Earned: Category 1: 14.00 Category 2: 1.50

500243-K

*Connecticut Medical Insurance Company*

# CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education


*presented to*

**Robert D Russo Jr, MD**

*for participation in*

**CMIC Risk Management Self-Study Program**  
The Physician-Patient Relationship  
Critical Issues in Health Care Today

This Program has been approved for 5 credit hours in Category I of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, an organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.

  
William A. Schear, M.D. Chairman  
CMIC Risk Management Committee

November 1996



**CENTER FOR BIOMEDICAL COMMUNICATION, INC.**

certifies that

*R. W. Russo*

has satisfactorily completed the following audio-conference program

**Horizons in Imaging: Managing Managed Care**

**Thomas G. Dehn, M.D.**

St. Vincent's Medical Center in

This program has been awarded 1 hour of AMA PRA Category 1 credit.

June 26, 1996

*Len Zuckerman*

# ACLS Certification


Awarded to  
**Robert Russo, MD**

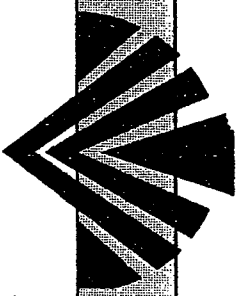
*For Successful Completion of the 16-Hour American Heart Association A.C.L.S. Course.*

*Presented by*  
**St. Vincent's Medical Center ACLS Faculty**

**Thursday, January 25, 1996**

  
Joseph Dell'Aria, MD, ACLS Medical Director

  
Jane A. Klatt, RN, ACLS Coordinator



*This is to Certify that*

ROBERT D. RUSSO, M.D.

Has attended 7 contact hours of

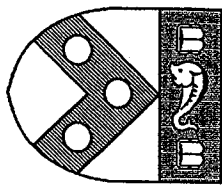
Continuing Education on NOVEMBER 11, 1995  
*Date*

"MAMMOGRAPHY TODAY FOR THE RADIOLOGISTS AND TECHNOLOGISTS"  
*Title*

Conducted by

**St. Vincent's Medical Center**  
THIS PROGRAM IS SPONSORED AND ACCREDITED BY ST. VINCENT'S, BRIDGEPORT,  
CONNECTICUT FOR 7 CATEGORY I CREDIT HOURS FOR PHYSICIAN RECOGNITION AWARDED  
BY THE AMERICAN MEDICAL ASSOCIATION.

*Mariani Pasquale M.D.*  
Director of Medical Education



UNIVERSITY OF PENNSYLVANIA  
MEDICAL CENTER  
University of Pennsylvania School of Medicine  
Office of Continuing Medical Education

# Certificate of Attendance

17th Annual Diagnostic Imaging Seminar  
Ultrasound/CT/MRI and Breast Imaging  
July 10 - 14, 1995

Edgarstown, Martha's Vineyard, Massachusetts

The University of Pennsylvania School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The University of Pennsylvania School of Medicine designates this continuing medical education activity for 21 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

*Dr. Robert Russo, Jr.*

*name of attendee*

*Jane C. Mihelic*

Jane C. Mihelic, Director  
Continuing Medical Education



University of Pennsylvania School of Medicine Hospital of the University of Pennsylvania

21 credits were awarded by the University of Pennsylvania School of Medicine for the 17th Annual Diagnostic Imaging Seminar (Martha's Vineyard, MA) July 10-14, 1995.

Of these hours, the following were designated to:

Mammography	4 credit hours
MRI	6 credit hours
Vascular	3.5 credit hours
OB Ultrasound	2.5 credit hours
CT/Chest	5 credit hours



68  
CONNECTICUT MEDICAL  
INSURANCE COMPANY

80 Glastonbury Boulevard  
P.O. Box 71  
Glastonbury, CT 06033

800.228.0287 (CT)  
Fax 800.403.3580 (CT)

860.633.7788  
Fax 860.633.8237

<http://www.ctmed.com>

Robert D Russo Jr. MD  
2800 Main Street  
Bridgeport, CT 06606

Connecticut Medical Insurance Company

*CERTIFICATE OF ACCOMPLISHMENT*

Continuing Medical Education

presented to

Robert D Russo Jr. MD

for participation in

CMIC - Risk Alert Series  
"Failure to Diagnose Colon Cancer"  
July 2001

The program has been approved for 1 credit hour in Category I of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, an organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee  
July 2001



CONNECTICUT MEDICAL INSURANCE COMPANY

Robert D Russo Jr. MD  
2800 Main Street  
Bridgeport CT 06606

Connecticut Medical Insurance Company

*CERTIFICATE OF ACCOMPLISHMENT*

Continuing Medical Education

presented to

Robert D Russo Jr. MD

for participation in

CMIC - Risk Alert Series  
"Failure to Diagnose Breast Cancer"  
February 2001

The program has been approved for 1 credit hour in Category I of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, an organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.

A handwritten signature in cursive script, reading "Vazrick Mansourian", is written over a horizontal line.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee  
April 2001



MEDICAL  
EDUCATION  
RESOURCES, INC.  
A Non-Profit Company

1500 West Canal Court  
Littleton, CO 80120-5617

Phone: (303) 798-9682  
Fax: (303) 798-5731  
E-mail: mer@chr.uswest.net  
Web Site: www.mer.org

May 9, 2000

Robert D. Russo, M.D.  
1475 Fairfield Beach Rd.  
Fairfield, CT 06430

CERTIFICATION OF CREDIT

Dear Dr. Russo:

This letter will confirm your participation in the conference, **World Class Mammography: Imaging, Intervention and Innovation**, which was held at the Renaissance Hotel in Washington, DC on April 30-May 2, 2000. This program was sponsored by Medical Education Resources.

Medical Education Resources is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Medical Education Resources designates this continuing medical education activity for 17 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. The American Registry of Radiologic Technologists recognizes on an hour-per-hour basis credit hours approved by the American Medical Association (Category 1) as fulfilling their requirements for continuing education.

We hope you found this to be an educationally rewarding program and we appreciate your participation in this conference.

Sincerely,

Stephen E. Mattingly  
President  
Medical Education Resources

SEM/dl





**DEPARTMENT OF RADIOLOGY**  
**MAMMOGRAPHY SERIES**

By

**ROBERT D. RUSSO, M. D.**

- January 18, 1999      Microcalcifications – Benign or Malignant -1hr
- March 8, 1999      Mammography – Solid or Cystic - 1hr
- May 24, 1999      Invasive Procedures in Breast Care - 1hr
- August 23, 1999    Missed Lesions on Mammography - 1hr.
- October 4, 1999     Miraluma - 1hr.

(5 mammo)





March 14, 2000

**TO WHOM IT MAY CONCERN:**

Robert D. Russo M.D. has given five one -hour lectures to the Radiology Residents on the topic of mammography over the course of the academic year, July 1998- June 1999. This is equivalent to five category 1 credits.

Please include this in his mammography CME records.

Sincerely,

Mary Ann Massa  
Secretary to the Radiology Residency Program





CONNECTICUT MEDICAL INSURANCE COMPANY

73

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Robert D Russo, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges of Today's Healthcare Professional  
Exploring Current Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

A handwritten signature in cursive script, reading "Vazrick Mansourian".

---

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 2000



CONNECTICUT MEDICAL INSURANCE COMPANY

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Robert D Russo, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges of Today's Healthcare Professional  
Exploring Current Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 2001



Thomas  
Jefferson  
University

Jefferson  
Medical  
College

Office of Continuing Medical Education 1020 Locust Street  
Suite M32  
Philadelphia, PA 19107-6799  
215-955-6992  
Fax: 215-923-3212

Bob Russo MD  
Robert Russo and Associates  
35 Nutmeg Avenue  
Trumbull, CT 06611

Seminar for Radiology  
Quality Review  
11/10/1999 - 11/10/1999  
New Haven CT

## *CME Certificate*

Jefferson Medical College designates this educational activity for a maximum of 3.00 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Dr. Russo claimed 3.00 hours of credit for this activity.

Jefferson Medical College of Thomas Jefferson University, as a member of the Consortium for Academic Continuing Medical Education, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.



Radiological Society  
of North America  
Founded in 1915

820 Jorie Boulevard  
Oak Brook, Illinois 60523  
630/571-2670  
FAX: 630/571-7837  
www.rsna.org

RECORD OF HOURS OF ATTENDANCE  
**RSNA '99**

RSNA 85th SCIENTIFIC ASSEMBLY & ANNUAL MEETING  
NOVEMBER 28 - DECEMBER 3, 1999

ROBERT D RUSSO JR MD  
ST VINCENTS MEDICAL CENTER  
RADIOLOGY DEPT  
2800 MAIN ST  
BRIDGEPORT, CT 06606 4292

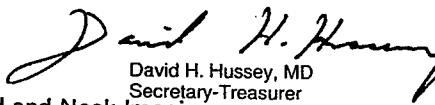
DATE: December 21, 1999

BADGE NO.: 7190

CERTIFICATE NO.: 99355007190 (1)

The Radiological Society of North America is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The Radiological Society of North America designates that the activities listed below meet the criteria for Category 1 Credit for the American Medical Association Physician's Recognition Award on an hour-for-hour basis. Category 2 credit hours are listed for the convenience of the attendee. This record confirms that the individual designated attended the scientific assembly and participated in the listed activities. Attendance at specific activities of the scientific assembly should not be construed as training that would constitute competency in the subject matter.

This report is the computer accumulation of vouchers submitted at the scientific assembly and is provided as a help in record keeping. It may not reflect the total hours of attendance if vouchers have not been appropriately used. If that is the case, it is the responsibility of the individual to correct his/her own records in accordance with the honor system which is customarily observed in reporting continuing medical education credit hours. This record of attendance is available only to the designated individual and will not be supplied to accrediting agencies and other organizations. The individual is charged with the responsibility of maintaining his/her own record of accumulated hours.



David H. Hussey, MD  
Secretary-Treasurer

106	Technique and Pitfalls: How to Avoid Misdiagnosis in Head and Neck Imaging	1.50
202	Categorical Course in Diagnostic Radiology: Body MR - Liver, Hepato Biliary System, Pancreas, Adrenal Glands and Kidneys	1.50
302	Categorical Course in Diagnostic Radiology: Body MR - Female and Male Pelvis	1.50
401	High-Resolution CT of the Lung Parenchyma: A Practical Approach	1.50
602	Categorical Course in Diagnostic Radiology: Body MR - Hip, Ankle, Wrist	1.50
702	Categorical Course in Diagnostic Radiology: Body MR - Knee--Menisci, Ligaments, Cartilage	1.50
802	Categorical Course in Diagnostic Radiology: Body MR - Shoulder--Techniques, Anatomy, Rotator Cuff, Labrum and Instability	1.50
L01	Special Focus Session: CT Screening for Lung Cancer: Results and Critical Issues	1.50

CME Earned: Category 1: 12.00



CONNECTICUT MEDICAL INSURANCE COMPANY

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Robert D Russo, M.D.**

*for participation in*

### **CMIC Risk Management Self-Study Program**

Meeting the Challenges in Today's Physician Practice – Part II  
Exploring Practice Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 1999

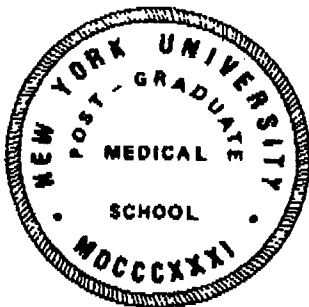


300 First Avenue, New York, N.Y. 10016  
(212) 263-5295

To Whom It May Concern:

This is to certify that **ROBERT D. RUSSO** participated in Course #603 **CT/MRI: HEAD TO TOE** for the period of December 14 - December 19, 1998. As an organization accredited for continuing medical education, the New York University Post Graduate Medical School certifies that the above continuing medical education activity meets the criteria for 41 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. The NYU Post-Graduate Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Robert J. Soberman, M.D.  
Associate Dean



New York University School of Medicine



# RSNA

Radiological Society  
of North America  
Founded in 1915

820 Jorie Boulevard  
Oak Brook, Illinois 60523  
630/571-2670  
FAX: 630/571-7837

79

## RECORD OF HOURS OF ATTENDANCE

### RSNA '98

RSNA 84th SCIENTIFIC ASSEMBLY & ANNUAL MEETING  
NOVEMBER 29 - DECEMBER 4, 1998

ROBERT D RUSSO JR  
ST VINCENTS MEDICAL CENTER  
DEPT OF RADIOLOGY  
2800 MAIN ST  
BRIDGEPORT, CT 06606 4292

DATE: December 16, 1998

BADGE NO.: 14500

CERTIFICATE NO.: 98350014500 (1)

The Radiological Society of North America is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The Radiological Society of North America designates that the activities listed below meet the criteria for Category 1 Credit for the American Medical Association Physician's Recognition Award on an hour-for-hour basis. Category 2 credit hours are listed for the convenience of the attendee. This record confirms that the individual designated attended the scientific assembly and participated in the listed activities. Attendance at specific activities of the scientific assembly should not be construed as training that would constitute competency in the subject matter.

This report is the computer accumulation of vouchers submitted at the scientific assembly and is provided as a help in record keeping. It may not reflect the total hours of attendance if vouchers have not been appropriately used. If that is the case, it is the responsibility of the individual to correct his/her own records in accordance with the honor system which is customarily observed in reporting continuing medical education credit hours. This record of attendance is available only to the designated individual and will not be supplied to accrediting agencies and other organizations. The individual is charged with the responsibility of maintaining his/her own record of accumulated hours.

*David H. Hussey*  
David H. Hussey, MD  
Secretary-Treasurer

110	Practical Tips in US: Pelvis	1.50
210	Practical Tips in US: Breast	1.50
305	New MR Techniques for Neurologic Disease	1.50
402	Knee MR Imaging: State of the Art	1.50
611	Perfusion Brain Imaging	1.50
712	The Acute Abdomen: CT Evaluation	1.50
804	MR Imaging of the Ankle and Foot	1.50
B00	President's Address and Opening Session Cardiac Imaging	1.75
F00	Eugene P. Pendergrass New Horizons Lecture Imaging and Information in the 21st Century	1.00
J00	Annual Oration in Diagnostic Radiology Colorectal Cancer: A Challenge for All Aspects of Medical Imaging	1.00
H07	Physics CT Data Acquisition	1.50
	RSNA 1998 Category 1 Credit - Scientific Exhibits - Tuesday	0.50

16.25

CME Earned: Category 1: 16.25

Work Address:  
Columbia University/Dept. of Radiology  
630 West 186th St. 3rd Floor  
New York, NY 10032  
212-305-1948

Home Address:  
383 South Benson Rd.  
Fairfield, CT 06430  
203-256-9485

POST  
GRADUATE  
TRAINING

COLUMBIA PRESBYTERIAN HOSPITAL  
Body Imaging Fellowship

New York, NY  
July 1996 - June 1997

ST.VINCENT'S MEDICAL CENTER  
Chief Radiology Resident  
Radiology Resident

Bridgeport, CT  
July 1995 - June 1996  
July 1992 - June 1996

WASHINGTON HOSPITAL CENTER  
Medical Intern

Washington, DC  
July 1991 - June 1992

EDUCATION

GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE  
Doctor of Medicine

Washington, DC  
May 1991

COLLEGE OF THE HOLY CROSS  
Bachelor of Arts

Worcester, MA  
May 1985

CERTIFICATIONS

AMERICAN BOARD OF RADIOLOGY  
NATIONAL BOARD OF MEDICAL EXAMINERS

June 1996  
June 1994

LICENSURE

STATE OF CONNECTICUT  
STATE OF NEW YORK

November 1994  
May 1996

RADIOLOGY  
TRAINING

COLUMBIA PRESBYTERIAN HOSPITAL  
ST. VINCENT'S MEDICAL CENTER

New York, NY  
Bridgeport, CT

- **Ultrasonography:** abdominal, pelvic, duplex and color doppler, peripheral vascular, small parts, breast biopsy, generalized biopsy and drainage, OB/GYN.
- **Computerized Tomography:** spiral CT and body imaging including CT guided biopsy and drainage procedures as well as percutaneous nephrostomies and percutaneous biliary drainage and stenting. CNS Imaging.
- **Magnetic Resonance Imaging:** body imaging including abdominal, musculoskeletal, female pelvis, and prostate studies, and additional training in Magnetic Resonance Angiography and CNS imaging.
- Experience in angiography, nuclear medicine, mammography, special procedures, fluoroscopy, and plain film interpretation.

PUBLICATIONS

N.T. Specht, MD, R.D. Russo, MD. Practical Guide to Diagnostic Imaging  
Mosby Press. *In Publication.* J. P. Donahue Contributing Author.

B.M. Kacinski, M.D., PhD., D. Carter, M.D., K. Mittal, M.B., B.S., E.I. Kohorn,  
M.D., R.S. Bloodgood, J.P. Donahue, B.A., P.E. Schwartz, M.D., J.T. Chambers,  
PhD., M.D. and S.K. Chambers, M.D.: "High Level Expression of *fms* Proto-  
Oncogene mRNA is Observed in Clinically Aggressive Human Endometrial  
Adenocarcinoma". *Int. J. Radiation Oncology Biol. Phys.*, 15(4):823-9 October  
1988.

B.M. Kacinski, M.D., PhD., D. Carter, M.D., E.I. Kohorn, M.D., K. Mittal, M.B.,  
B.S., R.S. Bloodgood, J.P. Donahue, B.A., et al: "Oncogene Expression *in Vivo*  
by Ovarian Adenocarcinomas and Mixed-Mullerian Tumors". *Yale J. Biol. and*  
*Med.* 62(4):379-92 July-August 1989

RESEARCH

YALE UNIVERSITY SCHOOL OF MEDICINE  
Research Assistant

New Haven, CT  
January 1986 - July 1987

PROFESSIONAL  
ASSOCIATIONS

American Roentgen Ray Society  
Radiologic Society of North America  
Radiologic Society of Connecticut

CAREER GOALS

To practice general radiology in the Northeast. Seek an opportunity to contribute  
my diversified skills in a full service radiology practice.



TUFTS UNIVERSITY

School of Medicine

Office of Continuing Education

John P. Donahue MD  
383 South Benson Rd.  
Fairfield, CT 06430

CONTINUING MEDICAL EDUCATION CREDIT CERTIFICATION

TUFTS UNIVERSITY SCHOOL OF MEDICINE  
Name of Agency

BOSTON, MA  
Location of Offering

**John P. Donahue MD**  
has completed the CME Offering entitled:  
Conscious Sedation  
on 09/18/96.

Tufts University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

This course is designated as meeting the criteria for one credit hour in Category 1 for the Physician's Recognition Award of the American Medical Association, provided it is completed as designed.

---

RUTH M. GLOTZER      Monday, September 23, 1996  
Director  
Office of Continuing Education

Mailing Address:  
136 Harrison Avenue  
Boston, Massachusetts 02111  
Phone: 617 636-6579  
FAX: 617 636-0314

Office Address:  
75 Kneeland Street  
Boston, Massachusetts 02111

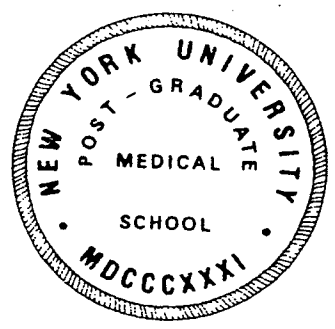


POST-GRADUATE  
MEDICAL SCHOOL  
A University in the public service  
550 First Avenue, New York, NY 10016  
(212) 263-5295

To Whom It May Concern:

This is to certify that JACK DONAHUE participated in Course #603 CT/MRI: HEAD TO TOE for the period of December 11 - December 16, 1995. As an organization accredited for continuing medical education, the New York University Post Graduate Medical School certifies that the above continuing medical education activity meets the criteria for 40 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. The NYU Post-Graduate Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

*Robert J. Soberman M.D.*  
Robert J. Soberman, M.D.  
Associate Dean



# American Institute of Ultrasound in Medicine Personal Participation Record

For Attendees of *Practical Aspects of Obstetrical and Gynecological Ultrasound: Optimize Your Skills*  
Part of the AIUM Millennium Course Series  
August 24-26, 2001 • New York, NY

This form will serve to document the educational activities you attended during the AIUM Millennium Course Series in 2001. Indicate each day you attended and, when appropriate, identify those sessions attended.

Your completed yellow form will be your own record of the CME you earned; you will not receive any other additional CME certificates in the mail. Deposit the blue copy (the second page) of your completed and signed attendance record at the registration desk before you leave the course. The blue copy will serve as AIUM's documentation of your attendance.

### Accreditation Statement

The American Institute of Ultrasound in Medicine (AIUM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

### Designation Statement

The AIUM designates the Millennium Course Series *Practical Aspects of Obstetrical and Gynecological Ultrasound: Optimize Your Skills* for up to 18 credit hours in category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she has actually spent in the activities.

Sonographers may use credits earned at this meeting for the purpose of American Registry of Diagnostic Medical Sonographers (ARDMS) recertification. ARDMS accepts AMA PRA category 1 credits.

	Hours Earned
<b>Friday, August 24, 2001</b>	
<i>The First Trimester</i>	
Morning Session (3.75 CMEs)	3.75
Afternoon Session (3.25 CMEs)	3.25
<b>Saturday, August 25, 2001</b>	
<i>Fetal Anomaly Detection</i>	
Morning Session (4.0 CMEs)	4.0
Afternoon Session (3.25 CMEs)	3.25
<b>Sunday, August 26, 2001</b>	
<i>Gynecology</i>	
Morning Session (3.75 CMEs)	3.75
<b>Total Hours Earned</b>	<u>18.0</u>

Signature *[Handwritten Signature]*

Last Name **DONATHUE**

First Name **JOHN**

IMPORTANT—Please print legibly to ensure verification of your CME credits.

Address **141 MILLIKENS RD.**  
City **FAIRFIELD** State **CT**  
ZIP **06430** Country **USA**



AMERICAN INSTITUTE OF  
ULTRASOUND IN MEDICINE

14750 Sweitzer Lane, Suite 100 • Laurel, MD 20707-5906  
301-498-4100 or 800-638-5352 • 301-498-4450/fax  
www.aium.org

Yellow—Attendee's copy • Blue—AIUM's copy



HARVARD MEDICAL SCHOOL  
DEPARTMENT OF CONTINUING EDUCATION  
BOSTON, MASSACHUSETTS

*THIS IS TO CERTIFY THAT*

**John P. Donahue**

*was enrolled in the Department of Continuing Education of  
Harvard Medical School for the course entitled*

**MGH/BWH Radiology Review Course**

*April 6 - 10, 1997*

*Harvard Medical School is accredited by the Accreditation  
Council for Continuing Medical Education (ACCME) to  
sponsor continuing medical education for physicians.*

*Harvard Medical School designates this educational activity for a  
maximum of 40 hours in category 1 credit towards the  
AMA Physician's Recognition Award. Each physician should  
claim only those hours or credit that he/she actually spent in the  
educational activity.*

\_\_\_\_\_  
Faculty Dean For Continuing Education



# The International Institute for Continuing Medical Education, Inc.

certifies that

## John Donahue, M.D.

has participated in the educational activity entitled

### Practical Refresher Course in Breast Imaging

April 20 - 22, 2001

The Plaza Hotel, New York, New York

and is awarded 18 hours of category 1 credit  
towards the Physician's Recognition Award of the American Medical  
Association

Certificate good through April 22, 2004.

Russell T. Hardy  
Director, Continuing Medical Education





Educational Symposia, Inc.

10/17/97

John P. Donahue, M.D.  
Robert D. Russo & Assocs.  
1261 Post Rd  
Fairfield, CT 06430

Dear Dr. Donahue:

We gratefully acknowledge receipt of your tuition in the amount of \$595.00 and confirm your registration for the **Advances in Mid and Low Field MRI 1997** symposium, scheduled for *October 16 - 19, 1997* at Buena Vista Palace Resort & Spa in Orlando, FL.

The meeting registration will take place on Wednesday, October 15, 1997 from 5:00 - 6:00 p.m. **Please note that the Special Manufacturers' User Workshops are scheduled for Friday, October 17, 1997 from 2:30 - 5:30 pm.**

The name on your badge and CME form will be printed as it appears above. If you have any corrections or changes, please contact me at 800-338-5901 (toll-free, U.S. and Canada).

Professional Travel, Inc. (PTI) has arranged for special discounted airfares and car rentals for our registrants. For further information, or if you have problems making hotel reservations, please call 800-237-7230 (toll-free, U.S. and Canada), 813-254-0900 (direct) or 813-254-0040 (fax).

This letter serves as your official receipt. If you have any questions, or require further information, please do not hesitate to call us at 800-338-5901 (toll-free, U.S. and Canada) or 813-254-4608 (direct).

Sincerely,

Lisa Alexander-Davis  
Registrar



CONNECTICUT MEDICAL INSURANCE COMPANY

88

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**John Patrick Donahue, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges of Today's Healthcare Professional  
Exploring Current Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

A handwritten signature in black ink, appearing to read "Vazrick Mansourian".

---

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 2001

*For  
hour +  
Phyllis*



# The International Institute for Continuing Medical Education, Inc.

certifies that

## John Donahue, M.D.

has participated in the educational activity entitled

### Practical Refresher Course

### in Breast Imaging

April 20 - 22, 2001

The Plaza Hotel, New York, New York

and is awarded 18 hours of category 1 credit  
towards the Physician's Recognition Award of the American Medical  
Association

Certificate good through April 22, 2004.

Russell T. Hardy  
Director, Continuing Medical Education

# American Institute of Ultrasound in Medicine Personal Participation Record

For Attendees of *Practical Aspects of Obstetrical and Gynecological Ultrasound: Optimize Your Skills*  
Part of the AIUM Millennium Course Series  
August 24-26, 2001 • New York, NY

This form will serve to document the educational activities you attended during the AIUM Millennium Course Series in 2001. Indicate each day you attended and, when appropriate, identify those sessions attended.

Your completed yellow form will be your own record of the CME you earned; you will not receive any other additional CME certificates in the mail. Deposit the blue copy (the second page) of your completed and signed attendance record at the registration desk before you leave the course. The blue copy will serve as AIUM's documentation of your attendance.

### Accreditation Statement

The American Institute of Ultrasound in Medicine (AIUM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

### Designation Statement

The AIUM designates the Millennium Course Series *Practical Aspects of Obstetrical and Gynecological Ultrasound: Optimize Your Skills* for up to 18 credit hours in category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she has actually spent in the activities.

Sonographers may use credits earned at this meeting for the purpose of American Registry of Diagnostic Medical Sonographers (ARDMS) recertification. ARDMS accepts AMA PRA category 1 credits.

	Hours Earned
<b>Friday, August 24, 2001</b>	
<i>The First Trimester</i>	
Morning Session (3.75 CMEs)	3.75
Afternoon Session (3.25 CMEs)	3.25
<b>Saturday, August 25, 2001</b>	
<i>Fetal Anomaly Detection</i>	
Morning Session (4.0 CMEs)	4.0
Afternoon Session (3.25 CMEs)	3.25
<b>Sunday, August 26, 2001</b>	
<i>Gynecology</i>	
Morning Session (3.75 CMEs)	3.75
<b>Total Hours Earned</b>	<u>18.0</u>

Signature: *[Handwritten Signature]*

Last Name: DONAHUE

First Name: JOHN

IMPORTANT—Please print legibly to ensure verification of your CME credits.

Address: 141 MILLANOS RD.  
City: MARSHFIELD State: CT  
ZIP: 06430 Country: USA

Yellow—Attendee's copy • Blue—AIUM's copy



AMERICAN INSTITUTE OF  
ULTRASOUND IN MEDICINE

14750 Sweitzer Lane, Suite 100 • Laurel, MD 20707-5906  
301-498-4100 or 800-638-5352 • 301-498-4450/fax  
www.aium.org



CONNECTICUT MEDICAL INSURANCE COMPANY

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**John Patrick Donahue, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges of Today's Healthcare Professional  
Exploring Current Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 2000



CONNECTICUT MEDICAL INSURANCE COMPANY

92

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**John Patrick Donahue, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges in Today's Physician Practice – Part II  
Exploring Practice Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

A handwritten signature in cursive script, reading 'Vazrick Mansourian', written in black ink.

---

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 1999

93

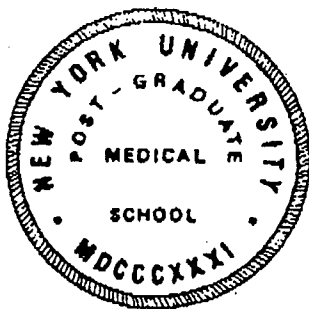


100 First Avenue, New York, N.Y. 10016  
(212) 263-5295

To Whom It May Concern:

This is to certify that **JOHN P. DONAHUE** participated in Course #603 **CT/MRI: HEAD TO TOE** for the period of December 14 - December 19, 1998. As an organization accredited for continuing medical education, the New York University Post Graduate Medical School certifies that the above continuing medical education activity meets the criteria for 41 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. The NYU Post-Graduate Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Robert J. Soberman, M.D.  
Associate Dean



New York University School of Medicine

# CURRICULUM VITAE

GIOIA JO RICCIO, M.D.

Address: 213 Gilman Street  
Bridgeport, CT 06606  
(203) 367-8897

Personal: Birthplace: Bridgeport, CT  
Date: December 22, 1965  
Social Security: 043-48-1307

## Education:

College: Boston College 1984-1988  
Chestnut Hill, MA  
B.A. Spanish  
Awards: Deans' List 1985-1988

Georgetown University 1988-1989  
Washington, DC  
Medical Biochemistry

Medical School: Ponce School of Medicine 1989-1993  
Ponce, PR  
M.D.  
Awards: Alpha Omega Alpha Medical Honor Society

## Post-Doctoral Training:

Internship: Internal Medicine 1993-1994  
Norwalk Hospital, Norwalk CT

Residency: Diagnostic Radiology 1994-1997  
St. Vincent's Medical Center, Bridgeport, CT

Chief Resident: Diagnostic Radiology 1997-1998  
St. Vincent's Medical Center, Bridgeport, CT

Fellowship: Women's Imaging 1998-1999  
Wake Forest University, Winston-Salem, NC

Research Fellow 7/99-9/99  
Wake Forest University, Winston-Salem, NC

Employment: Robert D. Russo and Associates Radiology 9/99-present



Professional Exams: National Board Medical Exam 1994  
 Board Certified Diagnostic Radiology 2000

Licensure: State of Connecticut 1995-present  
 Registered Physician, #035217

State of North Carolina 1998-1999  
 Registered Physician, #98-01036

Professional Memberships: Radiological Society of North America  
 American Women in Radiology  
 Alpha Omega Alpha Medical Honor Society

Professional Activities: Surgical Morbidity and Mortality Conference  
 St. Vincent's Medical Center 1995-1996

Tumor Board  
 St. Vincent's Medical Center 1995-1996

Residency Review Program  
 St. Vincent's Medical Center 1996-1997

Mammography Case Conference  
 Wake Forest University 1998-1999

Multidisciplinary Breast Cancer  
 Conference  
 Wake Forest University 1998-1999

Resident Lectures 1999  
 Community Lecture: 2001  
 "The Latest in Breast Imaging"

Presentations:

1. Gagliardi JA, Riccio GJ. *Pitfalls in Hysterosalpingographic Interpretation*, 82<sup>nd</sup> Scientific Assembly and Annual Meeting of the Radiological Society of North America Chicago, IL, December 1996. International Congress of Radiology, Beijing, China, 1996.
2. Jorizzo JR, Carr JJ, Riccio GJ. *Sonohysterography: The Next Step in the Evaluation of the Abnormal Endometrium*, 84<sup>th</sup> Scientific Assembly and Annual Meeting of the Radiological Society of North America, Chicago, IL, December 1998. Certificate of Merit awarded.
3. Riccio GJ. *Mammography in Black and White*, AORN CME Seminar, Winston-Salem, NC, February 1999.
4. Endometrial Polyps: Sonohysterographic Evaluation AARS 2000

## Publications:

1. Riccio GJ, Gagliardi JA. Pitfalls in Hysterosalpingographic Interpretation, Postgraduate Radiology 1997; 17:190-208
2. Riccio GJ, Ciaburri D. Cardiovascular Radiology in Practical Guide to Diagnostic Imaging, CV Mosby 1997
3. Wilbur MJ, Gagliardi JA, Riccio GJ, et al. Soft tissue Uptake in Radionuclide Musculoskeletal Imaging, Applied Radiology 1997; 26 (12):30-37
4. Wilbur MJ, Gagliardi JA, Lawson JP, Riccio GJ, et al. Tuberous Sclerosis: The Spectrum of Clinical and Radiographic Findings, Postgraduate Radiology 1999; 19:3-12
5. Jorizzo JR, Riccio GJ, Chen MY, Carr JJ. Sonohysterography: The Next Step in the Evaluation of the Abnormal Endometrium, Radiographics 1999; 19:S117-S130
6. Riccio GJ, Jorizzo JR, Chen MY. Endometrial Malakoplakia, A Case Report, Journal of Ultrasound Medicine, In Press
7. Jorizzo JR, Chen MY, Riccio GJ, Endometrial Polyps: Sonohysterographic Evaluation, AJR:176 March 2001



**LOMA LINDA UNIVERSITY**  
**SCHOOL OF MEDICINE**  
**CONTINUING MEDICAL EDUCATION**

This is to certify that

**Gioia Riccio, MD**  
attended

***World Class Breast Imaging: Diagnosis & Intervention***  
May 12, 2002 - May 14, 2002  
in Washington, DC

Loma Linda University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. LLUSM designates this continuing medical education activity for up to 18.50 hours in Category I of the Physician's Recognition Award of the American Medical Association.

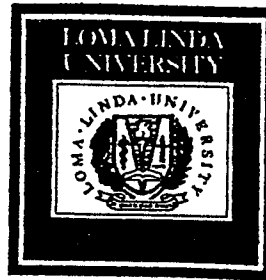
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# LOMA LINDA UNIVERSITY

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## **World Class Breast Imaging: *Advances in Diagnosis and Intervention***

**May 12-14, 2002  
The Ritz-Carlton Washington, DC**

Loma Linda University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. Loma Linda University School of Medicine designates this continuing medical education activity for 18.5 hours in Category I credit towards the American Medical Association (AMA) Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

The didactic portion of this course totals 17.5 credit hours. The workshop portion of this course totals 1.0 hour.

This continuing medical education activity qualifies for:

- 18.5 hours for the Mammography Accreditation of the American College of Radiology
- 2.25 credit hours for the Ultrasound-Guided Breast Biopsy Accreditation of the American College of Radiology
- 1.5 credit hours for the Stereotactic Breast Biopsy Accreditation of the American College of Radiology
- 1.75 credit hours in MR Breast Imaging
- 0.75 credit hours in Digital Mammography

The American Registry of Radiologic Technicians recognizes on an hour-per-hour basis credit hours approved by the American Medical Association (Category I) as fulfilling their requirements for continuing education.



99

CONNECTICUT MEDICAL  
INSURANCE COMPANY

80 Glastonbury Boulevard  
P.O. Box 71  
Glastonbury, CT 06033

800.228.0287 (CT)  
Fax 800.403.3580 (CT)

860.633.7788  
Fax 860.633.8237

<http://www.ctmed.com>

Gioia Riccio MD  
c/o Robert D Russo MD  
35 Nutmeg Drive  
Trumbull, CT 06611

Connecticut Medical Insurance Company

*CERTIFICATE OF ACCOMPLISHMENT*

Continuing Medical Education

presented to

Gioia Riccio MD

for participation in

CMIC - Risk Alert Series  
"Failure to Diagnose Colon Cancer"  
July 2001

The program has been approved for 1 credit hour in Category I of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, an organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee  
July 2001



CONNECTICUT MEDICAL INSURANCE COMPANY

Gioia Riccio MD  
c/o Robert D Russo MD  
35 Nutmeg Drive  
Trumbull CT 06611

Connecticut Medical Insurance Company

*CERTIFICATE OF ACCOMPLISHMENT*

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Gioia Riccio MD

for participation in

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"Failure to Diagnose Breast Cancer"  
February 2001

The program has been approved for 1 credit hour in Category I of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, an organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.

A handwritten signature in black ink, which appears to read "Vazrick Mansourian". The signature is written in a cursive style and is positioned above a horizontal line.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee  
April 2001



CONNECTICUT MEDICAL INSURANCE COMPANY

101

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Gioia Riccio, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges of Today's Healthcare Professional  
Exploring Current Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

A handwritten signature in cursive script, reading "Vazrick Mansourian".

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 2000



UC San Diego

UNIVERSITY OF CALIFORNIA, SAN DIEGO SCHOOL OF MEDICINE  
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Gioia Riccio, M.D. participated in the following CME activity conducted by this office:

**20th Annual Resident's Radiology Review Course**  
**April 16 - 21, 2000**  
**Hotel del Coronado, San Diego, CA**  
**Co-Sponsored By: Not Applicable**

Credit Approvals	Number of Hours Approved:
AMA/CMA, Category 1	50.0
AAFP	
AOA	
ACEP	
BRN (#CMA - Cat. 1)	
(Plus optional workshop credit hours of 1 ceu per hour of lecture)	

I certify that I participated in the above CME activity for 50 hours.

Terence M. Davidson  
Terence M. Davidson, M.D.  
Associate Dean, Continuing Medical education

[Signature]  
Participant Signature





UNIVERSITY OF CALIFORNIA, SAN DIEGO SCHOOL OF MEDICINE  
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Gioia Riccio, M.D. participated in the following CME activity conducted by this office:

**13th Annual Spring Vascular & Interventional Course**  
**April 15, 2000**  
**Hotel del Coronado, San Diego, CA**  
**Co-Sponsored By: Not Applicable**

Credit Approvals	Number of Hours Approved:
AMA/CMA, Category 1	9.0
AAFP	
AOA	
ACEP	
BRN (#CMA - Cat. 1)	
(Plus optional workshop credit hours of 1 ceu per hour of lecture)	

I certify that I participated in the above CME activity for 9.0 hours.

Terence M. Davidson  
Terence M. Davidson, M.D.  
Associate Dean, Continuing Medical education

[Signature]  
Participant Signature

# GIOIA J. RICCIO, M. D. CONTINUING MEDICAL EDUCATION

APRIL 16-21, 2000 20<sup>th</sup> ANNUAL RESIDENT'S RADIOLOGY REVIEW  
COURSE, University of California, San Diego School  
of Medicine, 50 category 1 hours.

APRIL 15, 2000 13<sup>th</sup> ANNUAL SPRING VASCULAR & INTERVENTIONAL  
COURSE, University of California, San Diego School  
of Medicine, 9 category 1 hours.

APRIL 16, 1999 WOMEN IN MEDICINE: PATHWAYS TO LEADERSHIP,  
University of Virginia School of Medicine,  
Charlottesville, VA, 5.5 hours of category 1  
credit.

NOVEMBER 10-12, 1999 ADVANCED ULTRASOUND TECHNIQUES IN OBSTETRICS  
AND GYNECOLOGY, University of Arizona College of  
Medicine, 17 hours in category 1 credit.

NOVEMBER 9-10, 1998 MINIFELLOWSHIP PROGRAM: CLINICAL  
APPLICATIONS OF BONE DENSITOMETRY, Wake Forest  
University School of Medicine, 15 category 1  
credit hours.

2001

Division of Radiologic Sciences

DEPARTMENT OF RADIOLOGY

September 2, 1999

Re: Gioia J. Riccio, M.D.

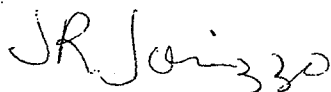
To Whom It May Concern:

I have had the distinct pleasure of working with Dr. Riccio during the 1998-1999 academic year at Wake Forest University Baptist Medical Center where she completed a fellowship in Women's Imaging. I am an Assistant Professor specializing in obstetrical and gynecologic ultrasound and worked with Dr. Riccio intermittently at the Mount Airy OB/GYN Center in Mount Airy, NC.

Dr. Riccio possesses all of the qualities to make for a most successful radiologist and human being including great intelligence and curiosity, tremendous warmth and compassion with sensitivity and concern for patients, ancillary workers and colleagues, and a wonderful sense of humor. She approaches life with a positive, upbeat outlook which is contagious and encourages others around her to excel. I truly respect her very high moral standards, and am certain that she will be a most excellent addition to your staff with a very bright future ahead.

I highly recommend Dr. Riccio for any position she chooses to pursue with great confidence in her ability to succeed.

Sincerely,



Johanna R. Jorizzo, M.D.  
Assistant Professor of Radiology

JRJ/ss

Division of Radiologic Sciences  
DEPARTMENT OF RADIOLOGY

BREAST IMAGING  
(336) 716-4316

July 1, 1999

RITA I. FREIMANIS, M.D.  
ASSISTANT PROFESSOR AND  
SECTION HEAD

J. JEFFREY CARR, M.D.  
ASSISTANT PROFESSOR

JOHANNA JORIZZO, M.D.  
ASSISTANT PROFESSOR

NADJA LESKO, M.D.  
ASSISTANT PROFESSOR

E. THOMAS PULASKI, M.D.  
CLINICAL ASSISTANT  
PROFESSOR

SHERRY L. PULASKI, M.D.  
CLINICAL ASSISTANT  
PROFESSOR

TO WHOM IT MAY CONCERN:

This letter is written to confirm that Gioia Riccio, M.D. completed a one-year Women's Imaging Fellowship which was done from July 1, 1998 to June 30, 1999. The fellowship consisted of 65% mammography (7½ months formal training). She read approximately 5000 mammograms during this time. Well over 240 mammograms were read in the six months prior to July 1, 1999.

Thirty-two hours of Category I CME are awarded for this fellowship.

I am available for any further questions at (336) 716-2434.

Sincerely,



Rita I. Freimanis, M.D.  
Assistant Professor of Radiology  
Section Head, Breast Imaging

RIF/ds

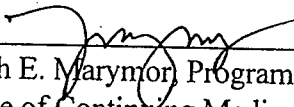
**UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE  
OFFICE OF CONTINUING MEDICAL EDUCATION  
HEALTH SCIENCES CENTER BOX 368  
CHARLOTTESVILLE, VA 22908  
(804) 982-0883**

June 17, 1999

The University of Virginia School of Medicine certifies that Gioia Riccio, MD has participated in the educational activity entitled:

**Women in Medicine: Pathways to Leadership  
April 16, 1999  
The Doubletree Hotel, Charlottesville, Virginia**

and is awarded a maximum of 5.5 hours of category 1 credit toward the AMA Physician's Recognition Award. *Each physician should claim only those hours of credit that he/she actually spent in the educational activity.*

  
Judith E. Marymor, Program Support  
Office of Continuing Medical Education

Hours actually attended 5.5  
(To be filled in by participant)

**PLEASE RETAIN THIS CERTIFICATE FOR YOUR RECORDS**

THE DIVISION OF RADIOLOGIC SCIENCES  
OFFICE OF CONTINUING EDUCATION  
WAKE FOREST UNIVERSITY  
SCHOOL OF MEDICINE

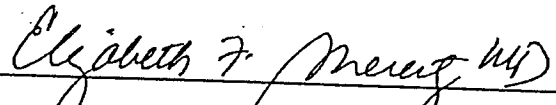
Certificate of Attendance

GIOIA RICCIO, M.D.


Minifellowship Program:  
Clinical Applications of Bone Densitometry

November 9-10, 1998

Approved for: 15  
AMA Category 1

  
Elizabeth F. Sherertz, M.D.  
Associate Dean  
for Faculty Services

This certifies that I attended  
15 hours of this accredited  
CME activity.

  
Signature

**CURRICULUM VITAE**

June 1,1999

**Leonard Andrew Wald M.D.****DOB: July 11,1956****Place of Birth: New York****Citizenship: USA****Current Employment:****Robert Russo & Associates****East Ave Radiology/Radiology Assoc.of Westport****111 East Ave.****Norwalk, CT 06851****Tel. 203-838-0520 Fax. 203-857-4901****Academic Training:****College: Union College, Schenectady NY, BS 1977, Magna Cum Laude****Medical School: Albert Einstein College of Medicine , MD 1981****Traineeship:****Internship: Flexible Medical/Surgical , Long Island College Hospital, 81-82****Residency: Diagnostic Radiology, Montefiore /Albert Einstein Medical Center,  
NYC, Director: Harold G. Jacobson MD , 82-85****Fellowship: Computed Tomography/Ultrasound, Thomas Jefferson University  
Hospital, Director: Barry Goldberg MD , 85-86****Board Qualification:****National Board , 1981, #251934****American Board Of Radiology, Certified, 1985****Professional Organizations:****Radiologic Society of North America****American College of Radiology****Connecticut State Medical Society****Fairfield County Medical Society****Norwalk Medical Society****Hospital Appointments:****St Vincent's Medical Center, Bridgeport Ct.**

**Teaching Experience:**

Lecturer, Thomas Jefferson Univ. Hospital, Dept. of Ultrasound,  
Post Graduate Continuing Medical Education Course in Obstetric US, 85-86

**Publications:**

Chapter: Scrotal Masses, Leonard A Wald MD, Matthew D Rifkin MD  
Diagnostic Imaging ,an algorithmic approach. Ronald Eisenberg MD  
Lippincott Press , Philadelphia ,1988





**CME**  
program

**Medical College of Wisconsin  
Office of Continuing and Professional Education  
Topics in Mammography**

10/3/02

*This is to certify that*

106-38-6448

Leonard Wald  
111 East Ave  
Norwalk CT 06851 USA

*has participated in the educational activity entitled:*

***Topics in Mammography***

Vol	Iss	Credit	Date
01	01	5.00	10/02
	02	5.00	10/02
	03	5.00	10/02
		<u>15.00</u>	

Date of Completion 3 October 2002

and is awarded 15 hours of Category 1 credit towards the AMA Physician's Recognition Award.

*Patti Nelson*

Registrar

The Medical College of Wisconsin is accredited by the Accreditation Council For Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Medical College of Wisconsin designates this continuing medical education activity for up to 15 hours in category 1 credit towards the AMA Physicians' Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

The Medical College of Wisconsin certifies that this activity meets the criteria for up to 15 contact hours of continuing education for allied health professionals. Each participant should claim only those hours of credit actually spent in the educational activity. This activity has been approved for category 1 PRA/AMA credit for physicians. Technologists may claim Category A credit for this activity if it is relevant to the radiologic sciences, consistent with ARRT policies.

04139



CONNECTICUT MEDICAL INSURANCE COMPANY

102

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Leonard A Wald, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges of Today's Healthcare Professional  
Exploring Current Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

A handwritten signature in black ink, appearing to read "Vazrick Mansourian". The signature is fluid and cursive, written over a horizontal line.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 2001



103  
CONNECTICUT MEDICAL  
INSURANCE COMPANY

80 Glastonbury Boulevard  
P.O. Box 71  
Glastonbury, CT 06033

800.228.0287 (CT)  
Fax 800.403.3580 (CT)

860.633.7788  
Fax 860.633.8237

<http://www.ctmed.com>

Leonard A Wald MD  
c/o Radio Assoc of Westport, PC  
125 Kings Highway North  
Westport, CT 06880

Connecticut Medical Insurance Company

*CERTIFICATE OF ACCOMPLISHMENT*

Continuing Medical Education

presented to

Leonard A Wald MD

for participation in

CMIC - Risk Alert Series  
"Failure to Diagnose Colon Cancer"  
July 2001

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Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee  
July 2001



CONNECTICUT MEDICAL INSURANCE COMPANY

114

Leonard A Wald MD  
c/o Radio Assoc of Westport,PC  
125 Kings Highway North  
Westport CT 06880

Connecticut Medical Insurance Company

*CERTIFICATE OF ACCOMPLISHMENT*

Continuing Medical Education

presented to

Leonard A Wald MD

for participation in

CMIC - Risk Alert Series  
"Failure to Diagnose Breast Cancer"  
February 2001

The program has been approved for 1 credit hour in Category I of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, an organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.

A handwritten signature in black ink, appearing to read "Vazrick Mansourian", is written over a horizontal line.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee  
April 2001



CONNECTICUT MEDICAL INSURANCE COMPANY

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Leonard A Wald, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges of Today's Healthcare Professional  
Exploring Current Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 2000



CONNECTICUT MEDICAL INSURANCE COMPANY

116

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Leonard A Wald, M.D.**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges in Today's Physician Practice – Part II  
Exploring Practice Issues

Connecticut Medical Insurance Company designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association. Connecticut Medical Insurance Company is accredited by the Connecticut State Medical Society to sponsor continuing medical education for physicians.

A handwritten signature in cursive script, appearing to read 'Vazrick Mansourian'.

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Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 1999



CONNECTICUT MEDICAL INSURANCE COMPANY

117

# Connecticut Medical Insurance Company

## CERTIFICATE OF ACCOMPLISHMENT

Continuing Medical Education

*presented to*

**Leonard A. Wald, MD**

*for participation in*

**CMIC Risk Management Self-Study Program**  
Meeting the Challenges in Today's Physician Practice  
Expanding Liability Issues

This Program has been approved for 5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association by the Connecticut Medical Insurance Company Risk Management Committee, and organization accredited by the Connecticut State Medical Society to sponsor Continuing Medical Education programs.

A handwritten signature in black ink, appearing to read "Vazrick Mansourian".

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Vazrick Mansourian, M.D., Chairman  
CMIC Risk Management Committee

November 1998



January 8, 1999

Leonard A Wald, MD  
23 High Meadow Rd  
Weston, CT 06883-2903

Dear Dr. Wald:

This letter is to verify your completion of the American College of Radiology's Breast Disease II Syllabus in December 1998.

The ACR—an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME)—is awarding Continuing Medical Education (CME) credit for fulfilling the requirements of the self-evaluation course. You may claim up to 20 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Sincerely,

Lawrence P. Davis, M.D., FACR  
Chair  
Committee on Accreditation for Continuing Medical Education

**PLEASE RETAIN THIS LETTER FOR YOUR  
CONTINUING EDUCATION RECORDS**

**A M E R I C A N C O L L E G E O F R A D I O L O G Y**





January 2, 1999

Leonard A. Wald, MD  
23 High Meadow Road  
Weston, CT 06883-2903

Dear Dr. Wald:

This letter is to verify your completion of the American College of Radiology's Diagnostic Ultrasonography II Syllabus in November 1998.

The ACR—an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME)—is awarding Continuing Medical Education (CME) credit for fulfilling the requirements of the self-evaluation course. You may claim up to 25 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Sincerely,

Lawrence P. Davis, M.D., FACR  
Chair  
Committee on Accreditation for Continuing Medical Education

**PLEASE RETAIN THIS LETTER FOR YOUR  
CONTINUING EDUCATION RECORDS**

**AMERICAN COLLEGE OF RADIOLOGY**  
1891 Preston White Drive, Reston, Virginia 20191 (703) 648-8900



December 15, 1995

LEONARD A. WALD, M.D.  
RADIOLOGY ASSOCIATES OF WESTPORT  
111 EAST AVENUE  
NORWALK, CT 06851

Dear LEONARD A. WALD, M.D.:

This letter is to verify your completion of the American College of Radiology's Pediatric Disease IV Syllabus in December, 1995.

The ACR -- an organization accredited by the Accreditation Council for Continuing Medical Education -- is awarding Continuing Medical Education (CME) credit on an hour-for-hour basis for fulfilling the requirements of this course. You may claim up to 25 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Sincerely,

Valerie P. Jackson, M.D.  
Chair, Committee on Accreditation for Continuing Medical Education

PLEASE RETAIN THIS LETTER FOR YOUR  
CONTINUING EDUCATION RECORDS

A M E R I C A N C O L L E G E O F R A D I O L O G Y

1891 Preston White Drive, Reston, Virginia 22091 (703) 648-8900

CME ACTIVITIES - Leonard A. Wald, MD

Where/Title	Dates	Hours Category I
Flushing Hospital Current Radiology	December 1993	5
University of Colorado Breast Imaging	July 1993	27.5
Park City Hospital Educational Meetings General	Jan 93 - Dec 93	43
NYU Radiology Update	Feb 1994	22.75
Park City Hospital Educational Meetings General	Jan 94 - Dec 94	20

75.5

42.75



## POLICY AND PROCEDURE

### QUALITY ASSURANCE PLAN

#### PURPOSE:

To insure a solid program exists and functions to uphold continuous quality of care for the community in which we serve.

#### POLICY:

To provide high quality Radiology services through the promotion of a comprehensive and coordinated program by utilizing review for problems and creating resolution with current procedures.

#### GOAL:

The main goal of this comprehensive plan is to assess, evaluate and resolve problematical issues involving the quality of Radiology services.

#### RESPONSIBILITIES:

To comply with all state and federal regulatory agencies, as related to mammography, but not limited to.

To employ highly qualified staff to perform and carry out necessary functions (i.e. Radiologic Technologists are all certified by the American Registry of Radiologic Technologists).

To formally train staff to utilize necessary equipment as applicable.

To ensure safety to patients and employees from unwarranted radiation, as well as, biological and physical hazards.

To progressively strive for quality improvement in the overall practice.



123

## POLICY AND PROCEDURE

### OCCURRENCE REPORTING FOR PATIENTS EXPERIENCING CONTRAST REACTIONS

#### PURPOSE:

1. To document patient reactions and treatment of all contrast reactions in the Practice.
2. To alert management of problems that may require investigation and/or corrective action.
3. To improve the quality of care to all patients.

#### PROCEDURE:

All patients experiencing contrast reactions shall have the incident recorded for the appropriate patient on a document titled "Patient Occurrence Report - for Contrast Reactions."

1. The individual who discovers the occurrence shall be responsible for filling out the occurrence report -i.e. technologist, P.A. and/or Radiologist.
2. Record the patient identification data completely.
3. Fill in all pertinent blank information.
4. Circle the symptoms that occurred.
5. List any and all witnesses to the occurrence.
6. Record employee name, signature and date of report.
7. The completed form shall be forwarded to the Director, Clinical Operations.
8. Keep all documentation concise, factual, objective, accurate and timely.

ROBERT D. RUSSO, M.D. & ASSOCIATES, P.C.  
46 PRINCE STREET  
NEW HAVEN, CT. 06519

RECEPTIONIST INITIALS \_\_\_\_\_

124

**PATIENT INFORMATION**

DATE / /

Last Name:		First Name:	
Address:		Apt/Unit:	
City:	State:	Zip:	
Home Phone:( ) -	Referred By:		
Date of Birth: / /	Soc. Sec. # - -		

**GUARANTOR INFORMATION**

Last Name:		First Name:	
Address:		Apt/Unit:	
City:	State:	Zip:	
Home Phone:( ) -	Referred By:		
Date of Birth: / /	Soc. Sec # - -		
Employer:	Phone:( ) -	Ext:	
Address:			
City:	State:	Zip:	

**INSURANCE INFORMATION**

**Primary Insurance Co. Name:**

Insurance Address:		Phone:( ) -	
City:	State:	Zip:	
ID / Certificate#:	Group#:		
Policy Holder Name:		Relationship:	

**Secondary Insurance Co. Name:**

Insurance Address:		Phone:( ) -	
City:	State:	Zip:	
ID / Certificate#:	Group#:		
Policy Holder Name:		Relationship:	

ROBERT D. RUSSO, M.D. & ASSOCIATES, P.C.  
46 PRINCE STREET  
NEW HAVEN, CT. 06519

RECEPTIONIST INITIALS \_\_\_\_\_

125

**PATIENT INFORMATION**

DATE / /

Last Name:		First Name:	
Address:		Apt/Unit:	
City:	State:	Zip:	
Home Phone:( ) -	Referred By:		
Date of Birth: / /	Soc. Sec. #	-	-

**GUARANTOR INFORMATION**

Last Name:		First Name:	
Address:		Apt/Unit:	
City:	State:	Zip:	
Home Phone:( ) -	Referred By:		
Date of Birth: / /	Soc. Sec #	-	-
Employer:	Phone:( ) -	Ext:	
Address:			
City:	State:	Zip:	

**INSURANCE INFORMATION**

<b>Primary Insurance Co. Name:</b>			
Insurance Address:		Phone:( ) -	
City:	State:	Zip:	
ID / Certificate#:	Group#:		
Policy Holder Name:		Relationship:	
<b>Secondary Insurance Co. Name:</b>			
Insurance Address:		Phone:( ) -	
City:	State:	Zip:	
ID / Certificate#:	Group#:		
Policy Holder Name:		Relationship:	

CT Scan Screening Form

126

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

If this questionnaire is completed by someone other than the patient, "you" refers to the patient. PLEASE CIRCLE ANSWERS.

- (1) Are you pregnant? Yes No N/A
- (2) Are you currently breastfeeding? Yes No N/A
- (3) Have you ever had an X-Ray exam in which you received an injection of radiographic dye?(for example: Cat Scans, IVP Kidney exam, Arteriogram). Yes No

IF YOU ANSWERED YES TO #3, did you have any problem or reactions to the injection, PLEASE DESCRIBE: \_\_\_\_\_

(4) DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

- A) ALLERGIES Yes No  
(if yes, Please "X" below)  
 drugs or medicines  
 Bee stings  
 Seafood or Shellfish  
 Other foods  
 Other
- D) ADRENAL GLAND DISORDERS Yes No  
(Specifically...Pheochromocytoma)
- E) ASTHMA or other respiratory ailments Yes No
- F) DIABETES Yes No  
\* Taking GLUCOPHAGE? Yes No
- G) FLUID RESTRICTIONS Yes No
- H) BLOOD DISORDERS Yes No  
\* If Yes, Please describe i.e.,Sickle Cell Anemia....

PLEASE DESCRIBE YOUR REACTION \_\_\_\_\_

- B) CARDIAC DISEASE Yes No  
\* If yes, describe \_\_\_\_\_
- I) OTHER-Multiple myeloma.....Yes No  
-Myasthenia gravis.....Yes No  
-Hyperthyroidism.....Yes No
- J) DAILY MEDICATIONS Yes No  
\* If yes, please list \_\_\_\_\_

I give ROBERT D. RUSSO, M.D. AND ASSOCIATES, P.C., its associates and assistants, permission to perform upon (name of patient) \_\_\_\_\_, contrast injections, including the treatment of any condition discovered during this procedure, which is necessary or advisable to treat immediately. The procedure and possible risks have been explained to my satisfaction.

SIGNATURE OF PERSON PROVIDING CONSENT: \_\_\_\_\_  
 RELATIONSHIP TO THE PATIENT: \_\_\_\_\_  
 SIGNATURE OF WITNESS: \_\_\_\_\_  
 DATE AND TIME: \_\_\_\_\_

NONIONIC \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CLINICAL INFORMATION:



## POLICY REGARDING PREGNANCY DETERMINATION

It is the responsibility of all technologists, prior to performing an X-ray or CT procedure, to attempt to determine that female patients of child-bearing age are not pregnant. The form shown will be properly filled out prior to making any exposure. If the patient is known to be pregnant, the potential radiation risks to the fetus and clinical benefits of the procedure should be considered before proceeding with the study.

**YOUR DOCTOR HAS REQUESTED A PROCEDURE THAT USES RADIATION.**

**IS THERE A CHANCE THAT YOU MAY BE PREGNANT?**

Yes \_\_\_\_\_

NO \_\_\_\_\_

Printed name \_\_\_\_\_

Signature of Patient \_\_\_\_\_

Date \_\_\_\_\_

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

128



**Robert D. Russo, M.D.  
and Associates  
Radiology**

**Paul A. Aiello, M.D.  
Joseph A. Gagliardi, M.D.  
Board Certified Radiologists**

46 Prince Street, 1st Floor  
New Haven, CT 06519  
Phone: 203-777-4750  
Fax: 203-777-4795

Business Office:  
35 Nutmeg Drive South  
Trumbull, CT 06611  
Phone: 203-381-1276

**C.T. SCAN ABDOMEN/PELVIS INSTRUCTIONS**

**PATIENT:** \_\_\_\_\_

**APPOINTMENT DATE:** \_\_\_\_\_ **AT** \_\_\_\_\_ **AM/PM**

**\*Mix E-Z CAT with water to make one quart. Refrigerate if desired.**

**If exam is in the morning:**

**Evening prior to examination eat a normal dinner. Drink half E-Z Cat mixture at bedtime (9:00-10:00 pm).**

**Drink 1 cup E-Z Cat mixture at 7:00 am. Do not eat breakfast. Clear liquids are permitted. Drink remaining E-Z Cat mixture one hour before exam.**

**If exam is in the afternoon:**

**Drink half E-Z Cat mixture at 7:00 am. Drink one cup at 10:00 am (Normal diet is permitted up to 4 hours prior to the exam.) Clear liquids are permitted. Drink remaining E-Z Cat mixture one hour before exam.**

**\* Important if you are having I.V. contrast also: If you are diabetic and taking Glucophage, please stop taking it the day of your exam. 48 hours after the exam you will need your BUN and Creatinine checked before resuming your medication.**

**If you have any questions regarding you examination or these instructions, please call our office at (203) 777-4750.**

# Simione Macca & Larrow<sub>LLP</sub>

129

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

"On Balance, We Offer You More."

November 8, 2002

Office of Health Care Access  
Connecticut

Dear Representative:

This letter is to inform you that we have been the independent Certified Public Accountants for Robert D. Russo M.D. & Associates Radiology P.C. for the last several years. In this regard and relevant to the Certificate of Need Application for PE scanning unit, we wish to make the following comments:

The financial responsibility for the acquiring the equipment and supporting of operations in the future, to the extent necessary, will be borne solely by Robert D. Russo M.D. & Associates Radiology P.C. and not the community.

Robert D. Russo M.D. & Associates Radiology P.C. clearly has the financial resources and willingness to support the financial need outlined with the Certificate of Need Application.

We trust this provides you with the needed information. Please call if you have any questions.

  
Ronald Larrow, CPA  
Partner



Medical Systems

5 Miner Road  
Cleveland, Ohio 44143

Page 1 of 28  
10/15/2001

### Quotation

Quotation Number 504-2743A-CTS

**Customer:** ROBERT D. RUSSO, MD AND ASSOCIATES -  
11177  
2800 MAIN STREET  
BRIDGEPORT, CT 06606

**Office:** MARCONI MEDICAL SYSTEMS, INC.  
100 BAYLISS ROAD, SUITE 140  
MELVILLE, NY 11747  
(516) 391-6800

**Account Executive:** DUANE GENTILE  
#27682

**Specialist:** ROMAN BORYSIUK  
#24727

**Code:** NONE

This quotation is valid for (60) days.

<p><b>CUSTOMER ACCEPTANCE, AS QUOTED:</b></p> <p>THIS QUOTATION IS SUBJECT TO ALL PROVISIONS AND CONDITIONS REFERENCED IN THE ATTACHED EXHIBITS A, B AND C.</p> <p>Customer Requested Delivery Date: _____</p> <p>By: _____ (Signature)</p> <p>Name &amp; Title: _____</p> <p>Date: _____</p>	<p><b>MARCONI MEDICAL SYSTEMS, INC</b></p> <p>By: _____ (Signature)</p> <p>Name: <u>MARV SIEGEL</u></p> <p>Title: <u>ZONE SALES MANAGER</u></p> <p>Date: _____</p>
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MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
OFF-ED-583	<p>Mx8000 Dual Slice CT System includes:</p> <ul style="list-style-type: none"> <li>- Ultramerge</li> <li>- 3-D-MIP-OP CTA &amp; 3D Display f/Scanner &amp; S/W (CT9261)</li> <li>- SAS-Spiral Auto Start (CT9279)</li> <li>- CT9242, Table Extension</li> <li>- CT9315C, Standard 20" High Resolution Color Monitor</li> <li>- CT9238, Water-Water 60Hz Cooling Unit/ Heat Exchanger</li> <li>- Mx8000 Applications Training</li> <li>- Multislice CT Marketing Kit</li> </ul> <p><b><u>Mx8000 Dual Slice CT System:</u></b> 10071820202</p> <p>Multislice CT is revolutionizing the clinical practice through dramatic increases in productivity and improved clinical outcomes. Mx8000 Dual Slice delivers the benefits of multislice CT to any hospital or clinic with a scaleable platform that can be field upgraded with the latest clinical and technological advances. Mx8000 acquires two slices simultaneously to deliver up to four times more coverage than a conventional</p>	



Medical Systems

95 Miner Road  
Cleveland, Ohio 44143

Page 2 of 28  
10/15/2001

### Quotation

Quotation Number 504-2743A-CTS

151

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>single slice scanner. In addition to high productivity, Mx8000 serves as the gateway to advanced applications such as low dose screening, cardiac imaging and functional CT.</p> <p><b>Mx8000 Dual Slice CT System Includes:</b></p> <ul style="list-style-type: none"> <li>- Simultaneous two slice acquisition (field upgradeable to four or more slice acquisition)</li> <li>- 1mm minimum slice thickness (0.5 mm optional)</li> <li>- 1 second image reconstruction time (0.5 seconds optional)</li> <li>- 0.75 second full 360 degree sub-second scan mode (0.5 seconds optional)</li> <li>- 48 kW high frequency, high voltage generator (60 kW optional)</li> <li>- 6.5 M.H.U. high power X-ray tube</li> <li>- Dynamic Focus System (DFS) doubles data density providing up to 24 Lp/cm ultra-high Spatial resolution, in axial and spiral scanning</li> <li>- 36 GB raw data storage memory</li> <li>- 4.1 GB Erasable Optical Disk</li> <li>- 1 GB RAM Memory</li> <li>- UltraImage</li> <li>- Auto Voice with voice recording</li> <li>- Auto Archive</li> <li>- DICOM 3.0 compliance including Print, Query/Retrieve, Storage and more</li> <li>- MasterFilm Auto Filming</li> <li>- Table Extension (CT9242)</li> <li>- Two weeks applications training</li> </ul> <p><b>Mx8000 System components include:</b></p> <ul style="list-style-type: none"> <li>- Gantry</li> <li>- Patient table</li> <li>- Mx8000 operating, viewing and processing console</li> <li>- Power distribution cabinet</li> <li>- Cooling system/heat exchanger</li> <li>- High-speed computing and display system</li> </ul> <p><b>IMAGE QUALITY PERFORMANCE</b></p> <p><b>SPATIAL RESOLUTION (measured on bar phantom)</b></p> <p>Ultra-high mode: 24.0 Lp/cm @ cut-off  High mode: 16.0 Lp/cm @ cut-off  Standard mode: 12.5 Lp/cm @ cut-off</p> <p><b>NOISE</b></p> <ul style="list-style-type: none"> <li>- 0.29% with 120 kVp, 300 mAs, and 2 x 5mm-slice thickness as measured on the Marconi Medical System's system phantom (21.6 cm water equivalent)</li> </ul>	



Medical Systems

95 Miner Road  
Cleveland, Ohio 44143

**Quotation**

Page 3 of 28  
10/15/2001

Quotation Number 504-2743A-CTS

132

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p><b>LOW CONTRAST RESOLUTION</b> - better than 5 mm at 0.3% with 120 kVp, 250 mAs, 2x10 mm slice thickness on 20 cm CATPHAN phantom</p> <p><b>ABSORPTION RANGE</b> -1000 to +3095 Hounsfield units</p> <p><b>GANTRY</b> - Multiple-Beam continuous rotate/rotate with optimized geometry for low dose imaging - Marconi Medical System's Patented Detectors: High efficiency two-dimensional solid state detector array consisting of 1344 elements arranged in two distinct arcs.</p> <p>Dynamic Range: 1,000,000 to 1</p> <p>Data Sampling Rate: Up to 2320 views/revolution/element</p> <p>Gantry Aperture: 700 mm diameter</p> <p>Gantry Tilt: -30° to +30°</p> <p>Scan Field of View: Up to 25 cm (all scanning modes), 500 mm (Standard and High Resolution modes)</p> <p>Slice Collimation: 0.5 (optional), 1.0, 2.5, 5.0, 8.0, 10.0 mm</p> <p>Scan Angles: 240°, 360°, 420°</p> <p>Scan Times: 0.5 (optional), 0.75, 1, 1.5, 2 seconds for full 360° scans</p> <p><b>Slice Position Indicator</b> - Internal slice plane laser marker. - External positioning, triple-axis laser marker</p> <p>Controls for gantry tilt, table elevation and stroke are conveniently located on both sides of the gantry and on the scan control panel. Large numerical displays for each function ensure accurate control.</p> <p><b>PATIENT TABLE</b> - Table stroke: 2000 mm in normal mode - Scannable range: 1620 mm - Speed: 0.5 to 100 mm/sec - Position accuracy: ±0.25 mm - Interventional mode for C-Arm operation - Vertical motion range: 480 to 1000 mm above floor</p>	



Medical Systems

95 Miner Road  
Cleveland, Ohio 44143

Page 4 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

133

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<ul style="list-style-type: none"> <li>- Vertical speed: 10 mm/sec or 30 mm/sec</li> <li>- Table load capacity - 200 kg (450 lbs) with full accuracy</li> </ul> <p>Table accessories</p> <ul style="list-style-type: none"> <li>- 1 Carbon-fiber, metal-free head holder ideal for trauma applications</li> <li>- 1 Full line of mattresses, cushions, supports and strap</li> </ul> <p><b>CT9242</b></p> <p><b>Table Extension:</b> 480-7180-2200</p> <p>Table extension to aid in scanning "legs in" position</p> <p><b>SCANNING MODES</b></p> <p><b>SEQUENTIAL AXIAL SCANNING</b></p> <ul style="list-style-type: none"> <li>- Multiple-slice scan with up to 2 contiguous slices acquired simultaneously with incremental table movement between scans</li> <li>- MSSl (TM) (Multislice Interpolation) - Acquisition of multiple thin contiguous slices and reconstruction of thicker slices for reduced partial volume effects</li> </ul> <p><b>SPIRAL SCANNING</b></p> <ul style="list-style-type: none"> <li>- Multiple-slice spiral acquisition</li> <li>- Multiple contiguous slices acquired simultaneously with continuous table movement during scans. Multiple, bi-directional acquisitions</li> <li>- Up to 60 sec. of uninterrupted spiral scanning</li> <li>- Spiral pitches continuously selected from Dual - 0.375 to Dual - 2.0 in 2 slice modes</li> <li>- Reconstruction time 1.0 second per image</li> <li>- Slice acquisition rate: up to 2.6 images per second, 4 images per second with optional 0.5 second scan speed</li> </ul> <p>Spiral coverage examples:</p> <ul style="list-style-type: none"> <li>- Trauma: 1030 mm (30 seconds on time, Dual 1.75 pitch, 5 mm slice thickness, optional 0.5 second scan time)</li> <li>- Orthopedics Ultra High Resolution 24 Lp/cm: 80 mm (40 seconds on time, Dual 0.75 pitch, 1 mm slice thickness, 0.75 second scan time)</li> <li>- Breath-hold Chest and Abdomen: 600 mm (30 seconds on time, Dual 1.5 pitch, 5 mm slice thickness, 0.75 second scan time)</li> </ul> <p><b>PILOT SCANNING</b></p> <ul style="list-style-type: none"> <li>- Radiographic technique for sequence planning and automatic positioning</li> <li>- Viewing angles: 90° and 180°</li> <li>- Longitudinal speed: 97 mm/sec</li> <li>- Measurement increment: 0.3 mm</li> <li>- Scan length: up to 1620 mm</li> </ul>	



Medical Systems

5 Miner Road  
Cleveland, Ohio 44143

Page 5 of 28  
10/15/2001

Quotation

Quotation Number 504-2743A-CTS

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>- Scan width: 500 mm</p> <p><b>X-RAY SYSTEM</b></p> <ul style="list-style-type: none"> <li>- 48 kW on board, high frequency power generator</li> <li>- Three selectable voltages: 90, 120, 140 kVp</li> <li>- Current selectable from 30 to 400 mA in 1 mA increments</li> </ul> <p><b>X-RAY TUBE</b></p> <ul style="list-style-type: none"> <li>- Marconi Medical System's Patented Dynamic Focal Spot (DFS) rotating graphite composite anode</li> <li>- Anode heat capacity - 6,500,000 heat units useable to 80%</li> <li>- Max. anode cooling rate - 730 kHU/min.</li> <li>- Housing cooling rate - 550 kHU/min.</li> </ul> <p>Focal spot (actual size)</p> <ul style="list-style-type: none"> <li>- Standard: 1.2 x 1.5 mm</li> <li>- Small: 0.7 x 1.0 mm</li> </ul> <p>Radiation leakage:</p> <ul style="list-style-type: none"> <li>- Compliant with U.S. CDRH, Federal Radiation Performance Standards, 21 CFR, subchapter</li> </ul> <p><b>OPERATOR CONSOLE COMPUTING AND DISPLAY SYSTEM with ESP II SOFTWARE</b></p> <p>Central Imaging Computer</p> <ul style="list-style-type: none"> <li>- Industry-leading data processing computer based on embedded array of parallel processors, delivering more than 5 GIPS (Giga Instructions Per Second).</li> </ul> <p>Host Computer: High performance Silicon Graphics RISC-based central processor running Unix</p> <p>Main Memory</p> <ul style="list-style-type: none"> <li>- 1.0 GB RAM memory</li> <li>- 36 GB fast disk storage for scan data</li> </ul> <p>Hard Disk Storage</p> <ul style="list-style-type: none"> <li>- Winchester SCSI disk with 9GB capacity</li> <li>- Image Storage Capacity (typical number of images)</li> <li>340 x 340 Image Matrix = more than 50,000 compressed or 25,000 uncompressed</li> <li>512 x 512 Image Matrix = more than 22,000 compressed or 11,000 uncompressed</li> </ul>	





Medical Systems

15 Miner Road  
Cleveland, Ohio 44143

Page 6 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

135

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>Erasable Optical Disk (EOD)  - 4.1 GB Erasable Optical Disk Drive for 1.2 (read only), 2.3, or 4.1 GByte disks.  - Image Storage Capacity:  340 x 340 Image Matrix = 41,000 Typical Number of Images  512 x 512 Image Matrix = 22,550 Typical Number of Images  768 x 768 Image Matrix = 10,250 Typical Number of Images  1024 x 1024 Image Matrix = 5,790 Typical Number of Images</p> <p>ESP II software provides an intuitive, self-guiding and user-friendly operation.</p> <p>Auto Voice</p> <p>Auto Recording</p> <p><b>CT9315C</b>  <b>Standard 20" High Resolution Color Monitor</b>  Display Monitor: 20", high resolution, 1280 x 1024, non-interlaced, color monitor, 4096 colors and 256 gray levels for image, overlays and text and graphics.</p> <p><b>DATA MANAGEMENT AND ARCHIVING</b>  DICOM 3.0 compliant image format. Lossless image compression/decompression algorithm is used during image storage/retrieval to/from an EOD.</p> <p><b>NETWORK REQUIREMENTS</b>  Network connections should be located within 10 feet of the console. The Mx8000 supports 10/100mbps (10/100BaseT) network speeds. Marconi recommends 100mbps network speed. For optimal performance network should be segmented from the rest of the hospital network. Category 5 cable is recommended for all installations. Network jacks must be 8 pin modular (RJ45). The Mx8000 should be connected to the network via patch cord connection to the facility infrastructure. The customer is responsible for providing physical network (wire), IP address, default router IP address, and subnet mask for each system installed.</p> <p><b>SCAN CONTROL</b>  Study Procedure Initiation Intuitive registration of patient information and clinical procedure selection, using anatomic graphical display and sample images. Includes optional Profile Connect HIS/RIS interface via DICOM modality worklist.</p> <p>Scan Protocols - A large number of pre-defined and user programmable scan protocols including multi-protocol procedures can be stored and retrieved. Scan parameters may be easily modified before the scan and during the study to meet specific clinical needs.</p> <p>Pilot Plan - Planning of multiple, independent acquisition series of any type on Pilot image. Interactive, mouse-controlled operation.</p>	



Medical Systems

95 Miner Road  
Cleveland, Ohio 44143

Page 7 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

136

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>Manual Scan - Enables slice-by-slice scans under operator control with on-line or off-line reconstruction, background image archiving to local or remote storage devices. Switching from automatic to manual scan and back is possible at any time</p> <p>Automatic Scan - Enables automatic execution of pre-planned studies, with concurrent, on-line or off-line reconstruction, background image archiving to local or remote storage devices, without operator intervention.</p> <p>Pause Button - Soft-stop key, initiates a pause in the scanning procedure and resumes scanning when released.</p> <p>Enable Button - Enables automated table movement and/or gantry tilt to the next programmed position within the Plan-On Pilot process.</p> <p>Window Control Eight preset, user defined window keys provide fast and convenient setting of optimal window. The mouse controls further finer adjustments of the window center and width. A soft button allows automatic optimization of the window setting.</p> <p>Emergency Button - Disables scanner motion in case of emergency.</p> <p>Intercom System - Two-way intercom allows patient monitoring and communication.</p> <p><b>AUTO VOICE/AUTO RECORDING</b> Includes a standard set of commands for patient communication in several languages. In addition, each operator can record a custom set of commands in his/her own voice.</p> <p><b>AUTO FILMING</b> Masterfilm allows the operator to set up and store filming parameters. Pre-stored protocols can be set to include auto-filming. The operator has options to film immediately after each image, at the end of a series, film after the end of a study and review images prior to print. The operator can also automatically film the study at three different windows.</p> <p><b>DATA MANAGEMENT</b> Image archiving is organized according to the DICOM 3.0 hierarchical model, in a DICOM 3.0 compliant image format. Lossless image compression/decompression algorithm is used during image storage/retrieval to/from all local archives. Advanced data-base type sorting of patients and images enable fast and easy manipulation of files.</p> <p>Directories - Images and scan raw data files, stored on image hard disk or other archiving media, can be sorted and displayed by patient name, patient number, date, type of image or any other field in the image files.</p>	



Medical Systems

15 Miner Road  
Cleveland, Ohio 44143

Page 8 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

137

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>Image Storage - Storage of displayed image, or series of images, to any archive.</p> <p>Image Copy - Background transfer of user-selected file groups from any storage device to any other DICOM 3.0 device (local, remote or removable).</p> <p>Patient Catalog - Patients demographic data is stored on hard disk and updated when a new patient is registered. The catalog may be displayed and sorted according to any patient data field.</p> <p>Image Delete - Selective deletion of images from any local device.</p> <p>Device Free Space - Special function, checking free space availability on local archiving devices.</p> <p>MasterFilm (TM) Automatic filming of user-selected images or series of images from any local or remote storing device, or from any application package. Gray scale or color images may be filmed on any DICOM 3.0 printer. MasterFilm enables editing of film pages prior to printing. The optional AMC-4 enables filming to most 3M compatible, non-DICOM compliant laser images.</p> <p><b>IMAGE RECONSTRUCTION RECONSTRUCTION TYPES</b></p> <ul style="list-style-type: none"> <li>- Sequential axial slices</li> <li>- Spiral: User-defined slice position and increment within the acquired volume</li> </ul> <p>MSSI (TM) "Thick" slices reconstructed by interpolating the data of "thin" slices, axial or spiral, for improved contrast resolution with reduced partial volume artifacts. The acquired contiguous "thin" slices may also be reconstructed separately</p> <p><b>RECONSTRUCTION MODES</b></p> <ul style="list-style-type: none"> <li>- Concurrent: Axial and spiral modes - image reconstruction concurrent with acquisition. (Concurrent Spiral mode requires Version 2.0 software).</li> <li>- Off-Line (batch) Background image reconstruction of user-defined groups of raw data files with automatic image storage</li> </ul> <p><b>RECONSTRUCTION PARAMETERS</b> The image reconstruction parameters are prospectively defined in the scan protocol; they can also be re-defined retrospectively for off-line image reconstruction. They include:</p> <p>Image Matrix 340, 512, 768 or 1024 (optional 768, 1024 matrices have target availability of software version 2.0)</p>	

## Quotation

Quotation Number 504-2743A-CTS

138

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>Filter- Choice of at least five different filters per scan mode</p> <p><b>CT9261</b>  <b>3-D-MIP-OP, CTA Visualization Package for Scanner and Software License:</b>  <b>MIP with MasterCut:</b></p> <ul style="list-style-type: none"> <li>- CT and MR Angiography (MIP) Maximum Intensity Projection (MIP) images, from a volumetric set of images, can be quickly reconstructed to demonstrate enhanced vascular structures. The projection images can be interactively generated in any arbitrary viewing angle, and can be windowed, zoomed and panned.</li> <li>- Easy-to-use tools to define a volume-of-interest for the projection and to extract unwanted tissues (e.g., bones) are available.</li> <li>- The projection images can also be correlated with the original images.</li> <li>- With MasterCut feature, the MPR curved cuts along vascular structures can be defined on the MIP to display panoramic and cross-sectional views. A set of cross-sectional cuts with 2.5mm spacing can be saved for full evaluation of changes across the vessels.</li> <li>- Cine of up to 30 frames/sec may be displayed.</li> <li>- In addition to the standard MIP, Minimum Intensity Projection for visualization of airways is available.</li> <li>- Advanced tools for bone and calcification removal are available.</li> </ul> <p>NOTE: CT/MR Angiography is not equivalent to conventional X-ray angiography.</p> <p><b>3D SSD Reconstruction:</b></p> <ul style="list-style-type: none"> <li>- Fast reconstruction of three-dimensional images of up to 15 different tissues or organs provides easy to understand presentation of complex anatomy. Real-time manipulation of 3D images includes zoom, pan, rotation around any axis, and cutting of the organs with a user-defined viewing aperture to expose underlying tissues. Making a tissue transparent enables viewing of underlying organs.</li> <li>- To enhance visibility, light source placement can be changed interactively.</li> <li>- CT/MR values can be displayed on the cutting aperture surfaces, and the 3D image can be correlated with the original images. Cine of up to 30 frames/sec may be displayed.</li> <li>- 3D volumes, distances and angles can be measured.</li> <li>- To define tissues and organs, a variety of segmentation tools are available: thresholding level adjustment, seed planting region growing and morphological methods (e.g., erosion, dilation, etc.).</li> </ul> <p><b>Ultrimage and Software License:</b>  480-7180-1707</p> <p>Ultrimage includes proprietary pre and post processing hardware and software license for enhanced visualization of soft tissue structures. Ultrimage significantly improves image quality for the most accurate representation of even the most difficult to image anatomic areas. The full clinical impact of Ultrimage is best appreciated in the brain, long bones, spine, pelvis or shoulder where subtle, soft tissue structures can be obscured by adjacent high contrast bone.</p>	



Medical Systems

5 Miner Road  
Cleveland, Ohio 44143

Page 10 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

139

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p><b>ESP II IMAGE PROCESSING</b> (Easy Scan Planning) Image Viewer: The interactive image viewer is designed for fast, efficient and simple image review and filming purposes. Images can be handled individually or in user-selected groups.</p> <p>Image viewer window - The size of the image viewer window is user-adjustable and may cover the entire screen or be down-sized to allow simultaneous display of several windows or applications. A single image or any multi-format of images can be displayed in the viewer window. Images can be moved, copied, swapped or deleted from the viewer window. The displayed images may be windowed or zoomed either individually or collectively.</p> <p>Zoom &amp; Pan - Real-time, mouse-controlled image zoom and pan. Magnification from 0.8 to 10 times. - Pre-defined in scan protocol, can be re-defined at any time during study.</p> <p>Scroll Bar - Scroll bar allows individual image scrolling, by row or by page</p> <p>Leaf &amp; Cine -Images may be displayed in a cine loop at a user-set rate or via mouse-driven leafing using the scroll bar</p> <p>Invert Image - Images may be inverted left-right and/or up-down</p> <p>Image Parameters - Display of patient information, scan and reconstruction parameters for convenient filming</p> <p><b>ESP II IMAGE GRAPHICS</b> A variety of graphic aids may assist the user in the interpretation of clinical images. The graphic aids are mouse-driven and may be filmed. They include:</p> <p>Regions of Interest (ROI) Any number of circular, rectangular or irregular ROIs with instantaneous calculation and display of area, average CT value and standard deviation</p> <p>Cursors/lines Any number of cursors may be used to rapidly measure pixel CT densities. Lines between 2 cursors enable distance measurements</p> <p>Arrows Any Number of arrows may be used to point out features</p> <p>Angles Any number of angles may be measured</p>	

## Quotation

Quotation Number 504-2743A-CTS

140

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>Grid Superimposed on the image for distance measurements with user-defined grid spacing</p> <p>Scale Any number of user-defined scales, straight or curved may be placed anywhere on the image</p> <p>Histogram Plots distribution of CT values in a user-defined region of interest</p> <p>Profile Graphically displays the CT values along any user-defined line on an axial image</p> <p>Text Alphanumeric annotations may be placed anywhere on the image and filmed</p> <p>ESP II Image Post Processing - Combine Images - Post processing function enabling linear combination of axial images</p> <p>Time lapse CT (TLCT) Graphic display of CT values versus time enabling time-dependent analysis of uptake and perfusion of contrast media</p> <p>MPR - Multiplanar reformation Real-time reformation of axial images into any user-defined plane - coronal, sagittal or general oblique - or curved plane. Interactive and friendly user interface is provided. The user defines the number of planes, their position, orientation, thickness and spacing and the reformatted image is displayed in real-time. Zoom, pan, leaf and window are available at any time. Display formats include: coronal/sagittal reformations, multiplanar obliques with reference images and one single reformation with an axial reference slice. User-defined series of reformations covering the clinically relevant organ can be performed, archived and filmed.</p> <p>ESP II WINDOW CONTROL - Eight user-defined preset windows provide fast and convenient window setting - Mouse-driven fine adjustments of the window center and width enable optimal image viewing - Highlight Window paints a user-defined range of CT densities in color double window - Double Window simultaneous displays two independent CT density ranges on the same image, i.e. thorax slice with lung and mediastinum windows - Inverse video image inverts the gray level and displays a negative image - Alternate window: rapid switch between any two window level settings</p>	



Medical Systems

5 Miner Road  
Cleveland, Ohio 44143

Page 12 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

141

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p><b>PHYSICAL SPECIFICATIONS</b></p> <p>Power Cabinet Requirements 380 to 480 VAC 8.0 kVA continuous, 90 kVA instantaneous</p> <p><b>ENVIRONMENT</b></p> <p>Operating Temperature - Gantry Room - 15-28 ° C (59-82° F) - Console Room - 15-28° C (59-82° F) - Utility Room - 15-28° C (59-82° F) - Maximum Temperature Gradient - 5° C/hr</p> <p>Humidity - 20% - 75%, non-condensing</p> <p><b>REMOTE SERVICE SUPPORT</b></p> <p>One direct-in-dial analog phone line per facility and one 10mbps (10BaseT) network connection is required for remote service by Marconi Service. This configuration supports all networked Mx8000 systems. The customer is responsible for providing an analog phone number, ip address, default router ip address, and subnet mask for each system installed.</p> <p><b>COOLING SYSTEM/HEAT EXCHANGER</b></p> <p>Water based cooling system keeps gantry components cool without noisy fans and eliminates the need for additional room air conditioning.</p> <p><b>CT9238</b> <b>Water-Water 60Hz Cooling Unit/Heat Exchanger:</b> The heat from the gantry is discharged by a Water-Water 60Hz Cooling Unit. The thermo energy is discharged by the Water-Water Cooling Unit to a closed loop cooling system of the installation site. The temperature of the incoming cold water supply should be 2 degree C to 16 degree C (35.6 degree F to 60.8 degree F). The nominal power of the cooling unit is 13.5 kW.</p> <p>Incoming line voltage and frequency of site needs to be specified to process order: _____ VAC., _____ Hz.</p> <p><b>CT9279</b> <b>SAS-Spiral Auto Start:</b> P/N 480-7180-2002 Hardware connection between contrast injector and Mx8000. Scan initiation is triggered from contrast injector with user selectable preset delay.</p>	



Medical Systems

5 Miner Road  
Cleveland, Ohio 44143

Page 13 of 28  
10/15/2001

142

Quotation

Quotation Number 504-2743A-CTS

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE												
<p>CT9280</p> <p>CT9281</p>	<p>* Possible costs to upgrade an approved injector is the responsibility of the user.</p> <p><b>Mx8000 Applications Training:</b> The Mx8000 system training consists of two (2) consecutive weeks of on-site training for a total of eight (8) days. The program utilizes a core team approach and is designed to train two (2) experienced CT technologists and one (1) key radiologist on basic scanner operation including key concepts related to multislice imaging, protocol access and development, image review, off-line storage, patient positioning guidelines and visualization techniques. ECE will be provided by the American Society of Radiologist Technology for those technologists that comply with the recommended Marconi Medical System's training guidelines.</p> <p>NOTE: Follow-up Training and additional technologist training outside of the original core team is available at additional cost (see appropriate Supplementary Training Codes AP717, AP717A, AP717B which can be used for follow-up training or additional technologist training).</p> <p><b>Multislice CT Marketing Kit</b> PI 10045 Multislice Marketing Kit is for Mx8000 users to market their new multislice services and capabilities to their local community and referring physicians. This kit contains digital files on CD-ROM with templates for press releases, media ad layouts, open house invitations, direct mailings to patients and referring physicians, and patient education materials. Key advantages relating to your Mx8000 have been incorporated into each piece. Also included are digital photographs, logos and other items that you can customize and insert your logo into before printing.</p> <p><b>Isotropic Imaging Package:</b> Dual mode 0.5mm slice thickness enabling true sub-millimeter isotropic imaging. Ideal for ultrahigh resolution temporal bone, sinus, spine exams and thin slice vascular exams. Includes dual pitch from dual 0.5 to dual 2.0 in 2 slice modes.</p> <p><b>SplitSecond (TM) Scan Package:</b> 0.5 second full 360 degree rotation with 300ms partial angle and 250ms temporal resolution. Provides a slice acquisition rate of up to 8 slices per second. Ideal for CT coronary angiography, other vascular imaging exams and high-speed motion free single breath-holding scanning.</p> <p>Maximum Spiral performance examples</p> <ul style="list-style-type: none"> <li>- Coverage in one spiral scan [mm]</li> <li>- @ ½ second time</li> <li>- Collimation Maximum 30 sec coverage breath-hold</li> </ul> <table border="0"> <tr> <td>2 x 0.5 mm</td> <td>400mm</td> <td>120mm</td> </tr> <tr> <td>4 x 1 mm</td> <td>1570+</td> <td>480mm</td> </tr> <tr> <td>4 x 2.5 mm</td> <td>1570+</td> <td>1200mm</td> </tr> <tr> <td>4 x 5 mm</td> <td>1570+</td> <td>1570+mm</td> </tr> </table> <ul style="list-style-type: none"> <li>- Maximum range of patient support</li> </ul>	2 x 0.5 mm	400mm	120mm	4 x 1 mm	1570+	480mm	4 x 2.5 mm	1570+	1200mm	4 x 5 mm	1570+	1570+mm	
2 x 0.5 mm	400mm	120mm												
4 x 1 mm	1570+	480mm												
4 x 2.5 mm	1570+	1200mm												
4 x 5 mm	1570+	1570+mm												





Medical Systems

5 Miner Road  
Cleveland, Ohio 44143

Page 14 of 28  
10/15/2001

143

Quotation

Quotation Number 504-2743A-CTS

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
CT9276	<p><b><u>MxView Visualization System:</u></b> 0071680309</p> <p><b><u>Independent Multi-modality Diagnostic Workstation:</u></b> The MxView independent multi-modality diagnostic workstation provides quick processing, analysis, manipulation, display, filming, storage and retrieval of images from different imaging modalities.</p> <p>Large image sets are efficiently and conveniently reviewed and prepared for film using MxView's fast 2D manipulations with real-time zooming, panning and windowing, as well as advanced viewing features such as scrolling, cine animation and multi-formatting. MxView offers increased clinical efficacy by allowing physicians to carry out viewing and advanced processing without interfering with the scanner operation.</p> <p>The MxView combines a powerful Silicon Graphics RISC workstation running on a standard UNIX operating system, with state-of-the-art object oriented software and comprehensive connectivity.</p> <p>MxView's mouse-driven, Windows-like user interface makes learning and using the system both fast and easy.</p> <p><b><u>MxView features:</u></b></p> <ul style="list-style-type: none"> <li>- Cutting-edge clinical image processing</li> <li>- Real-time user-friendly operation</li> <li>- SGI O2 R5000 Unix -based computer (R12000 optional)</li> <li>- 1 GB RAM Memory</li> <li>- 18.0 GB hard-disk for storage of up to 37,000 (512 x 512 matrix) images</li> <li>- MxLiteView CD Writer: DICOM image storage on CDs</li> <li>- Universal connectivity and full DICOM 3.0 compliance including DICOM print</li> <li>- Internet Access (requires internet server connectivity)</li> </ul> <p><b><u>Post-processing and enhanced clinical applications:</u></b></p> <ul style="list-style-type: none"> <li>- Real-time multiplanar reformatting (MPR) of images into any user-defined linear or curved planes</li> <li>- Real-time CT and MR Angiography (MIP) including MPR curved cuts along vascular structures</li> <li>- MasterCut enables curved MPR images to be reconstructed from MIP images to accurately visualize vasculature.</li> <li>- 3-D Shaded Surface Display of up to 15 separate tissues or organs with real-time manipulations and cutting</li> <li>- 3-D Small Volume Analysis for tumor and lung nodule characterization</li> <li>- Q-CTA - Quantitative CT Measurement Tool Package supplies a variety of measurement tools to aid in the objective assessment of blood vessel pathology</li> <li>- RelateSlice correlates the axial image to multiplanar views and renderings improving productivity and confidence.</li> <li>- Time Lapse application for graphic display of MRI or CT pixel values vs. time to</li> </ul>	



Medical Systems

15 Miner Road  
Cleveland, Ohio 44143

Page 15 of 28  
10/15/2001

### Quotation

Quotation Number 504-2743A-CTS

144

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>analyze the uptake and perfusion of contrast media with time.</p> <p><b>COMPUTER AND DISPLAY</b></p> <ul style="list-style-type: none"> <li>- System Computer: SGI O2 R5000 Unix -based computer (R12000 optional)</li> <li>- Main Memory: 1 GB RAM</li> <li>- Operating System: Unix system</li> <li>- Mouse-driven Windows-like graphic interface</li> <li>- Display monitor: 1280 x 1024 pixels, 120 MHz bandwidth, non-interlaced high-resolution color display monitor</li> <li>- Gray levels and colors: 256 gray levels and up to 16 million colors</li> </ul> <p><b>IMAGE VIEWING</b></p> <p>MxView's interactive image viewer is designed for fast, efficient and simple image review and film preparation. Multiple series of images are chosen by the user and called up for rapid display in the viewer window. Several series, containing images from different modalities, can be displayed concurrently. Images can be manipulated individually or in user-selected groups.</p> <p><u>Viewer Window</u></p> <p>A single large image or a matrix comprising of multiple images is displayed in the viewer window. Each individual image may be fully windowed with 256 gray levels per image. The size of the viewer window is user-adjustable and may be expanded to cover the entire screen. Alternately, the viewer window may be sized down to allow simultaneous display of several independent viewer windows or applications.</p> <p><u>Image Placement</u></p> <p>Images may be moved, copied, swapped or deleted from the viewing window. Simultaneous viewing of the same image with different zoom and window parameters can be achieved by duplicating images and placing them side-by-side or one above the other.</p> <p><u>Zoom and Pan</u></p> <p>Zoom and pan are carried out in real time using a mouse, with the entire image constantly displayed during manipulations.</p> <p><u>Image Enhancement</u></p> <p>Interactive edge enhancement and image smoothing can be performed.</p> <p><u>Copy Parameters</u></p> <p>Zoom and pan factors, enhancement and the window center and width may be copied from one image to another or to all the selected images in the window</p> <p><u>Scrolling</u></p> <ul style="list-style-type: none"> <li>- Images may be scrolled individually, by rows or by pages using the scroll bar.</li> <li>- Cine Images may be displayed as animation at a user-set rate or mouse-driven using the scroll bar. Cine speed and direction can be adjusted on-line.</li> </ul>	

## Quotation

Quotation Number 504-2743A-CTS

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p><u>Flip and Rotate Images</u> Images may be inverted left/right and up/down or rotated by 90 degrees.</p> <p><u>Image Parameters</u> Patient and image information is displayed in a separate window.</p> <p><b>WINDOW CONTROL</b> Predefined preset windows and mouse-driven fine adjustment enable fast and convenient setting of optimal window center and width. In addition, the following special windowing functions are available:</p> <ul style="list-style-type: none"><li>- Highlight window paints in color a user-defined range of pixel values.</li><li>- Double window simultaneously displays two independent density ranges on the same image.</li><li>- Reverse image reverses the gray levels and displays a negative image.</li><li>- Alternate window rapidly switches between any two windows</li></ul> <p><b>IMAGE GRAPHICS</b> A variety of text and graphic aids may be individually positioned and manipulated with the mouse to assist in the interpretation of clinical images. They include:</p> <ul style="list-style-type: none"><li>- Text annotation anywhere on the image.</li><li>- Cursors for pixel value measurements.</li><li>- Regions of interest - elliptical, rectangular, curved or freehand, with instantaneous calculation and display of area, average pixel value and standard deviation. Values of several ROIs may be added or subtracted.</li><li>- Lines, grid and scales for distance measurements, curved and freehand lines for measuring any shape.</li><li>- Arrows for pointing to features.</li><li>- Angle measurements.</li><li>- Histogram of pixel values in a user-defined region of interest.</li><li>- Profile of the pixel values along any line.</li><li>- Grid with adjustable spacing for distance assessment.</li></ul> <p><b>IMAGE PROCESSING</b> <u>Multiplanar Reformatting (MPR)</u> Acquired images may be quickly reformatted into any user defined plane (axial, coronal, sagittal, oblique) or curved planes. Interactive and easy manipulation is provided, including plane thickness, position and orientation, number of displayed planes and spacing between planes. Other manipulations such as zoom, pan, windowing and leafing through images are also available. Flexible display formats include Multiplanar oblique display (with reference images), orthogonal planes display, or single image with reference acquired slice. Graphic aids may be used to annotate and measure on MPR cuts. User-defined series of cuts may be archived and filmed for full coverage of the interesting region in any orientation.</p>	



Medical Systems

15 Miner Road  
Cleveland, Ohio 44143

Page 17 of 28  
10/15/2001

### Quotation

Quotation Number 504-2743A-CTS

146

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p><u>Maximum Intensity Projection (MIP):</u>            CT and MR Angiography Maximum Intensity Projection (MIP) images, from a volumetric set of images, can be quickly reconstructed to demonstrate enhanced vascular structures. The projection images can be interactively generated in any arbitrary viewing angle, and can be windowed, zoomed and panned.</p> <ul style="list-style-type: none"> <li>- Easy-to-use tools to define a volume-of-interest for the projection and to extract unwanted tissues (e.g., bones) are available. The projection images can also be correlated with the original images.</li> <li>- Cine of up to 30 frames/sec may be displayed.</li> <li>- In addition to the standard MIP, Minimum Intensity Projection for visualization of airways is available.</li> <li>- Advanced tools for bone and calcification removal are available.</li> </ul> <p>NOTE: CT/MR Angiography is not equivalent to conventional X-ray Angiography.</p> <p><u>MasterCut</u>            With the MasterCut feature, MPR (Multiplanar Reformatting) curved cuts along vascular structures can be defined on Maximum Intensity Projection (MIP) images to display panoramic and cross-sectional views to accurately visualize the vasculature.</p> <p><u>3-D SSD Reconstruction:</u>            Fast reconstruction of three-dimensional images of up to 15 different tissues or organs provides easy to understand presentation of complex anatomy. Real-time manipulation of 3-D images includes zoom, pan, rotation around any axis, and cutting of the organs with a user-defined viewing aperture to expose underlying tissues. Making a tissue transparent enables viewing of underlying organs.</p> <ul style="list-style-type: none"> <li>- To enhance visibility, light source placement can be changed interactively.</li> <li>- CT/MR values can be displayed on the cutting aperture surfaces, and the 3-D image can be correlated with the original images. Cine of up to 30 frames/sec may be displayed.</li> <li>- 3-D volumes, distances and angles can be measured.</li> <li>- To define tissues and organs, a variety of segmentation tools are available: thresholding level adjustment, seed planting region growing and morphological methods (e.g., erosion, dilation, etc.).</li> </ul> <p><u>3-D Small Volume Analysis</u>            3-D Small Volume Analysis enables tumor or nodule characterization with respect to growth rates within the 3-D application. This tool uses automatic segmentation to help in identifying a solitary nodule or tumor (early staging of lung cancer) and measures volumetric parameters such as nodule volume, long axis, and short axis for follow-up purposes.</p> <p><u>Q-CTA - Quantitative CT Measurement Tool Package</u>            Q-CTA package supplies a variety of measurement tools to aid in the objective assessment of blood vessel pathology:</p> <ul style="list-style-type: none"> <li>- To measure the cross-sectional area of the vessel at its narrowest point.</li> </ul>	

## Quotation

Quotation Number 504-2743A-CTS

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>- To measure the area of normal sections of the vessel on both sides of the stenosis.</p> <p>- To calculate the relative narrowing of the vessel.</p> <p>- To measure the dimensions of the stenosis on MPR or MasterCut projections.</p> <p>Q-CTA tools include:</p> <ul style="list-style-type: none"> <li>- Auto Contour and Flexi Contour to calculate the contour of the vessel.</li> <li>- Circle Fitter to calculate the most accurate circle for partially obscured vessels.</li> <li>- FMHM Calculator to calculate the average profile of the vessel.</li> <li>- Occlusion Calculator to calculate the percentage of stenosis.</li> <li>- Threshold Definition to highlight tissue with the same threshold value as a selected ROI.</li> </ul> <p><u>RelateSlice</u> RelateSlice is a Marconi exclusive tool provided in 4-D Angio, 3-D, MIP, and MPR, that correlates the axial image to a user-selected location on multiplanar views and renderings. RelateSlice makes it easy for a user to compare the axial image to its post processed presentation, improving the user's productivity and confidence in a diagnosis.</p> <p><u>CT/MR Time Lapse</u> Graphic display of MRI or CT pixel values vs. time is available for analysis of uptake and perfusion of contrast media with time.</p> <p><b>IMAGE MANAGEMENT AND ARCHIVING</b> Images in the MxView archive are organized according to the DICOM-3 hierarchical model. Images can reside on local devices such as the workstation fixed disk, on optional removable EOD (Erasable Optical Disk), on CD's (compact disks), or on remote devices connected via LAN (e.g. MxTwin or HeliCAT scanners fixed disk or EOD). To the user, there is no distinction between images residing on different devices. The images selected from several devices may be specified as input to applications. The following image management tasks are provided:</p> <ul style="list-style-type: none"> <li>- Copying of images from any storage device to any other DICOM 3.0 device (local, remote, removable).</li> <li>- Selective deleting of images from any local device.</li> <li>- Checking of the free space available on each local device.</li> <li>- Locking of patient files against inadvertent deletion.</li> <li>- Easy filming of selected images or series and quick viewing of images are provided. For convenient operation, the user interface offers image information list or mini-images display as well as advanced sorting capabilities to facilitate selection and navigation.</li> </ul> <p><u>18.0 GB Hard Disk</u> Image Storage Capacity: 512 X 512 Image Matrix = 37,000 Typical Number of Images 340 X 340 Image Matrix = 67,000 Typical Number of Images 256 X 256 Image Matrix = 111,000 Typical Number of Images</p>	



Medical Systems

95 Miner Road  
Cleveland, Ohio 44143

Page 19 of 28  
10/15/2001

Quotation

Quotation Number 504-2743A-CTS

148

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p><u>MxLiteView CD Writer (HPN: 48071697402)</u>  MxLiteView CD Writer is a CD-R drive that stores DICOM images along with MxLiteView, DICOM image viewing software, on very low cost CD (Compact Disk) media. MxLiteView allows for a PC with a CD-ROM drive to view and to perform basic manipulations (zoom, pan, and window level) on the DICOM images stored on the CD. A standard MxView workstation will be able to read the CD using the built-in CD-ROM drive. MxLiteView CD Writer provides a low cost and flexible alternative for archiving images and for providing images to referring physicians, for presentations, and for teaching files.</p> <p>Minimum PC hardware Requirements:</p> <ul style="list-style-type: none"> <li>- Pentium III 450 MHz</li> <li>- 128 MB RAM main memory</li> <li>- 17" SVGA Monitor</li> <li>- 20 GB Hard Drive</li> </ul> <p>Supported Windows Operating Systems:</p> <ul style="list-style-type: none"> <li>- Windows 98</li> <li>- Windows ME (Millenium Edition)</li> <li>- Windows NT version 4.0</li> <li>- Windows 2000</li> </ul> <p>Supported Web Browsers: (must be installed in Compact or Full mode)</p> <ul style="list-style-type: none"> <li>- Microsoft Internet Explorer</li> <li>- Netscape installed with ActiveX Plug-in</li> </ul> <p>Image Storage Capacity: (620MB)  512 X 512 Image Matrix = 1228 Typical Number of Images  256 X 256 Image Matrix = 4777 Typical Number of Images</p> <p><b>FILMING (MasterFilm)</b>  Auto filming of user-selected images and series from any local or remote storing device and from any application is available. Monochrome and color images may be printed on any DICOM 3.0 printer, the AMC option prints on any non-DICOM monochrome laser imager. The Film Preview application enables image manipulation and windowing as well as rearranging of film page prior to printing.</p> <p><b>COMMUNICATION &amp; NETWORKING</b>  MxView's full implementation of the DICOM 3.0 communications protocol allows connectivity to DICOM 3.0 compliant scanners, workstations, and printers. Basic monochrome and color DICOM print capability are supported. Non-DICOM monochrome printing to digital laser imager is optional (AMC-4). Supports IHE requirements for DICOM Connectivity.</p>	



149

Medical Systems

15 Miner Road  
Cleveland, Ohio 44143

Page 20 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>The MxView includes DICOM service classes to communicate with the following modalities:</p> <ul style="list-style-type: none"> <li>- Computed Tomography</li> <li>- Magnetic Resonance Imaging</li> <li>- Nuclear Medicine</li> <li>- Computed Radiography</li> <li>- Radio Fluoroscopy</li> <li>- Secondary Capture of frozen images (for display only)</li> </ul> <p><u>Internet Access</u> Access to the Internet to Marconi Medical Systems sites and some prominent medical centers. Requires connection of the site Local Area Network (LAN) to the Internet.</p> <p><b>PHYSICAL SPECIFICATIONS</b> Power Requirements: 115 VAC/2.5A, 230 VAC/1A Heat Dissipation: 1000 BTU/hr Operating Temperature: 13 - 35°C (56 - 95°F) Relative humidity: 10% to 80% non-condensing Dimensions and Weights: Computer: Weight 10 kg (22 lbs); Height 30cm (12 in); Width 23cm (9 in); Depth 28cm (11 in)</p> <p>Unix is a registered trademark of UNIX System Laboratories, Inc. Windows is a trademark of Microsoft Corp.</p> <p>NOTE: Operator chair and table not included.</p> <p><b>CT9314M</b> <b>21" Monitor for MxView:</b> 480-7169-1405 -21" high-resolution color display monitor. -Dimension and Weights: Weight 31 kg (68 lbs); Height 47cm (19 in); Width 49cm (20 in); Depth 54cm (21 in)</p> <p><b>MxView System Applications Training:</b> The MxView training program is a post installation course consisting of four (4) intensive days of training for one (1) key technologist at Marconi Medical Systems in Cleveland, Ohio. This program curriculum includes terminology, system layout and operation/training techniques for standard features. Included are tuition, materials, travel, lodging, meals and certificate of attendance for 9 ECE credits by the American Society of Radiologic Technology.</p> <p>Scheduled 4-6 weeks after initial scanner</p>	



Medical Systems

15 Miner Road  
Cleveland, Ohio 44143

Page 21 of 28  
10/15/2001

# Quotation

Quotation Number 504-2743A-CTS

150

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
CT9263M	<p><b><u>V-ENDO, Voyager for MxView Software License:</u></b>            480-7169-3203            Non-invasive simulation of endoscopic procedures Voyager is an advance visualization package that enables the user to create "fly-through" movies of any tubular organ. Use of Voyager is being investigated on the colon, esophagus, bronchus and blood vessels. Includes 3D rendering in both Shaded Surface Display and 4D Angio modes.</p>	
CT9272	<p><b><u>CAC-OP HeartBeat-CS Cardiac Scoring Package and Software License for Mx8000:</u></b>            480-7169-4805            Coronary artery calcium scoring. Quantitative assessment (score) of calcified lesions in the coronary arteries, enabling the physician to determine a patients risk factor for obstructive Coronary Artery Disease (CAD).</p>	
CT9234	<p><b><u>All Weather 50/60 Hz Schreiber Liquid Chiller:</u></b>            Schreiber Model # 400 AC            Schreiber liquid chiller. 4 ton, 48,000 BTU/Hr., 2 HP Fluid Sis Pump at 40 GPM, 45 gal. reservoir, 44 degree F at +95 degree F DMB. Modify for all weather outdoor 480 VAC input voltage. Chiller system comes with one-year Schreiber parts and labor warranty.</p> <p>Incoming line voltage and frequency of site needs to be specified to process order.            _____ VAC., _____ Hz.</p>	
CTP045	<p><b><u>100 kVAi Isotran Plus for Mx8000, 50/60 Hz:</u></b>            Teal Part # 4450027            Teal MCT 100/480 Isotran Plus isolation voltage adapting transformer for Mx8000. Input voltage: 200/208/240/380/400/416/480/500, 3-phase, delta plus protective earth. 50 / 60 Hz. Output voltage: 480 VAC (277 VAC wye). Includes programmable input circuit breaker.            Includes: TVSS (Transient Voltage Surge Suppression), load side filtration for noise attenuation and remote control contactor. Weight: 598 lbs. (271 kg), 27.8" (70.7 cm) wide, 20.5" (52.1 cm) deep, 44.0" (111.8 cm) high.</p>	

**Total Selling Price =**

**\$703,995.00**

**The above price does not include applicable state and local taxes.**





Medical Systems

95 Miner Road  
Cleveland, Ohio 44143

Page 22 of 28  
10/15/2001

# Quotation

Quotation Number 504-2743A-CTS

151

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
	<p>Payment terms are as follows:</p> <ul style="list-style-type: none"><li>20% upon signature of this quotation</li><li>70% upon delivery</li><li>10% upon completion of installation</li></ul> <p>FOB Destination</p>	



Medical Systems

95 Miner Road  
Cleveland, Ohio 44143

Page 23 of 28  
10/15/2001

**Quotation**

Quotation Number 504-2743A-CTS

152

MODEL NUMBER AND QUANTITY	DESCRIPTION	PRICE
CT6700X	<p><b>Options Section:</b> Please initial in the space provided, if accepted.</p> <p><b><u>IQ XTRA/PQ Network Application Module:</u></b> Network communications package for one PQ 5000, PQ-2000, PQ-CT, PQS, PREMIER XTRA, or I.Q. XTRA scanner (one module required for each scanner console). Functionality includes DICOM Storage Service Class User capability with one or more DICOM Service Class Providers (send images to one or more DICOM receivers). Marconi Medical System's CT specific functionality includes remote film server, remote image preview, send &amp; receive images with Voxel Q or ACQSIM console. Includes network interface connection and one 30 meter unshielded twisted pair cable (UTP) with appropriate attachment unit interface (AUI).</p> <p>___ADD</p>	\$15,000.00
CT6705X	<p><b><u>Ethernet Network Expansion Hub:</u></b> Hardware allowing up to a total of eight (8) devices to be networked at a site. Distance from hub to node not to exceed 30 meters. Distances greater than 30 meters require user supplied premise wiring and hardware.</p> <p>___ADD</p>	\$750.00
MRO460	<p><b><u>MRO460 OUTLOOK™ DICOM STORAGE CLASS SOFTWARE LICENSE</u></b> Software to enable images to be sent from the Outlook to an archive or DICOM workstation over an ethernet network (Storage Service Class as a User)</p> <p>___ADD</p>	\$10,000.00
MRO461	<p><b><u>MRO461 Outlook DICOM Print SCU</u></b> DICOM Print Service Class as a User (SCU) allows you to send images over a network to any validated DICOM printer.</p> <p>___ADD</p>	\$10,000.00

**Exhibit A**  
**Terms and Conditions**

**Exhibit A Page 1 of 2**

**EXCLUSIVE TERMS OF SALE**

The equipment ("Equipment") and all other goods and services ("Goods and Services") described in this quotation are offered by Marconi Medical Systems, Inc ("Marconi") only on the following terms and conditions. Any additional or different terms or conditions stated in any purchase order, acknowledgement, or other document issued by Customer in connection with this quotation will have no effect and will not under any circumstances be binding on Marconi unless specifically accepted in writing by the President or any Vice President of Marconi.

Customer's signature on this quotation constitutes an agreement (1) that this quotation states the exclusive terms and conditions of the contract of sale of the Equipment and other Goods and Services to Customer and (2) that any contemporaneous or subsequent references by the parties to Customer's purchase order, acknowledgement, or other document will be effective only for Customer's administrative purposes (e.g., tracking Customer's purchases through purchase order numbers assigned by Customer's purchasing or accounting personnel).

This quotation supersedes all previous Marconi quotations with respect to the Equipment and other Goods and Services. There are no written or oral agreements, statements, representations, or understandings which shall in any way relate to, affect, or control the validity or enforcement of these terms and conditions, except as expressly provided herein.

All sales are subject to Marconi management review and approval of credit and finance matters and any terms or descriptions included in this quotation by Marconi representatives. Marconi accepts Customer's down payment(s) without prejudice and subject to the foregoing rights and approvals. Down payment(s) will be refunded without interest if approval is not granted.

**PRICE AND PAYMENT TERMS**

The price quoted includes installation of the Equipment at the location specified on the face of this quotation. Unless otherwise indicated, the price also includes transportation of the Equipment and other Goods and Services from Marconi to such location. The price does not include (1) any taxes or duties (including without limitation all sales taxes on the Equipment, other Goods and Services, and freight) or (2) any handling, rigging, uncrating, storage, or other charges incidental to shipment, delivery, or installation of the Equipment or Goods and Services.

If installation of the Equipment, for any reason beyond the control of Marconi, is not completed within one year of the date of this quotation, then for each month (or fraction thereof) during which installation thereafter remains incomplete, the price of the Equipment and the other Goods and Services will be increased by one half percent (.5%) until installation is completed. If installation is not completed within 24 months of the date of this quotation, either (1) the price of the Equipment and other Goods and Services will be adjusted to include any increase in Marconi's then-current list price(s) or (2) Marconi may terminate this agreement without any further liability. All payments due under this paragraph are in addition to any other payments due under other terms and conditions.

This quotation covers Equipment and other Goods and Services for more than one system, room, site, or location, each such system, room, suite, or location will be treated as if it were the subject of separate sale. At the time of each shipment hereunder, Marconi will prepare an invoice showing the price of the Equipment and other Goods and Services shipped or provided. The amount of such invoice will be paid by Customer according to the payment terms stated herein. If separate prices are not stated in this quotation for each such system, room, suite, or location, the amount to be shown in each of Marconi's invoice(s) with respect to such shipment(s) will be determined by multiplying the total contract price by a fraction, the numerator of which will be the higher of (1) Marconi's list price(s) as of the date of this quotation and (2) Marconi's then-current list price(s) for the Equipment and other Goods and Services identified in the invoice(s), and the denominator of which will be the total list price(s) for all of the Equipment and other Goods and Services identified in this quotation.

**SHIPPING AND DELIVERY TERMS**

All terms are F.O.B. place of shipment, freight prepaid and allowed. Title and risk of loss will pass to Customer upon shipment and Customer will provide insurance against such risk. Equipment will be shipped to the address indicated on the face of this quotation. Shipping dates are subject to revision by Marconi to adjust for future production schedule requirements.

Delivery is subject to availability and lead times required by Marconi's production schedule. Delivery for purposes hereof is deemed to have occurred on the earlier of the actual date of delivery or ten (10) days from the date of shipment.

Customer may request reasonable delays of the scheduled shipping date established by Marconi prior to the date the Equipment is shipped, provided that Customer submits its request to Marconi in writing at least 45 days before the scheduled shipping date, and Marconi consents in writing to the date requested by Customer. Marconi's consent will not be withheld unreasonably, but Marconi may (1) refuse to honor any request for delay received within 45 days of the scheduled shipping date, (2) store the Equipment at Customer's expense if Customer is unable to accept delivery on the original scheduled shipping date (or any rescheduled shipping date), and (3) invoice Customer for the Equipment as if it had been shipped on the original scheduled shipping date (and Customer will pay such invoice immediately upon receipt). If any request for delay in shipment is honored by Marconi, the price of the Equipment is subject to adjustment in accordance with the other terms and conditions hereof.

Marconi has not authorized any employee or agent to offer any shipping or delivery terms other than those appearing above.

**SITE PREPARATION AND INSTALLATION**

All down payments and progress payments will have been made and all applicable license agreements will have been signed by Customer before installation of the Equipment will commence.

Except as otherwise expressly provided in this section, Customer is responsible for preparing its site for installation of the Equipment. Full, free, and immediate access to the installation site (and a suitable and safe space for storage of the Equipment before installation) will be provided by Customer. Customer is responsible for having the Equipment moved from its point of delivery to the installation site. Any scaffolding, platforms, lifting equipment, rigging, building alterations, climate controls, power supplies, electrical circuits, safety switches, power outlets, conduits, wiring, structural support, utilities, plumbing, carpentry, or other work required by any applicable laws or by Marconi in connection with the installation of the Equipment will be provided by Customer at its own expense.

If trade unions or other third parties interfere with (or threaten to interfere with) the installation of the Equipment by Marconi employees, Customer is responsible for making any necessary arrangements with such parties to permit completion of the installation, all at Customer's expense.

If members of trade unions for any reason are required to install the Equipment, Marconi's obligation will be limited to providing engineering supervision of the installation activities.

**MARCONI OFFERS NO WARRANTY AND ASSUMES NO LIABILITY FOR THE FITNESS OR ADEQUACY OF THE PREMISES (OR THE UTILITIES AVAILABLE AT THE PREMISES) IN WHICH THE EQUIPMENT IS TO BE INSTALLED, USED, OR STORED. CUSTOMER AGREES TO INDEMNIFY AND HOLD MARCONI HARMLESS AGAINST ANY LOSS, DAMAGE, OR CLAIM ARISING OUT OF THE CONDITION OF SUCH PREMISES (OR UTILITIES).**

The equipment will be installed during normal working hours. Installation services include (1) connecting the equipment to safety switches and power outlets provided and installed by Customer prior to delivery of the Equipment and (2) testing the Equipment after installation to verify compliance with Marconi's published performance specifications. Installation will be considered complete for the purposes hereof upon Customer's first use of the Equipment or upon Marconi's verification that the Equipment substantially complies with Marconi's published performance specifications (Marconi's final invoice constituting confirmation of the same), whichever occurs first. For the purpose of commencement of any applicable warranty period, Marconi will maintain records reflecting the actual date installation is completed, and upon request Marconi will furnish Customer with written confirmation of such date.

The price includes standard installation services only. Any additional time required or delay(s) experienced in installing the Equipment resulting from the condition or location of the premises, the condition or location of power supplies, outlets, switches, conduits, wiring, or circuits, delay(s) in completing site preparation, or any similar or dissimilar cause(s) will be at Customer's own expense. Any labor in excess of standard installation services and any overtime incurred by Marconi employees in respect of such additional time required or delay(s) experienced (as well as any extra labor or overtime work performed at the request of Customer) will be invoiced to and paid by Customer at then-prevailing Marconi demand service rates.

Customer is responsible for obtaining all Government approvals required for the purchase, installation, and use of the Equipment, including without limitation any certificate of need and zoning variances. Customer will complete all such activities diligently, will keep Marconi notified periodically of the results of its efforts, and upon request will provide Marconi with written confirmation of such approvals.

Marconi has not authorized any employee or agent to offer any site preparation or installation terms other than those appearing above. The provisions of this section may be superseded only by supplemental terms and conditions ("Construction Terms") under which Marconi agrees to design and construct facilities into which the Equipment is to be installed. In such event, the provisions of this section will be considered as supplemental to the Construction Terms, and to the extent of any conflict between the terms and conditions of this section and the Construction Terms, the Construction Terms will govern.

**DEFERRED INSTALLATION**

If installation (or commencement of installation) is delayed for reasons beyond the control of Marconi (including without limitation Customer's not having completed site preparation requirements stated in the previous section), Marconi may place the Equipment in storage (in Marconi's facility or in a warehouse) at Customer's expense. Storage charges will be billed to Customer monthly, and Customer will pay all such invoices upon receipt. Customer also will continue to make all progress payments which may become due under the terms and conditions of this agreement during the period installation is deferred. If such delay lasts for a period of 60 days following delivery, Customer will pay Marconi one-half (1/2) of any balance due. If such delay continues beyond 180 days after delivery, Customer will pay Marconi the remaining balance due.

**CREDIT TERMS, SECURITY AGREEMENT, AND CUSTOMER DEFAULT**

Marconi may establish or change the credit and payment terms extended to Customer when Marconi's sole opinion Customer's financial condition or previous payment record warrants such action, and Customer's signature on this quotation constitutes an agreement to honor the credit and payment terms so established or changed. Customer will provide promptly upon request such financial information as may be reasonably required by Marconi to complete its credit review of Customer.

In signing this quotation, Customer grants to Marconi a purchase money security interest in all of the Equipment identified herein until all payments for the Equipment have been received by Marconi. Customer agrees to secure, to sign, and to deliver such promissory notes, security agreements, financing statements, landlord and mortgagee waivers, and other documents as may be required by Marconi, or by any of Marconi's assignees, to evidence or to perfect the security interest in the Equipment (if the Equipment is to be delivered to Louisiana, Customer hereby grants to Marconi, and to Marconi's assignees, a vendor's lien against Equipment and agrees to sign such documents as may be required to record such lien) Where permitted by applicable law, Customer's signature on this quotation constitutes authorization for the employees or agents of Marconi, or of Marconi's assignees, to execute and file financing statements (and any amendments thereto) and other documents on behalf of Customer in order to perfect the security interest in the Equipment. As long as any balance is due hereunder, Customer further agrees that the Equipment will not be removed from the location specified on the face of this quotation without the prior written consent of the President or any Vice President of Marconi (or Marconi's assignees).

If Customer does not pay any amount when due or does not meet any other obligation hereunder, then (in addition to any other remedies available at law or in equity) Marconi may accelerate any balance due and require immediate payment thereof, may enter Customer's premises peacefully and render the Equipment inoperable, may repossess the Equipment, and may resell the Equipment. The net proceeds of any such resale, after Marconi's costs of repossessing, removing, transporting, reconditioning, storing, and reselling the Equipment, and all other associated costs, will be applied to the unpaid balance owed by Customer. Customer will remain liable for any deficiency which remains after such resale, and Marconi will return the Customer all net proceeds in excess of Customer's unpaid balance.

With respect to any delinquent payment(s), Customer agrees to pay a finance charge at the rate of one and one-half percent (1 1/2 %) per month computed from the date each delinquent payment or accelerated balance shall have become due. Furthermore, in any action initiated to enforce the terms of this agreement following Customer's default, Marconi shall recover as part of its damages all costs, expenses, and attorney fees incurred in connection with such action.

154

**LEASES**

In the event Customer desires to convert the sale of the Equipment to a lease, Customer will arrange for the lease agreement and all other related documentation to be reviewed and approved by Marconi, and executed by all parties involved, not later than 90 days (30 days for nuclear imaging and ultrasound equipment) prior to the scheduled delivery date. Customer is responsible for all efforts to convert this transaction to a lease and is required to secure the leasing company's approval of all the terms and conditions hereof without modification.

No Equipment will be delivered unless Marconi receives copies of the fully executed lease documents and approves the same.

**WARRANTY, DISCLAIMERS, AND LIMITATION OF LIABILITY**

Marconi provides specific warranties with respect to the Equipment. All warranties applicable to the Equipment accompany this quotation. No other warranties are offered by Marconi with respect to the Equipment, and Marconi has not authorized any employee or agent to offer any warranties except those referenced above.

THE WARRANTIES REFERENCED IN THIS SECTION ARE EXPRESSLY IN LIEU OF ANY OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, AND IN LIEU OF ANY OTHER OBLIGATIONS OR LIABILITY ON THE PART OF MARCONI. MARCONI NEITHER ASSUMES (NOR HAS AUTHORIZED ANY PERSON TO ASSUME FOR IT) ANY OTHER WARRANTY OR LIABILITY IN CONNECTION WITH THE EQUIPMENT.

MARCONI SHALL HAVE NO LIABILITY FOR ANY CONSEQUENTIAL, INCIDENTAL, OR SPECIAL DAMAGES BY REASON OF ANY ACT OR OMISSION OR ARISING OUT OF OR IN CONNECTION WITH THE EQUIPMENT OR ITS SALE, DELIVERY, INSTALLATION, MAINTENANCE, OPERATION, PERFORMANCE, OR USE, INCLUDING WITHOUT LIMITATION ANY LOSS OF USE, LOST REVENUES, LOST PROFITS, DAMAGE TO ASSOCIATED EQUIPMENT OR TO FACILITIES, COSTS OF CAPITAL, COSTS OF SUBSTITUTE PRODUCTS, FACILITIES, OR SERVICES, COSTS OF REPLACEMENT POWER, COSTS ASSOCIATED WITH DOWN TIME, AND ANY SIMILAR AND DISSIMILAR LOSSES, COSTS, OR DAMAGES.

**PATENT INDEMNITY**

Marconi agrees to indemnify and to hold Customer harmless against any claims, damages, and expenses to the extent the same arise out of or are asserted against Customer alleging that the Equipment infringes any United States patent, provided that (1) Customer immediately gives Marconi written notice of any such claims, damages, or expenses, (2) Customer grants to Marconi full and complete authority, information, and assistance reasonably necessary to defend, settle, reimburse, or avoid any such claims, damages and expenses, and (3) the Equipment as of the alleged date of infringement was in the same form and configuration as originally supplied by Marconi and had not been modified in any way without the prior written consent of the President or any Vice President of Marconi.

Upon timely receipt of Customer's written notice, Marconi will assume the defense of any claims against Customer. Customer agrees to cooperate with Marconi in the defense or settlement of all such claims.

Marconi shall not be bound by the terms of any compromise or settlement agreement negotiated or concluded by Customer without the prior written consent of the President or any Vice President of Marconi.

The terms of this section will not apply in the event of any sale or other transfer of the Equipment by Customer or to the extent of any use of the Equipment in combination with products or devices not furnished by Marconi.

Marconi has not authorized any employee or agent to offer any patent indemnity terms other than those appearing above.

**SOFTWARE AND LICENSE**

All software is and shall remain the sole property of Marconi. Use of such software is subject to the terms of a separate license agreement to be signed by Customer prior to or upon delivery of the Equipment. No license or other right is granted to Customer or to any other party except as specifically set forth in this section and Marconi has not authorized any employee or agent to grant any licenses or other rights with respect to or under any patent application, patent, copyright, trademark, trade secret, or proprietary right of Marconi or any of Marconi's suppliers.

Upon Customer's signing the standard Marconi license agreement, Marconi grants to Customer a nonexclusive and paid-up right and license to use the Equipment, its operating software, and any documentation required for Customer's personal use of such operating software in connection with the Equipment for so long as Customer may own or use the Equipment. Such right and license does not include any right to copy, reproduce, sell, assign, transfer, or sublicense the same and does not include any rights or licenses whatsoever in any maintenance or service software or any related

**Exhibit A Page 2 of 2**

documentation. Any maintenance or service software and documentation shipped to or located at Customer's premises is intended solely to assist Marconi employees in the installation, testing, service, and maintenance of the Equipment, as may be required by the terms and conditions hereof or by a separate service support agreement, and Customer agrees to restrict access to such maintenance or service software and documentation to Marconi employees only. IN THE EVENT OF ANY UNAUTHORIZED TRANSFER OR DISCLOSURE OF THE SOFTWARE IDENTIFIED IN THIS SECTION (OR ANY TRANSFER OF OTHER RIGHTS OR LICENSES GRANTED HEREBY) RESULTING FROM CUSTOMER'S ACTS OR OMISSIONS, CUSTOMER SHALL BE LIABLE FOR ALL DAMAGES RESULTING FROM SUCH TRANSFER OR DISCLOSURE AND MARCONI SHALL HAVE THE RIGHT TO REVOKE ALL RIGHTS AND LICENSES GRANTED TO CUSTOMER.

Customer will take such steps as may be reasonably required to preserve the confidentiality of all proprietary information referenced in this section (and all other proprietary information which Customer may acquire) and to cause any employees, agents, representatives, or other persons to whom such proprietary information is disclosed to abide by the terms and conditions of this section as if each were a party hereto. Customer will restrict the dissemination of proprietary information to only those persons who are assigned to operate or use the Equipment and for whom access to such proprietary information is necessary in the performance of their duties.

The minimum hardware requirements for any software upgrades for the Equipment may be greater than the minimum hardware requirements for the Equipment as described herein as of the date of Marconi's quotation. Except for possible future upgrades of Equipment hardware as may be required to accommodate any future software upgrades, Marconi software is described and offered on the basis that (1) Customer will maintain the configuration of the Equipment as it was originally designed and manufactured and (2) the Equipment includes only those subsystems and components certified by Marconi. Software for the Equipment may not perform as intended on systems modified by personnel other than those acting under the direct supervision of Marconi or on systems which include subsystems or components not certified by Marconi. MARCONI WILL NOT ASSUME ANY RESPONSIBILITY OR LIABILITY WITH RESPECT TO ANY MODIFICATION OR SUBSTITUTION OF SOFTWARE, SUBSYSTEMS, OR COMPONENTS, AND ALL WARRANTIES ASSOCIATED WITH THE SOFTWARE AND HARDWARE SYSTEMS SHALL BECOME NULL AND VOID IN THE EVENT OF ANY MODIFICATION OR SUBSTITUTION MADE WITHOUT THE PRIOR WRITTEN CONSENT OF THE PRESIDENT OR ANY VICE PRESIDENT OF MARCONI.

**MISCELLANEOUS**

Marconi may change the construction, design or configuration of the Equipment without notice to Customer as long as the general function of the Equipment is not thereby altered. The Equipment may contain certain components which have been remanufactured or refurbished following limited prior use.

These terms and conditions are to be interpreted and enforced under the law of the state of Ohio, without regard to principles of choice of law.

Customer will not assign any of its rights or delegate any of its duties hereunder without the prior written consent of the President or any Vice President of Marconi.

The invalidity or unenforceability of any provision hereof will not effect any other provision, and all terms and conditions will be construed in all respects as if any such invalid or unenforceable provision(s) were omitted. The failure of Customer or Marconi at any time to require the performance of any obligation will not affect the right to require such performance at any time thereafter. The waiver of any remedy with respect to any default will not be taken as a waiver of any remedy for any succeeding default. Unless otherwise provided herein, no limitation or restriction on the remedies available to either party is intended by these terms and conditions. Clerical errors are subject to correction.

Course of dealing, course of performance, course of conduct, prior dealings, usage of trade, community standards, industry standards, and customary practice or interpretation in matters involving the sale, delivery, installation, use, or service of the Equipment and Goods and Services or similar or dissimilar equipment, goods, or services shall not serve as references in interpreting the terms and conditions hereof.

Marconi shall not be liable for any delay or default caused by events beyond its control, including (by way of example and not by way of limitation) any acts of God, acts of third parties, acts of customer (or any of customer's employees, agents, or representatives), acts of civil or military authorities, fires, floods, and other similar or dissimilar natural causes, riots, wars, sabotage, vandalism, embargoes, labor disputes, strikes, lockouts, lack of storage or cryogenics, water, transportation, labor, materials, supplies, fuel, or power, delays in receiving any permits or licenses, delays caused by any laws, regulations, proclamations, ordinances, or any government action or inaction, delays caused by contractors and subcontractors, and any other cause or condition beyond Marconi's control, and the time for performance of Marconi's obligations hereunder shall be extended for the commercially reasonable period of time in the event of any delay or default for such cause(s).

Marconi reserves the right to allocate its available supplies among its customers on such bases as Marconi may deem fair and practical, without liability for any resulting failure of performance.

Customer's obligations hereunder are independent of any other obligations Customer may have under any other contract or account with Marconi. Customer will not exercise any right of offset in connection with, the terms and conditions hereof or in connection with any other contract or account with Marconi.

155

### Exhibit B Product Warranty Computed Tomography (CT) Systems

Exhibit B Page 1 of 2

Marconi warrants to its Customer that the CT systems sold by Marconi ("Equipment") will be free from defects in material and workmanship and will meet the technical and performance specifications contained in applicable product data sheets and operation manuals published by Marconi specifically related to the Equipment as of the date of shipment.

**System Warranty Terms.** Except as otherwise provided below, the warranty for the equipment will be for a period of 12 months. All warranty terms described in this warranty will commence either (a) on the earlier of (1) the date installation of the Equipment is completed or (2) the date Customer first uses the Equipment (when the Equipment is installed by Marconi) or (b) on the date of delivery of the Equipment (when the Equipment is not installed by Marconi).

**CT Tube Warranty Terms (U.S.A.).** Marconi Computed Tomography systems utilize a variety of CT tubes. CT Tube Warranty Period is the shorter of 12 months or the exposures/scan seconds stated in the table below.

CT Tube Warranty for IQ Series, PQ Series, UltraZ, HeliCAT	
Mark I 40,000 Exposures	Mark III 50,000 Exposures
Mark II 50,000 Exposures	Rhino 4.0 100,000 Exposures
Rhino 2.0 80,000 Exposures	Rhino 6.5 100,000 Exposures
Rhino 5.0 100,000 Exposures	SeleCT 3.5 MHU 80,000 Exposures
SeleCT 1.5 MHU 50,000 Exposures	HeliCAT 3.5 MHU 100,000 Exposures
HeliCAT 2.0 MHU 100,000 Exposures	
HeliCAT 5.0 MHU 100,000 Exposures	

CT Tube Warranty for MXTWIN, MX8000	
3.5 MHU 100,000 Scan Seconds	6.5 MHU 150,000 Scan Seconds
5.0 MHU 100,000 Scan Seconds	
7.0 MHU 100,000 Scan Seconds	

**CT Tubes with Exposure Warranty:** An exposure is any 360 degree or partial angle rotation of the gantry scan frame with X-rays on. If a Marconi CT tube does not meet any warranty during the tube's first 3,000 exposures, Marconi will repair or replace the tube with a Marconi CT tube at no cost to the Customer. If a Marconi CT tube does not meet any warranty after the tube exceeds 3,000 exposures, requiring replacement of the tube during the warranty period, a proportional credit will be issued against the purchase of a replacement tube from Marconi in an amount calculated by the lesser of the two CT Tube Credit Calculations (as described below).

**CT Tubes with Scan Seconds Warranty:** Scan seconds are the number of seconds the CT scanner operates with X-rays on. If a Marconi CT tube does not meet any warranty during the tube's first 3,000 scan seconds, Marconi will repair or replace the tube with a Marconi CT tube at no cost to the Customer. If a Marconi CT tube does not meet any warranty after the tube exceeds 3,000 scan seconds, requiring replacement of the tube during the warranty period, a proportional credit will be issued against the purchase of a replacement tube from Marconi in an amount calculated by the lesser of the two CT Tube Credit Calculations (as described below).

#### CT Tube Credit Calculations

- (a) Credit = 1 -  $\frac{\text{Number of Exposures or Scan Seconds Used}}{\text{Number of Exposures or Scan Seconds Warranted}}$
- (b) Credit = 1 -  $\frac{\text{Month (or Fraction) after Warranty Commences}}{12}$

Expressed in a percentage not to exceed 100 percent (100%)

**ALL CLAIMS UNDER THIS CT TUBE WARRANTY MUST BE MADE WITHIN FOURTEEN (14) MONTHS OF (1) THE DATE OF INSTALLATION (IF INSTALLATION OF THE CT TUBE IS PERFORMED BY MARCONI) OR (2) THE DATE OF DELIVERY (IF INSTALLATION OF THE CT TUBE IS NOT PERFORMED BY MARCONI).**

**Warranty Terms for System Software and Software Updates.** The software provided with the Equipment will be the latest version of the standard software available as of the 90<sup>th</sup> day prior to the date the Equipment is delivered to Customer. Updates to standard software for the Equipment which do not require additional hardware or Equipment modifications will be performed as a part of normal warranty service during the term of Customer's warranty. Any software upgrades requiring supplemental, additional, exchange, or replacement hardware will be installed by Marconi at no charge to Customer if Customer purchases such required hardware. All software upgrades designated by Marconi in its product data sheets or other published materials as optional software are available to Customer on terms and conditions to be quoted by Marconi. Any optional software upgrades to the Equipment purchased from Marconi will be warranted for 90 days from date such upgrade is installed by Marconi (or from the date of delivery if such upgrade is not installed by Marconi).

The purchase of the Equipment includes a license only to Customer to use the software provided with the Equipment exclusively for the purpose of operating the Equipment and does not include any right or license to use any software or related documentation required to perform maintenance or service of the Equipment.

**Warranty Terms for Systems Hardware Upgrades.** Any supplemental, additional, exchange, or replacement hardware purchased from Marconi for the Equipment will be warranted for a period of 90 days from the date such hardware upgrade is installed by Marconi (or from the date of delivery if such upgrade is not installed by Marconi).

#### CONDITIONS

This warranty is subject to the following conditions: the Equipment (a) is to be installed by authorized Marconi representatives (or is to be installed in accordance with all Marconi installation instruction by personnel trained by Marconi). (b) is to be operated only by personnel duly trained in the proper operation of the Equipment. (c) is to be operated according to all instructions provided with the Equipment. (d) is to be maintained in strict compliance with all recommended and scheduled maintenance instructions provided with the Equipment and (e) is to be surveyed by a competent radiation physicist immediately after installation and at regular intervals thereafter, and (f) the Customer is to notify Marconi immediately in the event the Equipment at any time fails to meet performance specifications.

#### WARRANTY SERVICE

Warranty service includes all requested service calls to repair or replace the Equipment as provided by this warranty. Warranty service will be performed during the normal working hours of Marconi, Monday through Friday, except for recognized national legal holidays. In the event it is not possible to accomplish warranty service within normal working hours, or in the event Customer specifically requests that warranty service be performed outside of the normal working hours of Marconi, Customer agrees to pay for such services at the standard Marconi demand service rates in effect.

When warranty service is scheduled or requested, Customer will give to Marconi service personnel full, free, and immediate access to the Equipment and to Customer's operation, performance, and maintenance records for the Equipment. Customer waives warranty service if it does not provide such access to the Equipment and Customer's records.

Customer agrees to compensate Marconi at prevailing demand service rates in effect as of the date any such warranty service is to be performed for all time spent by Marconi service personnel waiting for access to the Equipment and records prior to beginning work on a warranty service call.

#### EXCLUSIONS

Warranty coverage does not include any defect or performance deficiency which is the direct or indirect result, in whole or in part, of (1) accident, (2) abuse, (3) misuse, (4) operation of the Equipment outside of its environmental, electrical, or performance specifications, conditions, capabilities, or standards, (5) power fluctuation or failure, (6) vandalism or any other damage or alteration of the Equipment by persons other than Marconi employees; (7) combining incompatible products, (8) fires, floods, and other similar or dissimilar natural causes; (9) failure or lack of humidity or temperature control, or (10) damage, neglect, alteration, or any impairment of the Equipment resulting from (a) causes or conditions not associated with ordinary storage, handling, installation, maintenance, service, or use, or (b) maintenance or service by any party other than Marconi or a designated representative of Marconi, or (c) any acts, omissions, causes, or events beyond the control of Marconi.

This warranty does not include items which are consumed through normal daily use, including without limitation, any cushions, knee supports, pads, magnetic tape, flexible magnetic diskettes, or any accessory or supply items, and does not include any liability or responsibility for such losses or expenses as removal or reconstruction of walls, partitions, ceilings, floors, or other parts of any facility occasioned by any warranty services performed hereunder or any other losses or expenses incurred in providing any other building alterations, scaffolding, platforms, lifting equipment, rigging, climate controls, power supplies, electrical circuits, safety switches, power outlets, conduits, wiring, structural support, utilities, plumbing, carpentry, or other work required in connection with providing warranty services.

#### REMEDIES

If Marconi determines that the Equipment does not meet any warranty, Marconi will replace the Equipment or repair any defects in material or workmanship reported during the warranty period, all without charge for labor or materials (unless otherwise provided), Marconi retaining the option of furnishing either new or exchange replacement parts or assemblies when providing warranty services.

#### TRANSFER OF THE EQUIPMENT

In the event the Customer transfers or relocates the Equipment, all obligations under this warranty will terminate unless Customer receives the prior written consent of Marconi for the transfer or relocation. Upon any transfer or relocation, the Equipment is to be inspected and certified by Marconi as being free from all defects in material, software and workmanship, and as being in compliance with all technical and performance specifications. Customer will compensate Marconi for these services at the prevailing demand service rates in effect as of the date the inspection is performed. Equipment which is transported intact to pre-approved locations and is maintained as originally installed in mobile configurations will remain covered by this warranty.

#### FORCE MAJEURE

Notwithstanding any other provision, and in addition to all conditions and exclusions set forth, Marconi will not be liable for any delay or default in performing any warranty obligations caused by events beyond its control, including (by way of example and not by way of limitation) any acts of God, acts of third parties, acts of Customer (or any of Customer's employees, agents, or representatives), acts of civil or military authorities, fires, floods, and other similar or dissimilar natural causes, riots, wars, sabotage, vandalism, embargoes, labor disputes, strikes, lockouts, lack or shortage of transportation, labor, materials, supplies, fuel, power, or water, delays in receiving any permits or licenses, delays caused by any laws, regulations, proclamations, ordinances, or any government action or inaction, delays caused by contractors and subcontractors, and any other cause or condition beyond Marconi's control. In the event of any such delay or default, the time for performance of the warranty obligations of Marconi will be extended for a commercially reasonable period of time.



Medical Systems

156

Quotation Number 504-2743A-CTS

Exhibit B Page 2 of 2

**DISCLAIMERS AND LIMITATIONS ON LIABILITY**

THE WARRANTIES SET FORTH ABOVE ARE EXPRESSLY IN LIEU OF ANY OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE, AND IN LIEU OF ANY OTHER OBLIGATIONS OR LIABILITY ON THE PART OF MARCONI. MARCONI NEITHER ASSUMES (NOR HAS AUTHORIZED ANY PERSON TO ASSUME FOR IT) ANY OTHER WARRANTY OR LIABILITY IN CONNECTION WITH THE EQUIPMENT.

CUSTOMER'S SOLE REMEDIES FOR BREACH OF SUCH WARRANTIES ARE SET FORTH IN THIS WARRANTY. MARCONI WILL HAVE NO LIABILITY FOR ANY CONSEQUENTIAL, INCIDENTAL, OR SPECIAL DAMAGES BY REASON OF ANY ACT OR OMISSION OR ARISING OUT OF OR IN CONNECTION WITH THE EQUIPMENT, OR WITH

THE SALE, DELIVERY, INSTALLATION, MAINTENANCE, OPERATION, PERFORMANCE, OR USE OF THE EQUIPMENT, INCLUDING (BY WAY OF EXAMPLE AND NOT BY WAY OF LIMITATION) DAMAGES, EXPENSES, OR LOSSES INCURRED BY REASON OF LOSS OF USE, LOST REVENUES, LOST PROFITS, DAMAGE TO ASSOCIATED EQUIPMENT OR TO FACILITIES, COSTS OF CAPITAL, COSTS OF SUBSTITUTE PRODUCTS, FACILITIES, OR SERVICES, COSTS OF REPLACEMENT POWER, COSTS ASSOCIATED WITH DOWN TIME, AND ANY SIMILAR OR DISSIMILAR DAMAGES, EXPENSES, OR LOSSES.

**APPLICABLE LAW**

The terms of this warranty will be interpreted under the law of the State of Ohio, without regard to principles of choice of law.

**Exhibit C**  
**LICENSE AGREEMENT FOR OPERATING SOFTWARE**

Exhibit C Page 1 of 1

This License Agreement, by and between Marconi Medical Systems, Inc. ("Marconi") and the Customer, designated below, is entered into as part of a sale of certain equipment ("Equipment") more fully defined in this Marconi quotation ("Quotation"). This License Agreement does not supersede or replace any terms and conditions of the Quotation, or any written warranties or service contracts applicable to the Equipment, and Marconi has not authorized any employee or agent to grant any other or different licenses or other rights with respect to any patent application, patent, copyright, trademark, trade secret, proprietary right, or other property right of Marconi or any of Marconi's suppliers.

Customer agrees that only authorized officers, employees, and agents of Customer will use the Software or have access to the same (or to any part thereof) and that none of Customer's officers, employees, or agents will disclose any part or all of the Software, or permit any part or all the same to be used by any person or entity other than those identified herein. Customer acknowledges that certain of Marconi's rights may be derived from license agreements with third parties and as such Customer agrees to preserve the confidentiality of information imparted to Marconi under such third party license agreements.

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TO BE USED only on the following equipment and location:

Model # MX8000 D S.N. \_\_\_\_\_

Located at \_\_\_\_\_

<b>CUSTOMER</b>
Customer Name: <u>ROBERT D. RUSSO, MD AND ASSOCIATES</u>
By: _____ (Signature)
Name & Title: _____
Date: _____

888888888 Robert Russo M.D. Radiology P.C.  
Book Asset Depr 1/01/03 - 12/31/03  
FYE: 12/31/2003

11/12/2002 2:52 PM  
Page 1

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
I	P.E.Scanning Unit	4/01/03	737,328.00	0.00c	0.00	0.00	78,999.00	78,999.00	658,329.00	S/L	7.0
	No Group		737,328.00	0.00c	0.00	0.00	78,999.00	78,999.00	658,329.00		
	Grand Total		737,328.00	0.00c	0.00	0.00	78,999.00	78,999.00	658,329.00		

888888888 Robert Russo M.D. Radiology P.C.  
Book Future Depreciation FYE: 12/31/04  
FYE: 12/31/2003

11/12/2002 2:52 PM  
Page 1

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
I	P.E.Scanning Unit	4/01/03	737,328.00	0.00	0.00	78,999.00	105,332.57	184,331.57	552,996.43	S/L	7.0
	No Group		737,328.00	0.00	0.00	78,999.00	105,332.57	184,331.57	552,996.43		
	Grand Total		737,328.00	0.00	0.00	78,999.00	105,332.57	184,331.57	552,996.43		



159

Robert D. Russo M.D. Radiology P.C.

1-Apr-03 Cost		\$737,328	
	Year	Depreciation	Accumulated Depreciation
	FYE 12/31/03	78,999	78,999
	FYE 12/31/04	105,333	184,332
	FYE 12/31/05	105,333	289,665
	FYE 12/31/06	105,333	394,997
	FYE 12/31/07	105,333	500,330
	FYE 12/31/08	105,333	605,662
	FYE 12/31/09	105,333	710,995
	FYE 12/31/10	26,333	737,328
			Net Book Value
			658,329
			552,996
			447,663
			342,331
			236,998
			131,666
			26,333
			(0)

# PHILIPS

Picker Financial Group, L.L.C.  
100 Baylis Road  
Melville, New York 11747

February 19, 2002

Robert D. Russo, M.D.  
Robert D. Russo, MD and Associates Radiology  
35 Mutmeg Drive  
Trumbull, Connecticut 06606

Dear Dr. Russo:

On behalf of Duane Gentile and Philips Medical Systems we are pleased to submit the attached Picker Financial Group *TrueLease* equipment-financing proposal. This proposal is for a sixty (60)-month fair market value lease to finance a Philips Medical Systems MX 8000D CT System.

We believe the Picker Financial Group products offer significant, real cost advantages to our lessees. These include:

- ♦ Elimination of standard progress payments
- ♦ Guaranteed access to financing for upgrades during the life of the lease
- ♦ Easy decision process at the end of the lease

We appreciate the opportunity to submit this proposal. If you have any questions or require further information, please feel free to contact me at (800) 825-5220.

Respectfully,

PICKER FINANCIAL GROUP

*Ken Birdie*

Ken Birdie  
Senior Finance Specialist

161

**TrueLease Proposal**

**DATE:** February 19, 2002

**LESSOR:** Picker Financial Group, L.L.C.

**LESSEE:** Robert D. Russo, MD and Associates Radiology

**EQUIPMENT:** Philips Medical Systems MX 8000 CT System

**TOTAL EQUIPMENT COST:** \$703, 995.00 – MX 8000D

*This financing is offered only in conjunction with a Philips Medical Systems Equipment Quotation.*

**LEASE TERM:** Sixty (60) Months

**RENTALS:** Rentals, covering equipment, are payable monthly in advance when the equipment is available for use.

**MONTHLY PAYMENT:** \$13,292.00

**PROGRESS PAYMENTS:** Philips Medical Systems will waive their standard progress payment terms in lieu of a Lease Application Fee in the amount of one monthly rental payment. This Lease Application Fee will be applied in full toward the last month's rental.

**END-OF-TERM OPTIONS:** At the end of the original lease term or any subsequent term, the Lessee may elect to:

1. Renew the lease.
2. Purchase the equipment for its fair market value.
3. Return the equipment to Picker Financial Group

**RENTAL ADJUSTMENT:** The monthly payment quoted will be fixed for thirty days from the date of this letter. If the equipment is not delivered and accepted on or before that date, the monthly payment may be adjusted in accordance with the following formula as of the date of acceptance:

## **TrueLease Proposal**

The rates may be increased 1% for each 1% (or prorata for any fraction of 1%) change in the average yield of similar term treasury notes, based on the one-week period immediately subsequent to the date of this proposal.

**NET LEASE:**

Lessee will, at its own expense, provide insurance and will pay all fees, property, sales and use taxes and other expenses of a similar nature.

**OTHER REQUIREMENTS:**

1. Personal guarantee of Robert D. Russo, M.D.
2. Subordination of all fees and other distributions to the principals in favor of the monthly lease payments to the Lessor

**INFORMATION REQUIRED:**

1. \*Last two years of audited (if applicable) financial statements.
  2. A most recent interim statement with comparatives.
  3. A bank references.
  4. A trade references
  5. Utilization information (census, receivable aging, payor mix).
  6. A copy of the corporate Articles of Incorporation
  7. A most current personal financial statement and tax return for Robert Russo, M.D.
- \* Financial statements may currently be on file*

**PROPOSAL EXPIRATION:**

This proposal expires March 30, 2002 if not accepted by the Lessee.

This proposal is subject to review and approval by Picker Financial Group's Management Committee and successful execution of Picker Financial Group's lease documentation.

The terms and conditions of this Proposal are hereby agreed to and accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**ROBERT D. RUSSO, MD AND ASSOCIATES RADIOLOGY**

By: \_\_\_\_\_ Title: \_\_\_\_\_

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8608728530 RightFAX

Page 006

163

11/04/2002 Page 1

Dr Russo MX 8000 CT System

Compound Period ..... : Monthly

Nominal Annual Rate .... : 5.199 %  
 Effective Annual Rate ... : 5.325 %  
 Periodic Rate ..... : 0.4333 %  
 Daily Rate ..... : 0.01424 %

## CASH FLOW DATA

Event	Start Date	Amount	Number	Period	End Date
1 Loan	04/01/2003	703,995.00	1		
2 Payment	04/01/2003	13,292.00	60	Monthly	03/01/2008

## AMORTIZATION SCHEDULE - Normal Amortization

Date	Payment	Interest	Principal	Balance
Loan 04/01/2003				703,995.00
1 04/01/2003	13,292.00	0.00	13,292.00	690,703.00
2 05/01/2003	13,292.00	2,992.57	10,299.43	680,403.57
3 06/01/2003	13,292.00	2,947.95	10,344.05	670,059.52
4 07/01/2003	13,292.00	2,903.13	10,388.87	659,670.65
5 08/01/2003	13,292.00	2,858.12	10,433.88	649,236.77
6 09/01/2003	13,292.00	2,812.91	10,479.09	638,757.68
7 10/01/2003	13,292.00	2,767.51	10,524.49	628,233.19
8 11/01/2003	13,292.00	2,721.91	10,570.09	617,663.10
9 12/01/2003	13,292.00	2,676.11	10,615.89	607,047.21
2003 Totals	119,628.00	22,680.21	96,947.79	
10 01/01/2004	13,292.00	2,630.12	10,661.88	596,385.33
11 02/01/2004	13,292.00	2,583.93	10,708.07	585,677.26
12 03/01/2004	13,292.00	2,537.53	10,754.47	574,922.79
13 04/01/2004	13,292.00	2,490.94	10,801.06	564,121.73
14 05/01/2004	13,292.00	2,444.14	10,847.86	553,273.87
15 06/01/2004	13,292.00	2,397.14	10,894.86	542,379.01
16 07/01/2004	13,292.00	2,349.94	10,942.06	531,436.95
17 08/01/2004	13,292.00	2,302.53	10,989.47	520,447.48
18 09/01/2004	13,292.00	2,254.91	11,037.09	509,410.39
19 10/01/2004	13,292.00	2,207.09	11,084.91	498,325.48
20 11/01/2004	13,292.00	2,159.07	11,132.93	487,192.55
21 12/01/2004	13,292.00	2,110.83	11,181.17	476,011.38
2004 Totals	159,504.00	28,468.17	131,035.83	
22 01/01/2005	13,292.00	2,062.39	11,229.61	464,781.77
23 02/01/2005	13,292.00	2,013.73	11,278.27	453,503.50
24 03/01/2005	13,292.00	1,964.87	11,327.13	442,176.37
25 04/01/2005	13,292.00	1,915.79	11,376.21	430,800.16
26 05/01/2005	13,292.00	1,866.50	11,425.50	419,374.66
27 06/01/2005	13,292.00	1,817.00	11,475.00	407,899.66
28 07/01/2005	13,292.00	1,767.28	11,524.72	396,374.94

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Page 007

164

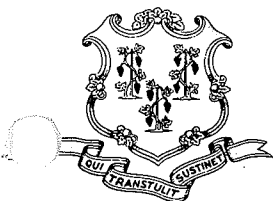
11/04/2002 Page 2

## Dr Russo MX 8000 CT System

Date	Payment	Interest	Principal	Balance
29 08/01/2005	13,292.00	1,717.35	11,574.65	384,800.29
30 09/01/2005	13,292.00	1,667.20	11,624.80	373,175.49
31 10/01/2005	13,292.00	1,616.84	11,675.16	361,500.33
32 11/01/2005	13,292.00	1,566.25	11,725.75	349,774.58
33 12/01/2005	13,292.00	1,515.45	11,776.55	337,998.03
2005 Totals	159,504.00	21,490.65	138,013.35	
34 01/01/2006	13,292.00	1,464.43	11,827.57	326,170.46
35 02/01/2006	13,292.00	1,413.18	11,878.82	314,291.64
36 03/01/2006	13,292.00	1,361.71	11,930.29	302,361.35
37 04/01/2006	13,292.00	1,310.02	11,981.98	290,379.37
38 05/01/2006	13,292.00	1,258.11	12,033.89	278,345.48
39 06/01/2006	13,292.00	1,205.97	12,086.03	266,259.45
40 07/01/2006	13,292.00	1,153.61	12,138.39	254,121.06
41 08/01/2006	13,292.00	1,101.02	12,190.98	241,930.08
42 09/01/2006	13,292.00	1,048.20	12,243.80	229,686.28
43 10/01/2006	13,292.00	995.15	12,296.85	217,389.43
44 11/01/2006	13,292.00	941.87	12,350.13	205,039.30
45 12/01/2006	13,292.00	888.36	12,403.64	192,635.66
2006 Totals	159,504.00	14,141.63	145,362.37	
46 01/01/2007	13,292.00	834.62	12,457.38	180,178.28
47 02/01/2007	13,292.00	780.65	12,511.35	167,666.93
48 03/01/2007	13,292.00	726.44	12,565.56	155,101.37
49 04/01/2007	13,292.00	672.00	12,620.00	142,481.37
50 05/01/2007	13,292.00	617.32	12,674.68	129,806.69
51 06/01/2007	13,292.00	562.41	12,729.59	117,077.10
52 07/01/2007	13,292.00	507.25	12,784.75	104,292.35
53 08/01/2007	13,292.00	451.86	12,840.14	91,452.21
54 09/01/2007	13,292.00	396.23	12,895.77	78,556.44
55 10/01/2007	13,292.00	340.36	12,951.64	65,604.80
56 11/01/2007	13,292.00	284.24	13,007.76	52,597.04
57 12/01/2007	13,292.00	227.88	13,064.12	39,532.92
2007 Totals	159,504.00	6,401.26	153,102.74	
58 01/01/2008	13,292.00	171.28	13,120.72	26,412.20
59 02/01/2008	13,292.00	114.43	13,177.57	13,234.63
60 03/01/2008	13,292.00	57.37	13,234.63	0.00
2008 Totals	39,876.00	343.08	39,532.92	
Grand Totals	797,520.00	93,525.00	703,995.00	

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS



JOHN G. ROWLAND  
GOVERNOR

MARY M. HEFFERNAN  
COMMISSIONER

November 26, 2002

Robert D. Russo, M.D.  
President & Owner  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
35 Nutmeg Drive  
Trumbull, CT 06611

Re: Certificate of Need Application, Docket Number 02-556  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
Replacement of Three CT Scanners located in Bridgeport, Fairfield and Stratford

Dear Dr. Russo:

On November 14, 2002, the Office of Health Care Access ("OHCA") received the Certificate of Need ("CON") application of Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") to replace three existing CT scanners that are located in Bridgeport, Fairfield and Stratford, at a total capital cost of \$2,211,985. OHCA has reviewed the CON application pursuant to Section 19a-643-74 of OHCA's Regulations and finds that the information submitted is deficient, and that additional information and/or clarification is required as outlined below:

### **Clear Public Need**

1. Please explain if the faster scan times offered by each of the three proposed CT scanners will significantly reduce the six to eight day scheduling backlogs at the Applicant's Bridgeport, Fairfield and Stratford physician practice offices.
2. Provide a three-year projection of CT scans for FY 2003, FY 2004 and FY 2005 for each of the Applicant's Bridgeport, Fairfield and Stratford Physician practice offices similar to the actual CT scans by office presented at the bottom of page 2.

### **Financial Information**

3. In response to OHCA's question requesting financial information, the Applicant submitted a letter from its accounting/auditing firm, which due to a change in policy no longer satisfies OHCA's informational requirements. As requested on page 6, please submit, if available, a complete set of audited financial statements for the most recently completed fiscal year. If the Applicant has no audited financial statements, please submit an unaudited Balance Sheet and Income Statement or Statement of Operations for the most recently completed fiscal year. These financial statements must be externally prepared and submitted on the preparer's letterhead.

*An Equal Opportunity Employer*

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

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

Fax: (860) 418-7053

**Capital Equipment Lease/Purchase**

4. Please explain if the use of the three replacement CT scanners will be obtained through the use of three separate CT scanner leasing agreements or if one lease agreement for all three CT scanners will be used. If only one lease agreement for all three CT scanners will be used, provide a copy of the draft leasing agreement for all three items of equipment.
5. Please explain if the amount on page 7 of \$232,318 represents the anticipated residual value at the end of the lease for one CT scanner or for all three CT scanners. If the \$232,318 amount is for the residual value of only one replacement CT scanner, provide the total amount for the residual value for all three replacement CT scanners.

**Type of Financing**

6. Please submit a revised page 8 that provides the source of financing for the entire CON proposal for all three of the replacement CT scanners that includes the amount of \$100,000 for total Applicant's equity and \$2,111,985 for total lease financing. In addition, the fair market value of leased assets at lease inception and the monthly payment amounts must also be for all three items of equipment.

**Revenue, Expense and Volume Projections**

7. In response to OHCA's question requesting the completion of the summary of revenue, expense and volume statistics, the Applicant submitted financial data that is based on "an average income/expense of the three existing CT scanners", which due to a change in policy no longer satisfies OHCA's informational requirements. Please submit a revised summary of revenue, expense and volume statistics that includes the following revisions:
  - a. All numbers for revenue, expense and volume statistics reported must be for the Applicant's total physician practice (total facility) and not for only one item of equipment or physician practice office or any averaging of total amounts.
  - b. Provide four years of data starting with the estimated/actual for FY 2002 and three years of projections for FY 2003, FY 2004 and FY 2005. Please label each column's data with the corresponding fiscal year.
  - c. Provide revised assumptions for the revised summary of revenue, expense and volume statistics.
  - d. Provide an explanation for all projected incremental Revenue under Expense amounts due to the CON proposal that are included in the revised summary.
  - e. Identify the rates that the Applicant currently charges for a CT scan and the rates that the Applicant will charge for a CT scan using the replacement CT scanners.



In responding to the questions contained in this letter, please repeat each question before providing your response, paginate your responses in their entirety and submit an original and five (5) copies of your paginated response submission to the Office of Health Care Access. Please reference Docket Number 02-556 in your response submission.

If you have any questions concerning this letter, please feel free to contact me at OHCA at (860) 418-7001.

Sincerely,



Harold M. Oberg  
Principal Health Care Analyst

Confirmation Report - Memory Send

Time : Nov-26-2002 11:32  
Tel line : 8604187053  
Name : OFFICE OF HEALTHCARE

Job number : 226  
Date : Nov-26 11:30  
To : 912033811287  
Document pages : 004  
Start time : Nov-26 11:30  
End time : Nov-26 11:32  
Pages sent : 004  
Status : OK

Job number : 226

\*\*\* SEND SUCCESSFUL \*\*\*



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Robert D. Russo, M.D.  
FAX NO: 9-1-203-381-1287  
AGENCY: Robert D. Russo, M.D. & Associates Radiology P.C.  
FROM: Hal Oberg  
DATE: 11/26/02 TIME: \_\_\_\_\_  
NUMBER OF PAGES: 4  
(including transmittal sheet)

COMMENTS: CON Application, DN: 02-556  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
First Completeness Letter

PLEASE PHONE 1-860-418-7039 IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134



**Robert D. Russo, M.D.  
and Associates  
Radiology**

35 Nutmeg Drive, Trumbull, CT 06611

Robert D. Russo, M.D.  
Robert D. Russo, Jr. M.D.  
Norman R. Vincent, M.D.  
Shashi K. B. Chaddha, M.D.  
Ortwin F. Rusch, M.D.  
David I. Robbins, M.D.  
Guy E. Torstenson, M.D.  
Thomas D. Olsavsky, M.D.  
Peter L. Steenbergen, M.D.

John C. Olsavsky, M.D.  
Neil T. Specht, M.D.  
Bernard S. Jay, M.D.  
John R. Pannese, M.D.  
Joseph A. Gagliardi, M.D.  
Lewis Bader, M.D.  
Martin S. Herbstman, M.D.  
Leonard A. Wald, M.D.  
John P. Donahue, M.D.

Henry J. Fox, M.D.  
Ralph W. Romano, M.D.  
Barbi L. Kaplan, D.O.  
Lesley Snelling, M.D.  
Tatiana S. Kain, M.D.  
Jerome A. Meil, Ph.D.  
Kathleen M. Oraziotti, P.A.C.

January 15, 2003

Harold M. Oberg  
Principal Health Care Analyst  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

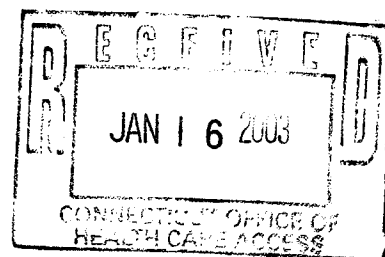
Re: CON Application, Docket Number 02-556  
Additional Information/Clarification

Mr. Oberg:

Enclosed are the original and five copies of my responses to your letter dated November 26, 2002. My apologies for the delay.

Yours truly,

Robert D. Russo, M.D.





**Robert D. Russo, M.D.  
and Associates  
Radiology**

35 Nutmeg Drive, Trumbull, CT 06611

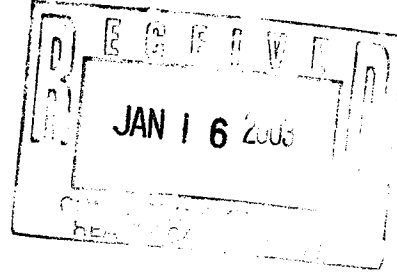
Robert D. Russo, M.D.  
Robert D. Russo, Jr. M.D.  
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Jerome A. Mell, Ph.D.  
Kathleen M. Oraziotti, P.A.C.

January 15, 2003

Harold M. Oberg  
Principal Health Care Analyst  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308



Re: CON Application, Docket Number 02-556  
Additional Information/Clarification

Mr. Oberg:

In response to your letter dated November 26, 2002:

**Clear Public Need**

1. Please explain if the faster scan times offered by each of the three proposed CT scanners will significantly reduce the six to eight day scheduling backlogs at the Applicant's Bridgeport, Fairfield and Stratford physician practice offices.

**Answer. The faster scan times of these new CT scanners will create more available schedule slots per day and are expected to permit the offices to schedule in order to meet the patients' convenience.**

2. Provide a three-year projection of CT scans for FY 2003, FY 2004 and FY 2005 for each of the Applicant's Bridgeport, Fairfield and Stratford physician practice offices similar to the actual CT scans by office presented on page 2.

**Answer. The plan is to install the scanner in Fairfield by April 1, 2003, the scanner in Stratford by September 1, 2003 and the scanner in Bridgeport by January 1, 2004. The following volume projections reflect these implementation dates.**

The number of CT scans by office:	<u>Bridgeport</u>	<u>Fairfield</u>	<u>Stratford</u>
FY 2003	2,633	2,961	2,552
FY 2004	3,258	3,687	3,228
FY 2005	4,008	3,876	3,732

### **Financial Information**

3. In response to OHCA's question requesting financial information, the Applicant submitted a letter from its accounting/auditing firm, which due to a change in policy no longer satisfies OHCA's informational requirements. As requested on page 6, please submit, if available, a complete set of audited financial statements for the most recently completed fiscal year. If the Applicant has no audited financial statements, please submit an unaudited Balance Sheet and Income Statement or Statement of Operations for the most recently completed fiscal year. These financial statements must be externally prepared and submitted on the preparer's letterhead.

**Answer. Please see pages 4 through 9 of these responses.**

### **Capital Equipment Lease/Purchase**

4. Please explain if the use of the three replacement CT scanners will be obtained through the use of three separate CT scanner leasing agreements or if one lease agreement for all three CT scanners will be used. If only one lease agreement for all three CT scanner will be used, provide a copy of the draft leasing agreement for all three items of equipment.

**Answer. There will be three different lease agreements, each initiated as the respective CT scanner is installed. The lease submitted in Exhibit 8, page 160 of the CON application will be used for each installation.**

5. Please explain if the amount on page 7 of \$232,318 represents the anticipated residual value at the end of the lease for one CT scanner or for all three CT scanners. If the \$232,318 amount is for the residual value of only one replacement CT scanner, provide the total amount for the residual value for all three replacement scanners.

**Answer. The residual value of \$232,318 represents the anticipated value at the end of the lease for one CT scanner. The total residual value for all three replacement scanners is \$696,954.**

### **Type of Financing**

6. Please submit a revised page 8 that provides the source of financing for the entire CON proposal for all three replacement CT scanners that includes the amount of \$100,000 for total Applicant's equity and \$2,111,985 for total lease financing. In addition, the fair market value of leased assets at lease inception and the monthly payment amounts must also be for all three replacement CT scanners.

**Answer. Please see page 10 of these responses.**

### **Revenue, Expense and Volume Projections**

7. In response to OHCA's question requesting the completion of the summary of revenue, expense and volume statistics, the Applicant submitted financial data that is based on "an average income/expense of the three existing CT scanners", which due to a change in policy no longer satisfies OHCA's informational requirements. Please submit a revised summary of revenue, expense and volume statistics that includes the following revisions:
- a. All numbers for revenue, expense and volume statistics reported must be for the Applicant's total physician practice (total facility) and not for only one item of equipment or physician practice office or any averaging of total amounts.
  - b. Provide four years of data with the estimated/actual for FY 2002 and three years of projections for FY 2003, FY 2004 and FY 2005. Please label each column's data with the corresponding fiscal year.
  - c. Provide revised assumptions for the revised summary of revenue, expense and volume statistics.
  - d. Provide an explanation for all projected incremental Revenue under Expense amounts due to the CON proposal that are included in the revised summary.

**Answer. Please see the revised summary of revenue, expense and volume statistics on page 11 of these response.**

- e. Identify the rates that the Applicant currently charges for a CT scan and the rates that the Applicant will charge for a CT scan using the replacement CT scanners.

**Answer. The current CT scan rates are on page 12 of these responses. The rates will remain the same.**

Yours truly,



Robert D. Russo, M.D.

**ROBERT D. RUSSO, M.D.  
& ASSOCIATES RADIOLOGY, P.C.**

**Compiled Financial Statements**

December 31, 2001

**ROBERT D. RUSSO, M.D. & ASSOCIATES RADIOLOGY, P.C.**  
**CONTENTS**

ACCOUNTANTS' COMPILATION REPORT ..... 1

FINANCIAL STATEMENTS

Statement of Assets, Liabilities and Stockholder's Equity – Private Practice ..... 2

Statements of Revenue, Expenses and Accumulated Deficit – Private Practice ..... 3







CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

"On Balance, We Offer You More."

## ACCOUNTANTS' COMPILATION REPORT

Robert D. Russo, M.D.  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
Trumbull, Connecticut

We have compiled the accompanying statement of assets, liabilities and stockholder's equity – private practice of Robert D. Russo, M.D. & Associates Radiology, P.C. (an S corporation) as of December 31, 2001, and the related statements of revenue, expenses and accumulated deficit – private practice for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statements and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures and the statement of cash flows required by U.S. generally accepted accounting principles. If the omitted disclosures were included, they might influence the user's conclusions about the Company's financial position and results of operations. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The accompanying statements were prepared to present the activity of the private practice of Robert D. Russo, M.D. & Associates Radiology, P.C. for the purpose of obtaining a certificate of need from the state of Connecticut, and are not intended to be a complete presentation of the Company's financial position and results of operations.

This report is intended solely for the information and use of the stockholder and the state of Connecticut, and should not be used for any other purpose.

*Simione Macca & Larrow LLP*

Hamden, Connecticut  
December 16, 2002

**ROBERT D. RUSSO, M.D. & ASSOCIATES RADIOLOGY, P.C.**  
**STATEMENT OF ASSETS, LIABILITIES AND**  
**STOCKHOLDER'S EQUITY - PRIVATE PRACTICE**  
**December 31, 2001**

(See Accountants' Compilation Report)

**ASSETS**

**CURRENT ASSETS**

Cash and cash equivalents	\$ 2,298,742
Accounts receivable, net	2,198,225
Loan receivable from stockholder	760,446
Prepaid expenses and other receivables	<u>121,493</u>
Total current assets	<u>5,378,906</u>

**PROPERTY AND EQUIPMENT**

X-ray equipment	856,688
Furniture and fixtures	264,483
Leasehold improvements	613,270
Automobiles	<u>63,334</u>
	1,797,775
Less accumulated depreciation and amortization	<u>994,593</u>
	<u>803,182</u>

**OTHER ASSETS**

Goodwill, net	71,471
Deposits	<u>105,233</u>
	<u>176,704</u>
	<u>\$ 6,358,792</u>

**LIABILITIES AND STOCKHOLDER'S EQUITY****CURRENT LIABILITIES**

Line of credit	\$ 3,000,000
Current portion of long-term debt	562,274
Accrued expenses	<u>308</u>
Total current liabilities	3,562,582

LONG-TERM DEBT, less current portion 1,437,726

Total liabilities 5,000,308

**STOCKHOLDER'S EQUITY**

Common stock, no par value, 5,000 shares authorized, issued and outstanding	1,000
Paid-in capital	1,760,623
Accumulated deficit	<u>(403,139)</u>
	<u>1,358,484</u>

\$ 6,358,792

ROBERT D. RUSSO, M.D. & ASSOCIATES RADIOLOGY, P.C.  
STATEMENTS OF REVENUE, EXPENSES  
AND ACCUMULATED DEFICIT - PRIVATE PRACTICE  
Year ended December 31, 2001  
(See Accountants' Compilation Report)

NET REVENUE	\$ 22,288,982
GENERAL AND ADMINISTRATIVE EXPENSES	<u>22,134,044</u>
Income from operations	<u>154,938</u>
OTHER	
Interest expense	(483,110)
Interest income	<u>26,211</u>
	<u>(456,899)</u>
Net loss	(301,961)
ACCUMULATED DEFICIT, Beginning	<u>(101,178)</u>
ACCUMULATED DEFICIT, Ending	<u>\$ (403,139)</u>

## 11. Type of Financing

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

**Answer. The financials are identical for each CT scanner.**

- Applicant's equity:  
Source and amount:

Operating Funds	<b>\$ 100,000.00</b>
Contributions	\$ _____
Funded depreciation	\$ _____
Other	\$ _____

- Grant:

Amount of grant	\$ _____
Funding institution/ entity	_____

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

Amount of total debt	\$ _____
Interest rate	_____ %
Monthly payment	\$ _____
Term	_____ Years
Debt service reserve fund	\$ _____

- Lease financing:

Capital or operating	<b>\$ 2,111,985.00</b>
Fair market value of leased assets at lease inception	<b>\$ 2,111,985.00</b>
Interest rate	<b>5.199 %</b>
Monthly payment	<b>\$ 39,876.00</b>
Term	<b>60 months</b>

- Other financing alternatives:

Amount	\$ _____
Source (e.g., donated assets, etc.)	_____

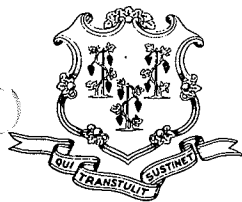


## Robert D. Russo, M.D. &amp; Associates Radiology P.C.

## Current CT scan rates

<b>CPT</b>	<b>Description</b>	<b>Rate</b>
70450	CT scan of head or brain	\$ 414.70
70480	CT scan of skull	\$ 458.90
70486	CT scan of face, jaw	\$ 444.60
70490	CT scan of neck tissue	\$ 458.90
71250	CT scan of chest	\$ 527.80
72125	CT scan of neck spine	\$ 527.80
72128	CT scan of thorax spine	\$ 527.80
72131	Ct scan of lower spine	\$ 527.80
72192	CT scan of pelvis	\$ 521.30
73200	CT scan of arm	\$ 455.00
73700	CT scan of leg	\$ 455.00
74150	CT scan of abdomen	\$ 513.50
70460	contrast CT scan of head	\$ 508.30
70470	contrast CT scans of head	\$ 620.10
70481	contrast Ct scan of skull	\$ 534.30
70482	contrast CT scans of skull	\$ 683.30
70487	contrast CT scan face/jaw	\$ 525.20
70488	contrast CT scans face/jaw	\$ 635.70
70491	contrast CT scan of neck tissue	\$ 534.30
70492	contrast CT scans of neck tissue	\$ 683.30
71260	contrast CT scan of chest	\$ 617.50
71270	contrast CT scans of chest	\$ 752.70
72126	contrast CT scan of neck	\$ 614.90
72127	contrast CT scans of neck	\$ 742.30
72129	contrast CT scan of thorax	\$ 614.90
72130	contrast CT scans of thorax	\$ 742.30
72132	contrast CT scan of lower spine	\$ 614.90
72133	contrast CT scans of lower spine	\$ 742.30
72193	contrast CT scan of pelvis	\$ 592.80
72194	contrast CT scans of pelvis	\$ 711.10
73201	contrast CT scan of arm	\$ 527.80
73202	contrast CT scans of arm	\$ 683.30
73701	contrast CT scan of leg	\$ 527.80
73702	contrast CT scans of leg	\$ 683.30
74160	contrast CT scan of abdomen	\$ 604.50
74170	contrast CT scans of abdomen	\$ 730.60
25	CT heart (cardiac scoring)	\$ 300.00
X125	CT heart (cardiac scoring)	\$ 450.00
X7125	CT heart (cardiac scoring)	\$ 450.00
72191	CT scan pelvis w/wo contrast	\$ 918.46
G0131	Ct scan bone density study	\$ 325.00

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS



JOHN G. ROWLAND  
GOVERNOR

MARY M. HEFFERNAN  
COMMISSIONER

January 27, 2003

Robert D. Russo, M.D.  
President & Owner  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
35 Nutmeg Drive  
Trumbull, CT 06611

Re: Certificate of Need Application, Docket Number 02-556  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
Replacement of Three CT Scanners located in Bridgeport, Fairfield and Stratford  
Notice of Consideration of Waiver of Hearing

Dear Dr. Russo:

On January 16, 2003, Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") submitted a completed Certificate of Need ("CON") application to the Office of Health Care Access ("OHCA") for the replacement of three existing CT scanners located at its offices in Bridgeport, Fairfield and Stratford with new upgraded CT scanning equipment, at a total capital cost of \$2,211,985. The Applicant has requested a waiver of hearing pursuant to Section 19a-643-45 of OHCA's Regulations, and has based its request on the grounds that the CON application is non-substantive as defined in Section 19a-643-95(3) of OHCA's Regulations.

Based on the information submitted by the Applicant, I have determined that the CON application is eligible for consideration of waiver of hearing pursuant to Section 19a-643-45 of OHCA's Regulations. Enclosed for your information is a copy of the notice to the public, which will be published in the *Connecticut Post* as required by this Regulation. Upon the close of the public comment period, I will determine whether a waiver of hearing shall be granted.

Sincerely,

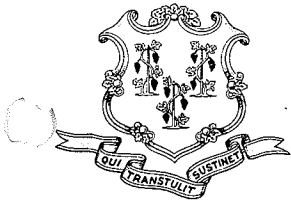
A handwritten signature in black ink, appearing to read "Mary M. Heffernan".

Mary M. Heffernan  
Commissioner

Enclosure

cc: Carolyn Brady, Connecticut Hospital Association





JOHN G. ROWLAND  
GOVERNOR

# STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

MARY M. HEFFERNAN  
COMMISSIONER

January 27, 2003

Purchase Order # HCA03-071  
FAX: (203) 384-1158  
Account # Conn8604187001

Connecticut Post  
410 State Street  
Bridgeport, CT 06604-4560

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 January 30, 2003.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (cut sheet) with the invoice.

If there are any questions regarding this legal notice, please contact Harold M. Oberg at (860) 418-7001.

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,

Mary M. Heffernan  
Commissioner

Attachment

MMH:ho

**PLEASE INSERT THE FOLLOWING:**

Pursuant to Section 19a-639 of the Connecticut General Statutes and Section 19a-643-45 of the Regulations of Connecticut State Agencies, the Office of Health Care Access ("OHCA") has received a request for a waiver of hearing regarding the following Certificate of Need application:

Applicant: Robert D. Russo, M.D. & Associates Radiology, P.C.  
Towns: Bridgeport, Fairfield and Stratford  
Docket Number: 02-556  
Proposal: Replace three existing CT scanners at physician offices with new upgraded CT scanning equipment.  
Total Capital Cost: \$2,211,985

Interested persons are invited to submit written comments regarding the request for waiver of hearing by no later than Wednesday, February 12, 2003. Such comments should be directed to:

Mary M. Heffernan  
Commissioner  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

The Certificate of Need application is available for inspection at OHCA. A copy of the application may also be obtained from OHCA at the standard copy charge.

Confirmation Report - Memory Send

Time : Jan-27-2003 16:03  
Tel line : 8604187053  
Name : OFFICE OF HEALTHCARE

Job number : 643  
Date : Jan-27 16:02  
To : 912033841158  
Document pages : 003  
Start time : Jan-27 16:02  
End time : Jan-27 16:03  
Pages sent : 003  
Status : OK

Job number : 643

\*\*\* SEND SUCCESSFUL \*\*\*



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Connecticut Post  
FAX: 1-203-384-1158  
AGENCY: Legal Notices  
FROM: MARIE DEMPSEY  
DATE: 1/27/03  
NUMBER OF PAGES

Comments: Please publish by January 30, 2003  
PLEASE PHONE Marie Dempsey IF THERE ARE ANY TRANSMISSION  
PROBLEMS.

Phone: (860) 418-7001 Fax: (860) 418-7053  
410 Capitol Ave., MS#13HCA  
P.O. Box 340308  
Hartford, CT 06134



**Robert D. Russo, M.D.  
and Associates  
Radiology**

35 Nutmeg Drive, Trumbull, CT 06611

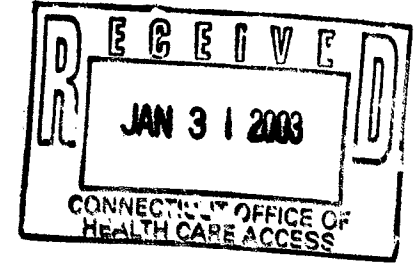
Robert D. Russo, M.D.  
Robert D. Russo, Jr. M.D.  
Norman R. Vincent, M.D.  
Shashi K. B. Chaddha, M.D.  
Ortwin F. Rusch, M.D.  
David I. Robbins, M.D.  
Guy E. Torstenson, M.D.  
Thomas D. Olsavsky, M.D.  
Peter L. Steenbergen, M.D.

John C. Olsavsky, M.D.  
Neil T. Specht, M.D.  
Bernard S. Jay, M.D.  
John R. Pannese, M.D.  
Joseph A. Gagliardi, M.D.  
Lewis Bader, M.D.  
Martin S. Herbstman, M.D.  
Leonard A. Wald, M.D.  
John P. Donahue, M.D.

Henry J. Fox, M.D.  
Ralph W. Romano, M.D.  
Barbi L. Kaplan, D.O.  
Lesley Snelling, M.D.  
Tatiana S. Kain, M.D.  
Jerome A. Melli, Ph.D.  
Kathleen M. Oraziotti, P.A.C.

January 28, 2003

Harold M. Oberg  
Principal Health Care Analyst  
Office of Health Care Access  
410 Capitol Avenue  
MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134-0308




Re: CON Application, Docket Number 02-556  
Additional Information/Clarification

Mr. Oberg:

Enclosed is a revised page 11 "Financial Pro-Forma" to the Applicant's responses dated January 15, 2003. This revised page reflects the clarifications you asked for in your recent telephone inquiries. Thank you for your assistance in this matter.

Yours truly,

  
Raymond E. Grandchamp

**12 D.** Please provide one year of actual results and three years of projections of **Total Facility** revenue, expense and if applicable, volume statistics without, incremental to and with the proposal in the following reporting format:

Total Facility: Description	2002 FY		2003 FY		2004 FY		2005 FY	
	Estimated Results	Projected W/out Project	Projected W/out Project	Projected With Project	Projected W/out Project	Projected With Project	Projected W/out Project	Projected With Project
Revenue from Operations	22,846,206	23,417,361	198,830	23,616,191	24,002,795	24,405,470	24,602,865	402,675
Non-Operating Revenue	0	0	0	0	0	0	0	0
Total Revenue:	22,846,206	23,417,361	198,830	23,616,191	24,002,795	24,405,470	24,602,865	402,675
Total Operating Expenses	22,798,065	23,482,007	286,813	23,768,820	24,186,467	24,724,608	24,912,061	715,764
Revenue Over/(Under) Expense	48,141	-64,646	-87,983	-152,629	-183,672	-319,138	-309,196	-313,089
*Volume Statistics:	111,316	114,099	674	114,773	116,951	118,316	119,875	1,365
								1,365
								121,240

\*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.

**ASSUMPTIONS:** The Applicant's fiscal year is based on the calendar year.  
All revenue listed is net revenue and reflects a 45% reimbursement of posted charges

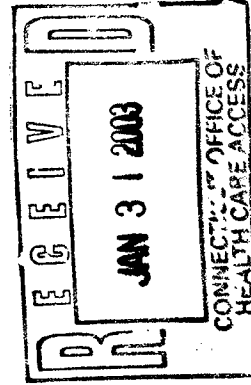
**Projected W/out**

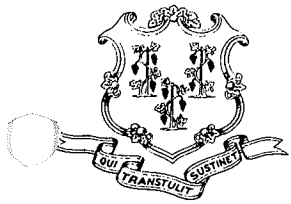
Volume statistics and revenue increase at an annual rate of 2.5%.  
Expenses increase at an annual rate of 3%.

**Projected Incremental**

Statistics, revenue and expenses are based on the answer to Question # 2 of these responses,  
that is with an install date of April 1, 2003 for Fairfield  
September 1, 2003 for Stratford  
January 1, 2004 for Bridgeport

Revenue is under expense because at the margin, only the incremental number of new procedures is supporting the new costs of acquisition, installation and operation.





STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

JOHN G. ROWLAND  
GOVERNOR

MARY M. HEFFERNAN  
COMMISSIONER

February 14, 2003

Robert D. Russo, M.D.  
President & Owner  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
35 Nutmeg Drive  
Trumbull, CT 06611

Re: Certificate of Need Application, Docket Number 02-556  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
Replacement of Three CT Scanners located in Bridgeport, Fairfield and Stratford  
Waiver of Hearing

Dear Dr Russo:

On January 16, 2003, the Office of Health Care Access ("OHCA") received the completed Certificate of Need ("CON") application of Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") for the replacement of three existing CT scanners located at its offices in Bridgeport, Fairfield and Stratford with new upgraded CT scanning equipment, at a total capital cost of \$2,211,985. The Applicant requested a waiver of hearing pursuant to Section 19a-643-45 of OHCA's Regulations, and based its request on the grounds that the CON application is non-substantive as defined in Section 19a-643-95(3) of OHCA's Regulations.

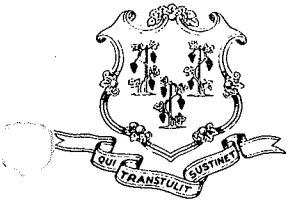
On January 27, 2003, I informed you that the CON application was eligible for consideration of waiver of hearing, and a notice to the public was published in the *Connecticut Post* as required by Section 19a-643-45 of OHCA's Regulations. OHCA has received no comments during the public comment period concerning the Applicant's request for waiver of hearing. Therefore, OHCA deems it appropriate that the Applicant's request for waiver of hearing be granted for the reasons specified by the Applicant, and the Applicant's request for waiver of hearing is hereby granted.

Sincerely,

Mary M. Heffernan  
Commissioner

MMH:ho

x lra



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

JOHN G. ROWLAND  
GOVERNOR

MARY M. HEFFERNAN  
COMMISSIONER

February 14, 2003

**IN THE MATTER OF:**

An Application for a Certificate of Need  
filed pursuant to Section 19a-639, C.G.S. by

Notice of Final Decision  
Office of Health Care Access  
Docket Number 02-556

**Robert D. Russo, M.D. & Associates  
Radiology, P.C.**

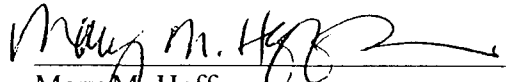
**Replacement of Three CT Scanners  
located in Bridgeport, Fairfield  
and Stratford Offices**

To: Robert D. Russo, M.D.  
President & Owner  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
35 Nutmeg Drive  
Trumbull, CT 06611

Dear Dr. Russo:

This letter will serve as notice of the Final Decision of the Office of Health Care Access in the above matter, as provided by Section 19a-639, C.G.S. On February 14, 2003, the Final Decision was rendered as the finding and order of the Office of Health Care Access. A copy of the Final Decision is attached hereto for your information.

By Order of the  
Office of Health Care Access

  
Mary M. Heffernan  
Commissioner

MMH:ho



## Office Of Health Care Access Certificate of Need Application

### Final Decision

**Applicant:** Robert D. Russo, M.D. & Associates Radiology, P.C.

**Docket Number:** 02-556

**Project Title:** Replacement of Three CT Scanners located in Bridgeport, Fairfield and Stratford Offices

**Statutory Reference:** Section 19a-639 of the Connecticut General Statutes

**Filing Date:** January 16, 2003

**Hearing:** Waived

**Decision Date:** February 14, 2003

**Default Date:** April 16, 2003

**Staff Assigned:** Harold M. Oberg  
Steven Lazarus

**Project Description:** Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") proposes to replace three existing CT scanners that are located at its physician practice offices in Bridgeport, Fairfield and Stratford with new upgraded CT scanning equipment, at a total capital cost of \$2,211,985.

**Nature of Proceedings:** On January 16, 2003, the Office of Health Care Access ("OHCA") received a Certificate of Need ("CON") application from Robert D. Russo, M.D. & Associates Radiology, P.C. to replace three existing CT scanners that are located at its physician practice offices in Bridgeport, Fairfield and Stratford with new upgraded CT scanning equipment, at a total capital cost of \$2,211,985. The Applicant is a health care facility or institution as defined by Section 19a-630 of the Connecticut General Statutes ("C.G.S.").



The Applicant requested a waiver of hearing for the CON application pursuant to Section 19a-643-45 of OHCA's Regulations, and claimed that the CON application is non-substantive as defined in Section 19a-643-95(3) of OHCA's Regulations. On January 27, 2003, the Applicant was informed that the CON application was eligible for consideration of waiver of public hearing, and a notice to the public was published in the *Connecticut Post*. OHCA received no comments from the public concerning the Applicant's request for waiver of hearing during the public comment period, and therefore on February 14, 2003, OHCA granted the Applicant's request for waiver of hearing.

OHCA's authority to review and approve, modify or deny the CON application is established by Section 19a-639, C.G.S. The provisions of this section as well as the principles and guidelines set forth in Section 19a-637, C.G.S., were fully considered by OHCA in its review.

## Findings of Fact

*Each finding of fact included in this Final Decision has been taken from the CON application and related CON filings, or from other external sources of information. A source reference is included with each finding of fact. All CON applicants must attest to the accuracy and correctness of the information submitted to OHCA as part of the CON application process.*

### Clear Public Need

#### **Impact of the Proposal on the Applicant's Current Utilization Statistics Proposal's Contribution to the Quality of Health Care Delivery in the Region Proposal's Contribution to the Accessibility of Health Care Delivery in the Region**

1. Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") is a diagnostic imaging center located at various physician practice offices including locations in Bridgeport, Fairfield and Stratford. *(November 14, 2002, CON Application, Page 3)*
2. The Applicant proposes to replace three existing Picker IQ CT scanners with three new state-of-the-art Philips MX 8000D CT scanners at its offices located at 2660 Main Street in Bridgeport, 1261 Post Road in Fairfield and 2909 Main Street in Stratford, at a total capital cost of \$2,211,985. *(November 14, 2002 CON Application, Pages 2 and 7)*
3. The Applicant's three existing Picker IQ CT scanners have outlived their usefulness and are ready to be replaced. Certificates of Need were not required at the time of their purchase because each of the three units was purchased and installed for less than \$400,000. *(September 12, 2002 Letter of Intent, Project Description)*
4. The proposed three new Philips MX 8000D CT scanners are high-speed, dual-slice, CT scanners that offer faster scan times, higher image resolutions and the capability of performing additional CT scanning studies including vascular, high-resolution chest, reconstruction and multiple joints studies. *(September 12, 2002 Letter of Intent, Project Description and November 14, 2002 CON Application, Page 2)*

5. Currently, there are six to eight day scheduling backlogs at the Applicant's Bridgeport, Fairfield and Stratford offices. *(November 14, 2002 CON Application, Page 2)*
6. The Applicant's actual CT scan utilization volume at its Bridgeport, Fairfield and Stratford offices is as follows: *(November 14, 2002 CON Application, Page 2)*

**Table 1: Applicant's Actual CT Scans at Bridgeport, Fairfield and Stratford Offices**

Description	FY 2000	FY 2001	FY 2002
Bridgeport Office's Actual CT Scans	2,396	2,542	2,633
Fairfield Office's Actual CT Scans	2,371	2,418	2,486
Stratford Office's Actual CT Scans	1,982	2,151	2,329
<b>Total Actual CT Scans at Three Offices</b>	<b>6,749</b>	<b>7,111</b>	<b>7,448</b>

7. The Applicant's projected CT scan utilization volume at its Bridgeport, Fairfield and Stratford offices associated with the CON proposal is as follows: *(January 16, 2003 Completeness Responses, Page 1)*

**Table 2: Applicant's Projected CT Scans at Bridgeport, Fairfield and Stratford Offices**

Description	FY 2003	FY 2004	FY 2005
Bridgeport Office's Projected CT Scans	2,633	3,258	4,008
Fairfield Office's Projected CT Scans	2,961	3,687	3,876
Stratford Office's Projected CT Scans	2,552	3,228	3,732
<b>Total Projected CT Scans at Three Offices</b>	<b>8,146</b>	<b>10,173</b>	<b>11,616</b>

8. The Applicant projects 674, 1,365 and 1,365 total incremental CT scans for FY 2003, FY 2004 and FY 2005, respectively at its Bridgeport, Fairfield and Stratford offices as a result of the CON proposal. *(January 31, 2003 Supplemental Completeness Responses, Page 1)*
9. The Applicant's three diagnostic imaging centers in Bridgeport, Fairfield and Stratford operate on Monday through Friday from 8:30 a.m. to 5:00 p.m. and Saturday from 8:00 a.m. to 12:00 p.m. *(November 14, 2002 CON Application, Page 2)*

**Financial Feasibility and Cost Effectiveness of the Proposal and its Impact on the Applicant's Rates and Financial Condition**  
**Impact of the Proposal on the Interests of Consumers of Health Care Services and the Payers for Such Services**

10. The Applicant's CON proposal includes the following capital cost components: *(November 14, 2002 CON Application, Page 7)*

**Table 3: Applicant's Total Proposed Capital Cost**

Description	Amount
Construction/Renovations	\$ 100,000
<b>Total Capital Expenditure</b>	<b>\$ 100,000</b>
Three CT Scanners (Lease)	\$ 2,111,985
<b>Total Capital Cost</b>	<b>\$ 2,211,985</b>

11. The CON proposal's total capital cost of \$2,211,985 will be financed with an equity contribution of \$100,000 from the Applicant's operating funds and through equipment lease financing totaling \$2,111,985, which represents the total fair market value of the three new Philips MX 8000D CT scanners to be leased through three separate equipment lease agreements. *(January 16, 2003 Completeness Responses, Pages 2 and 10)*
12. The Applicant's proposed equipment lease agreements with Picker Financial Group L.L.C. include a term of five years, a 5.199% interest rate and sixty lease payments of \$13,292 per month for each CT scanner to be leased. *(November 14, 2002 CON Application, Page 8 and Exhibit 8, Pages 160 - 164 and January 16, 2003 Completeness Responses, Page 2)*
13. The Applicant projects incremental revenue from operations, total operating expense and revenue under expense associated with the CON proposal as follows: *(January 31, 2003 Supplemental Completeness Responses, Page 1)*

**Table 4: Applicant's Incremental Financial Projections for FY 2003, FY 2004 and FY 2005**

Description	FY 2003	FY 2004	FY 2005
Incremental Revenue from Operations	\$198,830	\$ 402,675	\$ 402,675
Incremental Total Operating Expense	286,813	538,141	715,764
<b>Incremental Revenue Over/(Under) Expense</b>	<b>\$(87,983)</b>	<b>\$(135,466)</b>	<b>\$(313,089)</b>

14. The Applicant projects total facility revenue from operations, total operating expense and revenue under expense associated with the CON proposal as follows: *(January 31, 2003 Supplemental Completeness Responses, Page 1)*

**Table 5: Applicant's Total Facility Financial Projections for FY 2003, FY 2004 and FY 2005**

Description	FY 2003	FY 2004	FY 2005
Revenue from Operations with the Proposal	\$23,616,191	\$24,405,470	\$25,005,540
Total Operating Expense with the Proposal	23,768,820	24,724,608	25,627,825
<b>Revenue Over/(Under) Expense with the Proposal</b>	<b>\$ (152,629)</b>	<b>\$ (319,138)</b>	<b>\$ (622,285)</b>

15. After implementation of the CON proposal, the Applicant's CT scan rates will remain the same as its current rates for CT scans. Projected incremental revenue from operations is less than projected incremental total operating expense for each year because only the projected incremental number of CT scans will support the incremental costs of acquisition, installation and operation associated with the CON proposal. *(January 16, 2003 Completeness Responses, Pages 3 and 11)*
16. The Applicant anticipates that the first replacement CT scanner will be installed at the Fairfield office by April 1, 2003, the second CT scanner will be installed at the Stratford office by September 1, 2003, and the third replacement CT scanner will be installed at the Bridgeport office by January 1, 2004. *(January 16, 2003 Completeness Responses, Page 11)*

17. The Applicant's projected payer mix during the first three years of operation of the three new replacement CT scanners is as follows: *(November 14, 2002 CON Application, Page 9)*

**Table 6: Applicant's Three-Year Projected Payer Mix**

<b>Payer Mix</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Medicare	23%	23%	23%
Medicaid	0%	0%	0%
TriCare	0%	0%	0%
<b>Total Government</b>	<b>23%</b>	<b>23%</b>	<b>23%</b>
Commercial Insurers	63%	63%	63%
Self-Pay	9%	9%	9%
Workers Compensation	3%	3%	3%
<b>Total Non-Government</b>	<b>75%</b>	<b>75%</b>	<b>75%</b>
Uncompensated Care	2%	2%	2%
<b>Total Payer Mix</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### **Consideration of Other Section 19a-637, C.G.S. Principles and Guidelines**

The following findings are made pursuant to the principles and guidelines set forth in Section 19a-637, C.G.S.:

18. There is no State Health Plan in existence at this time. *(November 14, 2002 CON Application, Page 2)*
19. The Applicant has adduced evidence that the proposal is consistent with the Applicant's long-range plan. *(November 14, 2002 CON Application, Page 2)*
20. The Applicant indicates that the proposal will affect its teaching responsibilities by being additive to the caseload of radiological procedures available to the radiology residents at St. Vincent's Medical Center. *(November 14, 2002 CON Application, Page 5)*
21. There are no distinguishing or unique characteristics of the Applicant's patient/physician mix related to the proposal. *(November 14, 2002 CON Application, Page 5)*
22. The Applicant has implemented various activities to improve productivity and contain costs that involve energy conservation, reengineering, group purchasing and the application of technology. *(November 14, 2002 CON Application, Page 5)*
23. The Applicant has sufficient technical, financial and managerial competence and expertise to provide efficient and adequate service to the public. *(November 14, 2002 CON Application, Exhibit 2, Pages 49 - 121)*

## Rationale

Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") proposes to replace three existing Picker IQ CT scanners currently operating at its offices located at 2660 Main Street in Bridgeport, 1261 Post Road in Fairfield and 2909 Main Street in Stratford with new upgraded CT scanning equipment, at a total capital cost of \$2,211,985. The Applicant proposes to lease and operate three new Phillips MX 8000D CT scanners, which would represent a significant upgrade from the quality and capability of the three CT scanners currently operated by the Applicant at these office locations.

The proposed replacement of the Applicant's three existing CT scanners with three new high-speed, dual-slice CT scanners will enable the Applicant to utilize new state-of-the-art technology in providing CT scanning services to patients, which will result in faster scan times, higher image resolutions and the capability of performing new additional CT scanning studies including vascular, high-resolution chest, reconstruction and multiple joint studies. Therefore, OHCA finds that the CON proposal will improve both the quality and accessibility of the Applicant's current CT scanning services.

The CON proposal's total capital cost of \$2,211,985 will be funded by an equity contribution of \$100,000 from the Applicant's operating funds and from equipment lease financing totaling \$2,111,985, which represents the total fair market value of the three new Philips MX 8000D CT scanners to be leased. The Applicant projects 674, 1,365 and 1,365 incremental CT scans for FY 2003, FY 2004 and FY 2005, respectively in total for its Bridgeport, Fairfield and Stratford offices as a result of the CON proposal. The Applicant also projects incremental revenue under expense of \$(87,983), \$(135,466) and \$(313,089) for FY 2003, FY 2004 and FY 2005, respectively due to the CON proposal.

After implementation of the CON proposal, the Applicant intends to charge the same rates for CT scans that it currently charges. The projected incremental revenue under expense amounts for the three years projected result from the incremental costs of acquisition, installation and operation associated with the CON proposal being supported by only the number of incremental CT scans. The projected amounts for incremental revenue under expense are not significant when compared with the Applicant's total facility net revenue for each year projected. The Applicant's volume projections and the financial projections upon which they are based appear to be reasonable and justifiable, if the Applicant will charge the same rates for CT scans that it currently charges. Therefore, OHCA finds that the CON proposal is both financially feasible and cost effective.

Based upon the foregoing Findings and Rationale, the Certificate of Need application of Robert D. Russo, M.D. & Associates Radiology, P.C. to replace three existing CT scanners at its offices located at 2660 Main Street in Bridgeport, 1261 Post Road in Fairfield and 2909 Main Street in Stratford with new upgraded CT scanning equipment, at a total capital cost of \$2,211,985, is hereby GRANTED.

## Order

Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") is hereby authorized to replace three existing CT scanners at its offices located at 2660 Main Street in Bridgeport, 1261 Post Road in Fairfield and 2909 Main Street in Stratford with new upgraded CT scanning equipment, at a total capital cost of \$2,211,985, subject to the following conditions:

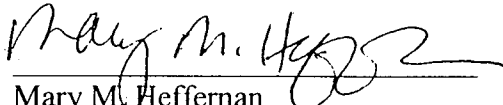
1. This authorization shall expire on February 28, 2005. Should the Applicant's CT scanning equipment replacement project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.
2. The Applicant shall not exceed the approved capital cost of \$2,211,985. In the event that the Applicant learns of potential cost increases or expects that final project costs will exceed those approved, the Applicant shall file with OHCA a request for approval of the revised CON project budget.
3. This authorization requires the removal of the Applicant's three existing Picker IQ CT scanners for certain disposition, such as sale or salvage, outside of and unrelated to the Applicant's Bridgeport, Fairfield and Stratford offices or any other affiliated office practice locations. Furthermore, the Applicant will provide evidence to OHCA of the disposition of each of its three existing Picker IQ CT scanners by no later than six months after each of the three new replacement CT scanners has become operational.

All of the foregoing constitutes the final order of the Office of Health Care Access in this matter.

By Order of the  
Office of Health Care Access

2/14/03

Date

  
Mary M. Heffernan  
Commissioner

MMH:ho



**Robert D. Russo, M.D.  
and Associates  
Radiology**

*Physicians Emeritus  
Robert D. Russo, MD  
John C. Olsavsky, MD  
Henry J. Fox, MD  
Norman R. Vincent, MD  
Ralph W. Romano, MD*

Robert D. Russo, Jr., MD  
Paul A. Aiello, MD  
Lewis M. Bader, MD  
John P. Donahue, MD  
Deborah X. Fang, MD  
Margaret M. Galiani, MD  
Lynwood Hammers, DO  
Martin S. Herbstman, MD  
Christopher M. Iannuzzi, MD  
Bernard S. Jay, MD

Tatiana S. Kain, MD  
Vas Krithivas, PhD  
Jerome A. Meli, PhD  
Gioia J. Riccio, MD  
David I. Robbins, MD  
Ortwin F. Rusch, MD  
Leonard Wald, MD  
Michael C. Drury, PAC  
Kathleen M. Crazietti, PAC

35 Nutmeg Drive, South, Trumbull, CT 06611

January 20, 2004


Office of Health Care Access  
Attention: Susan Cole  
410 Capitol Avenue. MS # 13HCA  
P.O. Box 340308  
Hartford, CT 06134

RE: Docket Number 02-556

Dear Ms Cole:

Please be advised that I have installed two of the three CT scanners approved under the order of Docket # 02-556. The new CT scanner located at 1261 Post Road, Fairfield, CT 06824 became operational in early August, 2003. The new CT scanner located at 2909 Main Street, Stratford, CT 06614 became operational in early January, 2004. I have enclosed copies of the sale contracts of the two old scanners as evidence of their disposition.

Yours truly,

  
Robert D. Russo, M.D.

RECEIVED  
2004 JAN 26 PM 12:53  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**Bay Shore Medical, LLC.**  
120 Comac Street, Suite #2  
Ronkonkoma, New York 11779  
Tel: 800-471-1189 Fax: 631-467-5734

RECEIVED  
2004 JAN 26 PM 12: 54  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**BUYING AGREEMENT**

**SELLER:**

Dr. Robert Russo and Associates  
Attn: Mr. Ray Grandchamp  
2660 Main St, Suite 216  
Bridgeport, CT 06606  
Tel: (203) 610-6805 x331 Fax: (203) 610-6814

**DATE:** June 23, 2003

Bay Shore Medical, LLC ("BSM"), hereby agrees to buy the following equipment from seller, according to the price and terms set forth below:

**DESCRIPTION OF EQUIPMENT:**

1992 Picker IQ- 12930 exposures on 2.0MHU tube, 660650 exposures on gantry, sw ver 4.0PY2K, crx125 generator, Philips serviced

**PRICE:** \$ 4,625.00

**TERMS AND CONDITIONS:**

Upon receipt of a signed copy of this agreement, Bay Shore Medical will make arrangements for an inspection of the unit or will accept as represented. If the system is acceptable after inspection, Bay Shore Medical will pay \$4,625 prior to removal. If the system is not found to be acceptable upon inspection this contract shall become null and void. Bay Shore Medical acknowledges that the system is located in Connecticut and is expected to be removed within 1-6 weeks. Bay Shore Medical will be responsible de-installation and shipping costs. Seller will supply and pay for all construction and rigging required to remove the unit from the building. This offer is valid for 3 days.

**ACCEPTANCE:** BSM and SELLER have carefully read both the **Front and Back** of this Buying Agreement. Signature below by both parties constitutes a binding contract of purchase agreement to all its terms and conditions.

**BAY SHORE MEDICAL, LLC**

Name: Ian Alpert

Title: CT Modality Manager

*Ian Alpert*  
Signature

**AGREEMENT IS ACCEPTED BY SELLER:**

Name: *R. Grandchamp*

Title: Dir. Vendor Relations

*R. Grandchamp* Date: 6/24/03  
Signature



INCORPORATION OF ADDITIONAL TERMS AND CONDITIONS OF BUYING AGREEMENT: (Page 2):

1. By signing this agreement and returning it to BSM Seller accepts all terms and conditions from **BOTH SIDES** of this Buying Agreement and from any other attachments referenced hereto, such as inventory of equipment.
2. PRICING and NON-CANCELABILITY:
  - a.) The pricing offered by BSM is in U.S. dollars, effective for 15 days from the date of this agreement unless stated otherwise on the face of the agreement. Any offer accepted by seller is non-cancelable and not subject to change or modification by seller without BSM's written consent.
  - b.) TAXES: BSM is buying this equipment for resale, pursuant to Resale #113-562-538 and is not required to pay tax of any kind to Seller.
3. INSPECTION OF EQUIPMENT: BSM will have the right to inspect the equipment and examine the service records to confirm the equipment condition. BSM will also have the right to a final inspection prior to removal, and the option to refuse acceptance and void this contract with the return of all deposits; or renegotiate the price if the equipment has been significantly altered or has materially deteriorated, or equipment serial #s do not match those from the first inspection.
4. PROTECTION OF EQUIPMENT: Seller will maintain the equipment in good working condition from the time of the initial agreement and inspection to the time of de-installation and removal by BSM. Insurance and service contracts will be maintained, and the equipment will not be moved from its present location prior to BSM's removal. At the time of removal, all electrical power to the equipment room will remain on, and the equipment will have all cables, connectors, shields, covers, fluids and gases, base plates, panels, covers, books and other subsystems or accessories that were originally supplied by the manufacturer or added as an upgrade. Seller will be liable for the replacement costs for any of the foregoing if missing at the time of delivery.
5. DEINSTALLATION:
  - a.) BSM or its agent will be solely responsible for all costs and arrangements for the de-installation and removal of the equipment in a timely and competent manner. However, Seller will be responsible for the entire cost of asbestos removal, structural modification or any other material building alteration (walls, doors, ceilings e.g.) required to permit BSM open access for an unobstructed de-installation and removal. The equipment area will be left in a clean and orderly condition.
  - b.) If the agreed upon date of de-installation or removal is delayed by Seller, BSM will have the option to cancel this agreement with return of all deposits; or to modify the agreement with reasonable cost of such postponement, offset against the purchase price.
6. TITLE AND WARRANTIES:
  - a.) Seller warrants that upon payment of the full purchase price it will transfer good, clear title to the equipment, free from any known or unknown encumbrances, liens or claims of the title hostile to Seller's. Seller agrees that it will indemnify and hold BSM harmless from all liens, litigation costs, expenses, damages or claims relating to Seller's failure to transfer good title to BSM or its agent.
  - b.) Seller agrees that to the extent legally permissible, it will transfer its right to licensed use of operational and diagnostic software and other upgrades and hardware systems that are being used with the equipment. Seller will also be responsible for preventing the OEM or ISO service company from removing any such transferable diagnostic or operational software system or peripheral hardware from the equipment prior to BSM taking possession of the equipment. In the event that any such systems or components are removed by the OEM or any other party, Seller will pay BSM for the full cost for the parts and labor for replacement thereof to return the equipment to the exact state and condition that existed at the time of inspection and purchase.
  - c.) Seller acknowledges that all representations made by Seller or its agents to BSM about the equipment, related specifications, condition, configuration and service history will be reasonably relied upon by BSM in establishing its buying price for the equipment. Seller warrants that such representations made to BSM are accurate, notwithstanding the occurrence of any subsequent inspection by BSM or its agents. Seller is liable to BSM for all losses resulting from such intentional or inadvertent misrepresentations reasonably relied upon by BSM in its purchase of the equipment.
7. ENTIRE AGREEMENT, JURISDICTION, VENUE, ARBITRATION:
  - a.) This writing represents the entire agreement of the parties, and any changes made thereto must be in writing signed by both parties. This Buying Agreement will not be binding until signed by both parties, and can be withdrawn at any time prior to its signature by Seller and delivery to BSM.
  - b.) By signing this agreement, the parties agree that the sole remedy for either party for any claims related to this agreement will be binding arbitration. Jurisdiction and Venue for arbitration of said disputes will rest **EXCLUSIVELY** in the administrative offices of the American Arbitration Association located in the State of New York, according to the rules and regulations of that Association and the laws of the State of New York. The arbitrators will be authorized to award the costs and expenses of arbitration to the prevailing party. Judgment on an arbitration award so determined may be entered in any court of competent jurisdiction as binding final judgment of the claim.
8. NON-CIRCUMVENTION:
  - a.) Pursuant to this agreement, BSM may introduce certain prospective customers to Seller and its agents for the purpose of confirming specifications and condition of this equipment via telephone, FAX, correspondence, or personal inspection of the equipment. Seller agrees that under no circumstances will Seller or its agents circumvent BSM to sell this equipment either directly to BSM's customer; or indirectly to BSM's customer through agents of Seller or the customer, for a period of two (2) years from the date of this agreement.
  - b.) If Seller violates the above non-circumvention clause, Seller will have breached this contract, and will immediately pay BSM liquidated damages of 30% of the contracted selling price of the equipment to BSM's customer, or 30% of the actual completed selling price to that buyer, whichever is higher.
  - c.) This clause is independent and severable. It will survive in full force for a period of two (2) years from the date this agreement is signed by seller, even if this contract is later violated by either party for any reason whatsoever.



Bay Shore Medical Equipment, LLC  
3075 Veterans Highway, Suite 161  
Ronkonkoma, NY 11779  
Phone: (800) 471-1189  
Fax: (631) 467-5734  
[www.bayshore-medical.com](http://www.bayshore-medical.com)

To: Ray Grandchamp (Dr. Robert Russo and Associates)

From: Michael S. Vitrano (Bayshore Medical, LLC)

January 19, 2004,

This document certifies that the 1992 Picker IQ CT Scanner that Bayshore Medical has purchased came out of:

1261 Post Road  
Fairfield, CT 00824

Michael S. Vitrano, CT Product Specialist  
Bayshore Medical Equipment, LLC  
3075 Veterans Memorial Highway  
Ronkonkoma, NY 11779

**Bay Shore Medical, LLC**  
**120 Comac Street, Suite #2**  
**Ronkonkoma, NY 11779**  
**Tel: 800-471-1189 Fax: 631-467-5734**

**BUYING AGREEMENT**

**SELLER:**

Dr. Robert Russo and Associates  
2909 Main St.  
Statford, CT  
Tel: 203-610-6805 x331 Fax: 203-610-6814

**DATE:** September 30, 2003

Bayshore Medical, LLC ("BSM"), hereby agrees to buy the following equipment from seller, according to the price and terms set forth below:

**DESCRIPTION OF EQUIPMENT:**

1990 Picker IQ – system ID 203386CT, GE serviced, tube is 2 years old, 530k on gantry, software ver 4.0PY2K, condition: cosmetic 8, mechanical 8

**PRICE: \$2,500.00**

**TERMS AND CONDITIONS:**

Upon receipt of a signed copy of this agreement, Bay Shore Medical will make arrangements for an inspection of the unit, or will accept as represented. If the system is acceptable after inspection, Bay Shore Medical will pay \$2,500 prior to removal. If the system is not found to be acceptable upon inspection, this contract shall become null and void. Bay Shore Medical acknowledges that the system is located in Connecticut and is expected to be removed within 1-6 weeks. Bay Shore Medical will be responsible for de-installation and shipping costs. Seller will supply and pay for all construction and rigging required to remove the unit from the building. This offer is valid for 3 days.

**ACCEPTANCE:** BSM and SELLER have carefully read both the front and back of this buying agreement. Signature below by both parties constitutes a binding contract of purchase agreement to all it's terms and conditions.

**BAY SHORE MEDICAL, LLC**

Name: Jon Gitlitz

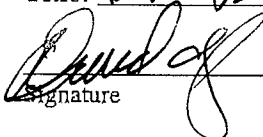
Title: CT Modality Manager

Signature 

**AGREEMENT IS ACCEPTED BY SELLER:**

Name: R. Granddraming

Title: Dir. Vendor Relations

Signature  Date: 11/19/03

INCORPORATION OF ADDITIONAL TERMS AND CONDITIONS OF BUYING AGREEMENT: (Page 2).

1. By signing this agreement and returning it to BSM Seller accepts all terms and conditions from BOTH SIDES of this Buying Agreement and from any other attachments (referenced hereto), such as inventory of equipment.
2. PRICING and NON-CANCELABILITY:
  - a.) The pricing offered by BSM is in U.S. dollars, effective for 15 days from the date of this agreement unless stated otherwise on the face of the agreement. Any offer accepted by seller is non-cancelable and not subject to change or modification by seller without BSM's written consent.
  - b.) TAXES: BSM is buying this equipment for resale, pursuant to Resale #113-562-558 and is not required to pay tax of any kind to Seller.
3. INSPECTION OF EQUIPMENT: BSM will have the right to inspect the equipment and examine the service records to confirm the equipment condition. BSM will also have the right to a final inspection prior to removal, and the option to refuse acceptance and void this contract with the return of all deposits; or renegotiate the price if the equipment has been significantly altered or has materially deteriorated, or equipment serial #s do not match those from the first inspection.
4. PROTECTION OF EQUIPMENT: Seller will maintain the equipment in good working condition from the time of the initial agreement and inspection to the time of de-installation and removal by BSM. Insurance and service contracts will be maintained, and the equipment will not be moved from its present location prior to BSM's removal. At the time of removal, all electrical power to the equipment room will remain on, and the equipment will have all cables, connectors, shields, covers, fluids and gases, base plates, panels, covers, books and other subsystems or accessories that were originally supplied by the manufacturer or added as an upgrade. Seller will be liable for the replacement costs for any of the foregoing if missing at the time of delivery.
5. DEINSTALLATION:
  - a.) BSM or its agent will be solely responsible for all costs and arrangements for the de-installation and removal of the equipment in a timely and competent manner. However, Seller will be responsible for the entire cost of asbestos removal, structural modification or any other material building alteration (walls, doors, ceilings e.g.) required to permit BSM open access for an unobstructed de-installation and removal. The equipment area will be left in a clean and orderly condition.
  - b.) If the agreed upon date of de-installation or removal is delayed by Seller, BSM will have the option to cancel this agreement with return of all deposits; or to modify the agreement with reasonable cost of such postponement, offset against the purchase price.
6. TITLES AND WARRANTIES:
  - a.) Seller warrants that upon payment of the full purchase price it will transfer good, clear title to the equipment, free from any known or unknown encumbrances, liens or claims of the type hostile to Seller's. Seller agrees that it will indemnify and hold BSM harmless from all liens, litigation costs, expenses, damages or claims relating to Seller's failure to transfer good title to BSM or its agent.
  - b.) Seller agrees that to the extent legally permissible, it will transfer its right to licensed use of operational and diagnostic software and other upgrades and hardware systems that are being used with the equipment. Seller will also be responsible for preventing the OEM or ISO service company from removing any such transferable diagnostic or operational software system or peripheral hardware from the equipment prior to BSM taking possession of the equipment. In the event that any such systems or components are removed by the OEM or any other party, Seller will pay BSM for the full cost for the parts and labor for replacement thereof to return the equipment to the exact state and condition that existed at the time of inspection and purchase.
  - c.) Seller acknowledges that all representations made by Seller or its agents to BSM about the equipment, related specifications, condition, configuration and service history will be reasonably relied upon by BSM in establishing its buying price for the equipment. Seller warrants that such representations made to BSM are accurate, notwithstanding the occurrence of any subsequent inspection by BSM or its agents. Seller is liable to BSM for all losses resulting from such intentional or inadvertent misrepresentations reasonably relied upon by BSM in its purchase of the equipment.
7. ENTIRE AGREEMENT, JURISDICTION, VENUE, ARBITRATION:
  - a.) This writing represents the entire agreement of the parties, and any changes made thereto must be in writing signed by both parties. This Buying Agreement will not be binding until signed by both parties, and can be withdrawn at any time prior to its signature by Seller and delivery to BSM.
  - b.) By signing this agreement, the parties agree that the sole remedy for either party for any claims related to this agreement will be binding arbitration. Jurisdiction and Venue for arbitration of said disputes will rest **EXCLUSIVELY** in the administrative offices of the American Arbitration Association located in the State of New York, according to the rules and regulations of that Association and the laws of the State of New York. The arbitrators will be authorized to award the costs and expenses of arbitration to the prevailing party. Judgment on an arbitration award so determined may be entered in any court of competent jurisdiction as binding final judgment of the claim.
8. NON-CIRCUMVENTION:
  - a.) Pursuant to this agreement, BSM may introduce certain prospective customers to Seller and its agents for the purpose of confirming specifications and condition of this equipment via telephone, FAX, correspondence, or personal inspection of the equipment. Seller agrees that under no circumstances will Seller or its agents circumvent BSM to sell this equipment either directly to BSM's customer; or indirectly to BSM's customer through agents of Seller or the customer, for a period of two (2) years from the date of this agreement.
  - b.) If Seller violates the above non-circumvention clause, Seller will have breached this contract, and will immediately pay BSM liquidated damages of 30% of the contracted selling price of the equipment to BSM's customer, or 30% of the actual completed selling price to that buyer, whichever is higher.
  - c.) This clause is independent and severable. It will survive in full force for a period of two (2) years from the date this agreement is signed by seller, even if this contract is later violated by either party for any reason whatsoever.



**Robert D. Russo, M.D.  
and Associates  
Radiology**  
[www.russomd.com](http://www.russomd.com)

Robert D. Russo, Jr., MD  
Paul A. Aiello, MD  
Lewis M. Bader, MD  
John P. Donahue, MD  
Margaret M. Galiani, MD  
Lynwood Hammers, DO

Martin S. Herbstman, MD  
Tatiana S. Kain, MD  
Gioia J. Riccio, MD  
David I. Robbins, MD  
Leonard Wald, MD  
Kathleen M. Oraziotti, PAC



P.O. Box 6128, Bridgeport, CT 06606

December 7, 2004

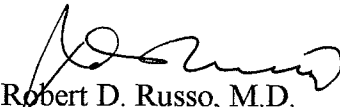
Ms. Karen Roberts  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

Re: Modification of the CON under DN 02-556

Dear Ms. Roberts:

Enclosed is my CON Modification Request Form 2050 for a time modification under previously approved DN 02-556. This time modification will not result in any increase in the capital expenditure authorized in the original CON and will not result in any change in service provided. Please advise me if there is any other information your office may need to affect this time modification.

Very truly yours,

  
Robert D. Russo, M.D.

**RECEIVED**  
2004 DEC 13 PM 1:19  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS



RECEIVED

2004 DEC 13 PM 1:20

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

**State of Connecticut  
Office of Health Care Access  
Form for Modification of a Previously  
Authorized Certificate of Need  
Form 2050**

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted 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. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	<b>Robert D. Russo, M.D. &amp; Associates Radiology P.C.</b>	
Doing Business As	<b>Same</b>	
Name of Parent Corporation	<b>Not Applicable</b>	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	<b>2660 Main Street Suite 216 Bridgeport, CT 06606</b>	
Petitioner type (e.g., P for profit and NP for Not for Profit)	<b>For-Profit</b>	
Name of Contact person, including title	<b>Robert D. Russo, M.D. President and Owner</b>	<b>Michele M. Volpe, Esq.</b>
Contact person's street mailing address	<b>2660 Main Street Suite 216 Bridgeport, CT 06606</b>	<b>59 Elm Street New Haven, CT 06510</b>
Contact person's phone, fax and e-mail address	<b>Tel: 203-610-6805 ext 332 Fax: 203-610-6813</b>	<b>Tel: 203-777-5800 Fax: 203-777-5806</b>

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**SECTION II. GENERAL PROPOSAL INFORMATION**

a. Title of Previously Authorized Project and Associated Docket Number(s):

**Replacement of Three (3) CT Scanners Docket Number 02-556**

b. Location of proposal (Town including street address):

**Bridgeport, Stratford, Fairfield**

c. Type of Modification Request:

- Change in the Scope of the Authorized Certificate of Need Project
- Increase in the Authorized Capital Expenditure or Capital Cost
- Extension of CON Expiration Date
- Change in a CON Order Condition (*other than to extend expiration date*)
- Other – Describe: \_\_\_\_\_

**SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:**

a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

**SECTION IV. IF REQUESTING AN INCREASE IN THE AUTHORIZED CAPITAL EXPENDITURE OR THE AUTHORIZED CAPITAL COST:**

a. Total Previously Authorized Capital Expenditure/Cost: \$ \_\_\_\_\_

b. Proposed Incremental Increase: \$ \_\_\_\_\_  
(See note #1 below)

c. Proposed revised total capital expenditure/cost \$ \_\_\_\_\_

d. Provide a rationale for the requested increase in capital expenditure or capital cost:

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Note #1: Please see attached Filing Fee Computation Schedule for any increase in the authorized capital expenditure exceeding \$100,000.

e. Provide the following breakdown for the incremental amount listed on line IV (b) above:

New Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Other: Identify	
<b>Total Proposed Incremental Capital Expenditure</b>	<b>\$</b>
Fair Market Value of Leased Equipment	
<b>Total Proposed Incremental Capital Cost</b>	<b>\$</b>

f. Identify the type of financing or funding source for the requested incremental increase:

- Operating Funds
- Lease Financing
- Conventional Loan
- Charitable Contributions
- CHEFA Financing
- Grant Funding
- Funded Depreciation
- Other (specify): \_\_\_\_\_

**SECTION V. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:**

a. Certificate of Need expiration date per CON Final Decision: 2/28/05

b. Requested revised CON expiration date: Thirty (30) days following a final decision in DN 04-30252-CON.

c. Rationale for increased time to fully complete and implement the authorized project:

**The Applicant would like to augment the third CT scanner with a PET and implementation is pending determination of DN 04-30252-CON.**



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**SECTION VI. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION  
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

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- b. Provide the rationale for such requested change:

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**SECTION VII. OTHER**

- a. Submit a completed CON Modification Affidavit that is attached to Form 2050.  
**Please see attached Affidavit.**
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.  
**N/A**
- c. Identify what has been accomplished to date in terms of full project implementation.  
**Two (2) of the three (3) CT scanners have been replaced to date. See attached documentation.**
- d. Is the Applicant requesting a waiver of public hearing pursuant to Section 19a-643-45 due to the Request being non-substantive as defined in 19a-643-95(3) of the Regulations of Connecticut State Agencies?

Yes

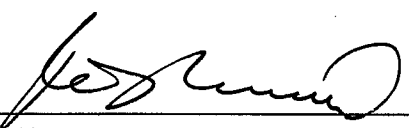
No

### CON MODIFICATION AFFIDAVIT

Applicant: Robert D. Russo, M.D. and Associates Radiology, P.C.

Project Title: Replacement of Three (3) CT Scanners

I, Robert D. Russo, M.D., Owner and President of Robert D. Russo, M.D. and Associates Radiology, P.C. being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge, and that Robert D. Russo, M.D. and Associates Radiology, P.C. 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

12/6/04  
Date

Subscribed and sworn to before me on December 6, 2004, in Fairfield, CT

  
Notary Public/Commissioner of Superior Court  
DAVID L. QUATTRONE

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

**OFFICE OF HEALTH CARE ACCESS**  
**REQUEST FOR MODIFICATION OF PREVIOUS**  
**CERTIFICATE OF NEED APPROVALS**  
**FILING FEE COMPUTATION SCHEDULE**

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>FOR OHCA USE ONLY:</b></td> <td style="width: 10%;"><b>DATE</b></td> <td style="width: 20%;"><b>INITIAL</b></td> </tr> <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> </table>	<b>FOR OHCA USE ONLY:</b>	<b>DATE</b>	<b>INITIAL</b>	1. Check logged (Front desk)	_____	_____	2. Check rec'd (Clerical/Cert.)	_____	_____	3. Check correct (Superv.)	_____	_____	4. Check logged (Clerical/Cert.)	_____	_____
<b>FOR OHCA USE ONLY:</b>	<b>DATE</b>	<b>INITIAL</b>														
1. Check logged (Front desk)	_____	_____														
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3. Check correct (Superv.)	_____	_____														
4. Check logged (Clerical/Cert.)	_____	_____														

<p><b>SECTION A - REQUEST FOR MODIFICATION OF PRIOR APPROVED CON</b></p> <p>1. Check off the statute reference as applicable to the original CON authorization:  <i>(See the statutes for detail or the original CON authorization)</i>          _____ 19a-638. Additional function or service, Change of Ownership, or Service Termination.          _____ 19a-639. Capital Expenditure for major medical equipment exceeding \$400,000 or other capital expenditure exceeding \$1,000,000.</p> <p>2. Enter \$0 on "Total Fee Due" line (SECTION B) if section 19a-639 is not checked, or if the proposed additional cost is less than \$100,000 beyond the original authorization; otherwise go on to line 3.</p> <p>3. Enter \$500 on "Total Fee Due" line (SECTION B) if the proposed additional cost is greater than \$100,000 beyond the original authorization but less than or equal to \$1,000,000.</p> <p>4. If section 19a-639 is checked above or if both 19a-638 and 19a-639 are checked and the proposed additional cost is greater than \$1,000,000 beyond the original authorization or if the modification request aggregated with other prior modification requests (for which a fee was not paid) totals greater than \$1,000,000:</p> <p style="margin-left: 20px;">a. Base fee of \$1,000.00:</p> <p style="margin-left: 20px;">b. Additional fee: (Incremental Capital Expenditure Requested) &gt;\$100,000 individually or in aggregate with prior modification approvals.          (To calculate: Total requested incremental capital expenditure including capitalized financing costs multiplied by .0005, rounded to the nearest dollar.)          (\$ _____ X .0005)</p> <p style="margin-left: 20px;">c. <b>Sum of Base Fee plus Additional Fee:</b> _____</p> <p style="margin-left: 20px;">d. Enter the amount shown on line A4c on "Total Fee Due" line (SECTION B)</p>	<p>\$ 1,000.00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p>
<b>SECTION B TOTAL FEE DUE:</b> _____	\$ <u>  0  </u> .00

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



**Robert D. Russo, M.D.  
and Associates  
Radiology**

*Physicians Emeritus*  
Robert D. Russo, MD  
John C. Osawski, MD  
Herb J. Fox, MD  
Norman A. Bryant, MD  
Raich W. Romano, MD

Robert D. Russo, Jr. MD  
Paul A. Aiello, MD  
Lewis M. Baker, MD  
John P. Donahue, MD  
Dorothy K. Fang, MD  
Margaret M. Gairani, MD  
Lynwood Hammers, DO  
Martin S. Herbstman, MD  
Christopher M. Januzzi, MD  
Bernard S. Jay, MD

Tatiana S. Kani, MD  
Jas. Kuthvas, PhD  
John A. Lee, PhD  
John J. Pappas, MD  
David I. Robinson, MD  
Erwin F. Russo, MD  
Leonard Ward, MD  
Thomas C. Dean, PhD  
Norman M. Graham, PhD

35 Nutmeg Drive, South, Trumbull, CT 06611

January 20, 2004

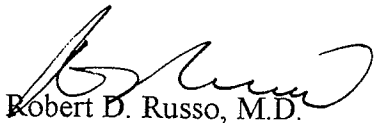
Office of Health Care Access  
Attention: Susan Cole  
410 Capitol Avenue, MS # 13HCA  
P. O. Box 340308  
Hartford, CT 06134

RE: Docket Number 02-556

Dear Ms Cole:

Please be advised that I have installed two of the three CT scanners approved under the order of Docket # 02-556. The new CT scanner located at 1261 Post Road, Fairfield, CT 06824 became operational in early August, 2003. The new CT scanner located at 2909 Main Street, Stratford, CT 06614 became operational in early January, 2004. I have enclosed copies of the sale contracts of the two old scanners as evidence of their disposition.

Yours truly,

  
Robert D. Russo, M.D.

*called on 2/5/04  
Karen Roberts said they  
have this on file*

**Bay Shore Medical, LLC**  
**120 Comac Street, Suite #2**  
**Ronkonkoma, NY 11779**  
**Tel: 800-471-1189 Fax: 631-467-5734**

**BUYING AGREEMENT**

**SELLER:**

Dr. Robert Russo and Associates  
2909 Main St.  
Stamford, CT  
Tel: 203-610-6805 x331 Fax: 203-610-6814

**DATE:** September 30, 2003

**Bayshore Medical, LLC ("BSM")**, hereby agrees to buy the following equipment from seller, according to the price and terms set forth below:

**DESCRIPTION OF EQUIPMENT:**

1990 Picker IQ – system ID 203386CT, GE serviced, tube is 2 years old, 530k on gantry, software ver 4.0PY2K, condition: cosmetic 8, mechanical 8

**PRICE:** \$2,500.00

**TERMS AND CONDITIONS:**

Upon receipt of a signed copy of this agreement, Bay Shore Medical will make arrangements for an inspection of the unit, or will accept as represented. If the system is acceptable after inspection, Bay Shore Medical will pay \$2,500 prior to removal. If the system is not found to be acceptable upon inspection, this contract shall become null and void. Bay Shore Medical acknowledges that the system is located in Connecticut and is expected to be removed within 1-6 weeks. Bay Shore Medical will be responsible for de-installation and shipping costs. Seller will supply and pay for all construction and rigging required to remove the unit from the building. This offer is valid for 3 days.

**ACCEPTANCE:** BSM and **SELLER** have carefully read **both the front and back** of this buying agreement. Signature below by both parties constitutes a binding contract of purchase agreement to all it's terms and conditions.

**BAY SHORE MEDICAL, LLC**

Name: Jon Gitlitz

Title: CT Modality Manager

Signature

**AGREEMENT IS ACCEPTED BY SELLER:**

Name:

*R. Granddram*

Title:

*Dir. Vendor Relations*

Signature

*[Handwritten Signature]*

Date:

*11/19/03*

INCORPORATION OF ADDITIONAL TERMS AND CONDITIONS OF BUYING AGREEMENT: (Page 2):

1. By signing this agreement and returning it to BSM Seller accepts all terms and conditions from BOTH SIDES of this Buying Agreement and from any other attachments referenced hereto, such as inventory of equipment.
2. PRICING and NON-CANCELABILITY:
  - a.) The pricing offered by BSM is in U.S. dollars, effective for 15 days from the date of this agreement unless stated otherwise on the face of the agreement. Any offer accepted by seller in non-cancelable and not subject to change or modification by seller without BSM's written consent.
  - b.) TAXES: BSM is buying this equipment for resale, pursuant to Resale #113-562-538 and is not required to pay tax of any kind to Seller.
3. INSPECTION OF EQUIPMENT: BSM will have the right to inspect the equipment and examine the service records to confirm the equipment condition. BSM will also have the right to a final inspection prior to removal, and the option to refuse acceptance and void this contract with the return of all deposits; or renegotiate the price if the equipment has been significantly altered or has materially deteriorated, or equipment serial #s do not match those from the first inspection.
4. PROTECTION OF EQUIPMENT: Seller will maintain the equipment in good working condition from the time of the initial agreement and inspection to the time of de-installation and removal by BSM. Insurance and service contracts will be maintained, and the equipment will not be moved from its present location prior to BSM's removal. At the time of removal, all electrical power to the equipment room will remain on, and the equipment will have all cables, connectors, shields, covers, fluids and gases, base plates, panels, covers, books and other subsystems or accessories that were originally supplied by the manufacturer or added as an upgrade. Seller will be liable for the replacement costs for any of the foregoing if missing at the time of delivery.
5. DEINSTALLATION:
  - a.) BSM or its agent will be solely responsible for all costs and arrangements for the de-installation and removal of the equipment in a timely and competent manner. However, Seller will be responsible for the entire cost of asbestos removal, structural modification or any other material building alteration (walls, doors, ceilings e.g.) required to permit BSM open access for an unobstructed de-installation and removal. The equipment area will be left in a clean and orderly condition.
  - b.) If the agreed upon date of de-installation or removal is delayed by Seller, BSM will have the option to cancel this agreement with return of all deposits; or to modify the agreement with reasonable cost of such postponement, offset against the purchase price.
6. TITLES AND WARRANTIES:
  - a.) Seller warrants that upon payment of the full purchase price it will transfer good, clear title to the equipment, free from any known or unknown encumbrances, liens or claims of the title hostile to Seller's. Seller agrees that it will indemnify and hold BSM harmless from all liens, litigation costs, expenses, damages or claims relating to Seller's failure to transfer good title to BSM or its agent.
  - b.) Seller agrees that to the extent legally permissible, it will transfer its right to licensed use of operational and diagnostic software and other upgrades and hardware systems that are being used with the equipment. Seller will also be responsible for preventing the OEM or ISO service company from removing any such transferable diagnostic or operational software system or peripheral hardware from the equipment prior to BSM taking possession of the equipment. In the event that any such systems or components are removed by the OEM or any other party, Seller will pay BSM for the full cost for the parts and labor for replacement thereof to return the equipment to the exact state and condition that existed at the time of inspection and purchase.
  - c.) Seller acknowledges that all representations made by Seller or its agents to BSM about the equipment, related specifications, condition, configuration and service history will be reasonably relied upon by BSM in establishing its buying price for the equipment. Seller warrants that such representations made to BSM are accurate, notwithstanding the occurrence of any subsequent inspection by BSM or its agents. Seller is liable to BSM for all losses resulting from such intentional or inadvertent misrepresentations reasonably relied upon by BSM in its purchase of the equipment.
7. ENTIRE AGREEMENT, JURISDICTION, VENUE, ARBITRATION:
  - a.) This writing represents the entire agreement of the parties, and any changes made thereto must be in writing signed by both parties. This Buying Agreement will not be binding until signed by both parties, and can be withdrawn at any time prior to its signature by Seller and delivery to BSM.
  - b.) By signing this agreement, the parties agree that the sole remedy for either party for any claims related to this agreement will be binding arbitration. Jurisdiction and Venue for arbitration of said disputes will rest **EXCLUSIVELY** in the administrative offices of the American Arbitration Association located in the State of New York, according to the rules and regulations of that Association and the laws of the State of New York. The arbitrators will be authorized to award the costs and expenses of arbitration to the prevailing party. Judgment on an arbitration award so determined may be entered in any court of competent jurisdiction as binding final judgment of the claim.
8. NON-CIRCUMVENTION:
  - a.) Pursuant to this agreement, BSM may introduce certain prospective customers to Seller and its agents for the purpose of confirming specifications and condition of this equipment via telephone, FAX, correspondence, or personal inspection of the equipment. Seller agrees that under no circumstances will Seller or its agents circumvent BSM to sell this equipment either directly to BSM's customer; or indirectly to BSM's customer through agents of Seller or the customer, for a period of two (2) years from the date of this agreement.
  - b.) If Seller violates the above non-circumvention clause, Seller will have breached this contract, and will immediately pay BSM liquidated damages of 30% of the contracted selling price of the equipment to BSM's customer, or 30% of the actual completed selling price to that buyer, whichever is higher.
  - c.) This clause is independent and severable. It will survive in full force for a period of two (2) years from the date this agreement is signed by seller, even if this contract is later violated by either party for any reason whatsoever.

**Bay Shore Medical, LLC.**  
120 Comac Street, Suite #2  
Ronkonkoma, New York 11779  
Tel: 800-471-1189 Fax: 631-467-5734

**BUYING AGREEMENT**

**SELLER:**  
Dr. Robert Russo and Associates  
Attn: Mr. Ray Grandchamp  
2660 Main St, Suite 216  
Bridgeport, CT 06606  
Tel: (203) 610-6805 x331 Fax: (203) 610-6814

**DATE:** June 23, 2003

Bay Shore Medical, LLC ("BSM"), hereby agrees to buy the following equipment from seller, according to the price and terms set forth below:

**DESCRIPTION OF EQUIPMENT:**  
1992 Picker IQ- 12930 exposures on 2.0MHU tube, 660650 exposures on gantry, sw ver 4.0PY2K, crx125 generator, Philips serviced

**PRICE:** \$ 4,625.00

**TERMS AND CONDITIONS:**

Upon receipt of a signed copy of this agreement, Bay Shore Medical will make arrangements for an inspection of the unit or will accept as represented. If the system is acceptable after inspection, Bay Shore Medical will pay \$4,625 prior to removal. If the system is not found to be acceptable upon inspection this contract shall become null and void. Bay Shore Medical acknowledges that the system is located in Connecticut and is expected to be removed within 1-6 weeks. Bay Shore Medical will be responsible de-installation and shipping costs. Seller will supply and pay for all construction and rigging required to remove the unit from the building. This offer is valid for 3 days.

**ACCEPTANCE:** BSM and SELLER have carefully read both the **Front and Back** of this Buying Agreement. Signature below by both parties constitutes a binding contract of purchase agreement to all its terms and conditions.

**BAY SHORE MEDICAL, LLC**

Name: Ian Alpert

Title: CT Modality Manager

*Ian Alpert*  
Signature

**AGREEMENT IS ACCEPTED BY SELLER:**

Name: *Ray Grandchamp*

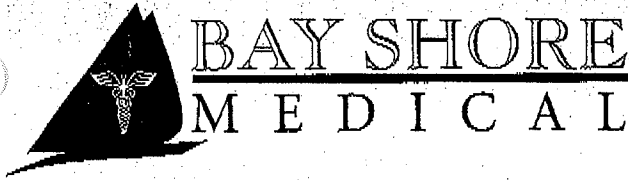
Title: Dir. Vendor Relations

*R. Grandchamp* Date: 6/24/03  
Signature

INCORPORATION OF ADDITIONAL TERMS AND CONDITIONS OF BUYING AGREEMENT: (Page 2):

1. By signing this agreement and returning it to BSM Seller accepts all terms and conditions from BOTH SIDES of this Buying Agreement and from any other attachments referenced hereto, such as inventory of equipment.
2. PRICING and NON-CANCELABILITY:
  - a.) The pricing offered by BSM is in U.S. dollars, effective for 15 days from the date of this agreement unless stated otherwise on the face of the agreement. Any offer accepted by seller is non-cancelable and not subject to change or modification by seller without BSM's written consent.
  - b.) TAXES: BSM is buying this equipment for resale, pursuant to Resale #113-562-538 and is not required to pay tax of any kind to Seller.
3. INSPECTION OF EQUIPMENT: BSM will have the right to inspect the equipment and examine the service records to confirm the equipment condition. BSM will also have the right to a final inspection prior to removal, and the option to refuse acceptance and void this contract with the return of all deposits; or renegotiate the price if the equipment has been significantly altered or has materially deteriorated, or equipment serial #s do not match those from the first inspection
4. PROTECTION OF EQUIPMENT: Seller will maintain the equipment in good working condition from the time of the initial agreement and inspection to the time of de-installation and removal by BSM. Insurance and service contracts will be maintained, and the equipment will not be moved from its present location prior to BSM's removal. At the time of removal, all electrical power to the equipment room will remain on, and the equipment will have all cables, connectors, shields, covers, fluids and gases, base plates, panels, covers, books and other subsystems or accessories that were originally supplied by the manufacturer or added as an upgrade. Seller will be liable for the replacement costs for any of the foregoing if missing at the time of delivery.
5. DEINSTALLATION:
  - a.) BSM or its agent will be solely responsible for all costs and arrangements for the de-installation and removal of the equipment in a timely and competent manner. However, Seller will be responsible for the entire cost of asbestos removal, structural modification or any other material building alteration (walls, doors, ceilings e.g.) required to permit BSM open access for an unobstructed de-installation and removal. The equipment area will be left in a clean and orderly condition.
  - b.) If the agreed upon date of de-installation or removal is delayed by Seller, BSM will have the option to cancel this agreement with return of all deposits; or to modify the agreement with reasonable cost of such postponement, offset against the purchase price.
6. TITLES AND WARRANTIES:
  - a.) Seller warrants that upon payment of the full purchase price it will transfer good, clear title to the equipment, free from any known or unknown encumbrances, liens or claims of the title hostile to Seller's. Seller agrees that it will indemnify and hold BSM harmless from all liens, litigation costs, expenses, damages or claims relating to Seller's failure to transfer good title to BSM or its agent.
  - b.) Seller agrees that to the extent legally permissible, it will transfer its right to licensed use of operational and diagnostic software and other upgrades and hardware systems that are being used with the equipment. Seller will also be responsible for preventing the OEM or ISO service company from removing any such transferable diagnostic or operational software system or peripheral hardware from the equipment prior to BSM taking possession of the equipment. In the event that any such systems or components are removed by the OEM or any other party, Seller will pay BSM for the full cost for the parts and labor for replacement thereof to return the equipment to the exact state and condition that existed at the time of inspection and purchase.
  - c.) Seller acknowledges that all representations made by Seller or its agents to BSM about the equipment, related specifications, condition, configuration and service history will be reasonably relied upon by BSM in establishing its buying price for the equipment. Seller warrants that such representations made to BSM are accurate, notwithstanding the occurrence of any subsequent inspection by BSM or its agents. Seller is liable to BSM for all losses resulting from such intentional or inadvertent misrepresentations reasonably relied upon by BSM in its purchase of the equipment.
7. ENTIRE AGREEMENT, JURISDICTION, VENUE, ARBITRATION:
  - a.) This writing represents the entire agreement of the parties, and any changes made thereto must be in writing signed by both parties. This Buying Agreement will not be binding until signed by both parties, and can be withdrawn at any time prior to its signature by Seller and delivery to BSM.
  - b.) By signing this agreement, the parties agree that the sole remedy for either party for any claims related to this agreement will be binding arbitration. Jurisdiction and Venue for arbitration of said disputes will rest **EXCLUSIVELY** in the administrative offices of the American Arbitration Association located in the State of New York, according to the rules and regulations of that Association and the laws of the State of New York. The arbitrators will be authorized to award the costs and expenses of arbitration to the prevailing party. Judgment on an arbitration award so determined may be entered in any court of competent jurisdiction as binding final judgment of the claim.
8. NON-CIRCUMVENTION:
  - a.) Pursuant to this agreement, BSM may introduce certain prospective customers to Seller and its agents for the purpose of confirming specifications and condition of this equipment via telephone, FAX, correspondence, or personal inspection of the equipment. Seller agrees that under no circumstances will Seller or its agents circumvent BSM to sell this equipment either directly to BSM's customer; or indirectly to BSM's customer through agents of Seller or the customer, for a period of two (2) years from the date of this agreement.
  - b.) If Seller violates the above non-circumvention clause, Seller will have breached this contract, and will immediately pay BSM liquidated damages of 30% of the contracted selling price of the equipment to BSM's customer, or 30% of the actual completed selling price to that buyer, whichever is higher.
  - c.) This clause is independent and severable. It will survive in full force for a period of two (2) years from the date this agreement is signed by seller, even if this contract is later violated by either party for any reason whatsoever.





Bay Shore Medical Equipment, LLC  
3075 Veterans Highway, Suite 161  
Ronkonkoma, NY 11779  
Phone: (800) 471-1189  
Fax: (631) 467-5734  
[www.bayshore-medical.com](http://www.bayshore-medical.com)

To: Ray Grandchamp (Dr. Robert Russo and Associates)

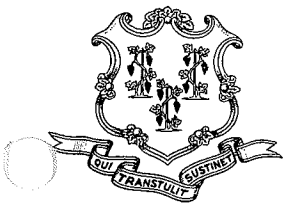
From: Michael S. Vitrano (Bayshore Medical, LLC)

January 19, 2004,

This document certifies that the 1992 Picker IQ CT Scanner that Bayshore Medical has purchased came out of:

1261 Post Road  
Fairfield, CT 00824

Michael S. Vitrano, CT Product Specialist  
Bayshore Medical Equipment, LLC  
3075 Veterans Memorial Highway  
Ronkonkoma, NY 11779



# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

January 4, 2005

Robert D. Russo, M.D, President  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
2660 Main Street  
Suite 216  
Bridgeport, CT 06606

RE: Docket Number 04-22929-MDF; A request to modify a previous Certificate of Need authorization issued under Docket Number 02-556 for the replacement of three CT scanners at radiology practice locations in Bridgeport, Fairfield and Stratford

Dear Dr. Russo:

On February 14, 2003, the Office of Health Care Access ("OHCA") granted a Certificate of Need ("CON") to Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") for the replacement of three existing CT scanners that are located at the Applicant's private radiology practice locations in Bridgeport, Fairfield and Stratford, with new CT scanning equipment, at a total capital cost of \$2,211,985.

Condition Number One of the CON authorization states the following:

- "1. This authorization shall expire on February 28, 2005. Should the Applicant's CT scanning equipment replacement project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date."*

The authorized replacement CT scanner located at 1261 Post Road in Fairfield became operational in early August, 2003 and the authorized replacement CT scanner located at 2909 Main Street in Stratford became operational in early January, 2004. These two replacements occurred in a timely manner and within the timeframe set forth in CON Condition Number One of Docket Number 02-566. The Applicant has not installed and commenced operation of the authorized replacement CT scanner in the Bridgeport location.

On December 13, 2004, OHCA received your submission of a Form 2050 requesting a modification of the CON authorized under Docket Number 02-566 for an extension of the CON expiration date set forth in Condition Number One. On page 3 of your submission of Form 2050, you request that the CON expiration date be extended to "*Thirty (30) days following a final decision in DN 04-30252-CON*" and that the rationale for requesting the time extension is that "*The Applicant would like to augment the third CT scanner with a PET and implementation is pending determination of DN 04-30252-CON.*" The Certificate of Need application referred to is a request by Robert D. Russo, M.D. & Associates, P.C. under Docket Number 04-30252-CON for the acquisition of a PET-CT unit for the Applicant's Bridgeport practice location. OHCA forwarded a completeness letter regarding that CON application on July 30, 2004 which has not been responded to as yet.

Modifications of OHCA's final decisions are allowed pursuant to Section 4-181a(b) of the Connecticut General Statutes, which states in part: (b) *On a showing of changed conditions, the agency may reverse or modify the final decision, at any time, at the request of any person or on the agency's own motion.*" There is no indication that the circumstances surrounding the authorization under Docket Number 02-566 have changed or been altered or that there has been an unforeseen change in conditions under which the CON was originally granted. It appears that the Applicant has not moved forward in fully implementing the authorized project as it relates to the Bridgeport location. The Applicant has submitted a new CON application for a PET-CT scanner at that site and plans to implement a PET-CT scanning service rather than proceeding with the replacement of the existing CT scanner with another CT scanner. OHCA concludes that this does not constitute changed conditions as required by state statute.

OHCA has reviewed the December 13, 2004 request for a modification pursuant to Section 4-181a(b) of the Connecticut General Statutes and finds that the facts that have been presented in your request do not constitute changed circumstances or conditions. As such, OHCA hereby denies Robert D. Russo, M.D. & Associates Radiology, P.C.'s request under Docket Number 04-22929-MDF.

Condition Number One of the CON authorization under Docket Number 02-566 remains as follows:

1. *This authorization shall expire on February 28, 2005. Should the Applicant's CT scanning equipment replacement project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.*

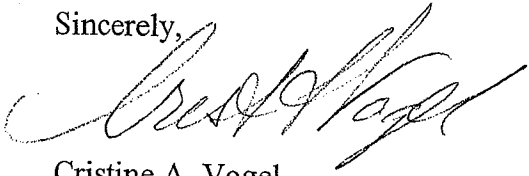
The Applicant must replace the CT scanning equipment at the Bridgeport location by February 28, 2005. If such replacement is not accomplished by that date, the CON authorization under Docket Number 02-566 is no longer valid and the Applicant will be required to file a new Certificate of Need application to accomplish any replacement of CT scanning equipment at the Bridgeport location.

Robert D. Russo, M.D, President  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
Docket Number 04-22929-MDF

January 4, 2005  
Page 3 of 3

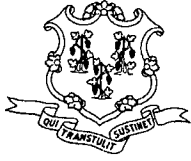
If you have any questions regarding this matter, please contact Karen Roberts, OHCA  
Compliance Officer at (860) 418-7001.

Sincerely,



Cristine A. Vogel  
Commissioner

CAV:kr



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Dr. Robert Russo

FAX: (203) 610-6813

AGENCY: ROBERT D. RUSSO, M.D. & ASSOCIATES RADIOLOGY, P.C.

FROM: KAREN ROBERTS

DATE 1/04/05

NUMBER OF PAGES 4

Comments:

*PLEASE PHONE Marie Dempsey IF THERE ARE ANY TRANSMISSION PROBLEMS.*

*Phone: (860) 418-7001*

*Fax: (860) 418-7053*

*410 Capitol Ave., MS#13HCA*

*P.O.Box 340308*

*Hartford, CT 06134*

Confirmation Report - Memory Send

Time : Jan-04-2005 08:36  
Tel line : 8604187053  
Name : OFFICE OF HEALTHCARE

Job number : 752  
Date : Jan-04 08:34  
To : 912036106813  
Document pages : 004  
Start time : Jan-04 08:34  
End time : Jan-04 08:36  
Pages sent : 004  
Status : OK

Job number : 752

\*\*\* SEND SUCCESSFUL \*\*\*



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: Dr. Robert Russo  
FAX: (203) 610-6813  
AGENCY: ROBERT D. RUSSO, M.D. & ASSOCIATES RADIOLOGY, P.C.  
FROM: KAREN ROBERTS  
DATE: 1/04/05  
NUMBER OF PAGES: 4

**Comments:**  
*PLEASE PHONE Marie Dempsey IF THERE ARE ANY TRANSMISSION PROBLEMS.*

Phone: (860) 418-7001

Fax: (860) 418-7053

410 Capitol Ave., MS#13HCA  
P.O.Box 340308  
Hartford, CT 06134



**Robert D. Russo, M.D.  
and Associates  
Radiology  
www.russomd.com**

Robert D. Russo, Jr., MD  
Paul A. Aiello, MD  
Lewis M. Bader, MD  
John P. Donahue, MD  
Margaret M. Galliani, MD  
Lynwood Hammers, DO

Martin S. Herbstman, MD  
Tatiana S. Kain, MD  
Gioia J. Riccio, MD  
David I. Robbins, MD  
Leonard Wald, MD  
Kathleen M. Oraziotti, PAC



KR/m 7

P.O. Box 6128, Bridgeport, CT 06606

January 21, 2005  
Via Certified Mail

Ms. Karen Roberts  
Office of Health Care Access  
410 Capitol Avenue, MS#13HCA  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

RECEIVED  
2005 JAN 29 PM 12:05  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

Re: Modification of the CON under DN 02-556  
Replacement of Three (3) CT Scanners

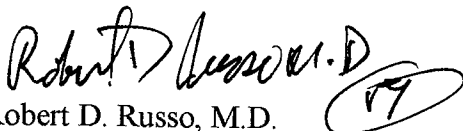
Dear Ms. Roberts:

Enclosed is my CON Modification Request Form 2050 for a time modification under previously approved DN 02-556. This time modification will not result in any increase in the capital expenditure authorized in the original CON and will not result in any change in service provided.

Please note that it is our intent to follow through with the upgrade of the new CT scanner in Bridgeport as authorized under DN 02-556 irrespective of whether or not the PET under DN 04-30252-CON is approved.

Please advise me if there is any other information your office may need to affect this time modification.

Very truly yours,

  
Robert D. Russo, M.D.



# State of Connecticut Office of Health Care Access Form for Modification of a Previously Authorized Certificate of Need Form 2050

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted 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. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	<b>Robert D. Russo, M.D. &amp; Associates Radiology P.C.</b>	
Doing Business As	<b>Same</b>	
Name of Parent Corporation	<b>Not Applicable</b>	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	<b>2660 Main Street Suite 216 Bridgeport, CT 06606</b>	
Petitioner type (e.g., P for profit and NP for Not for Profit)	<b>For-Profit</b>	
Name of Contact person, including title	<b>Robert D. Russo, M.D. President and Owner</b>	<b>Michele M. Volpe, Esq.</b>
Contact person's street mailing address	<b>2660 Main Street Suite 216 Bridgeport, CT 06606</b>	<b>59 Elm Street New Haven, CT 06510</b>
Contact person's phone, fax and e-mail address	<b>Tel: 203-610-6805 ext 332 Fax: 203-610-6813</b>	<b>Tel: 203-777-5800 Fax: 203-777-5806</b>



**SECTION II. GENERAL PROPOSAL INFORMATION**

a. Title of Previously Authorized Project and Associated Docket Number(s):

Replacement of Three (3) CT Scanners Docket Number 02-556

b. Location of proposal (Town including street address):

Bridgeport, Stratford, Fairfield

c. Type of Modification Request:

Change in the Scope of the Authorized Certificate of Need Project

Increase in the Authorized Capital Expenditure or Capital Cost

Extension of CON Expiration Date

Change in a CON Order Condition (*other than to extend expiration date*)

Other – Describe: \_\_\_\_\_

**SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:**

a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

**SECTION IV. IF REQUESTING AN INCREASE IN THE AUTHORIZED CAPITAL EXPENDITURE OR THE AUTHORIZED CAPITAL COST:**

a. Total Previously Authorized Capital Expenditure/Cost: \$ \_\_\_\_\_

b. Proposed Incremental Increase: \$ \_\_\_\_\_  
(See note #1 below)

c. Proposed revised total capital expenditure/cost \$ \_\_\_\_\_

d. Provide a rationale for the requested increase in capital expenditure or capital cost:

\_\_\_\_\_  
\_\_\_\_\_

Note #1: Please see attached Filing Fee Computation Schedule for any increase in the authorized capital expenditure exceeding \$100,000.

e. Provide the following breakdown for the incremental amount listed on line IV (b) above:

New Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Other: Identify	
<b>Total Proposed Incremental Capital Expenditure</b>	<b>\$</b>
Fair Market Value of Leased Equipment	
<b>Total Proposed Incremental Capital Cost</b>	<b>\$</b>

f. Identify the type of financing or funding source for the requested incremental increase:

- Operating Funds
- Lease Financing
- Conventional Loan
- Charitable Contributions
- CHEFA Financing
- Grant Funding
- Funded Depreciation
- Other (specify): \_\_\_\_\_

**SECTION V. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:**

a. Certificate of Need expiration date per CON Final Decision: 2/28/05

b. Requested revised CON expiration date: 6/28/05

c. Rationale for increased time to fully complete and implement the authorized project:

**The Applicant would like to augment the third CT scanner with a PET and implementation is pending determination of DN 04-30252-CON. Therefore, we are requesting a 120 day extension of the expiration date stated above.**

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**SECTION VI. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION  
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

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- b. Provide the rationale for such requested change:

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**SECTION VII. OTHER**

- a. Submit a completed CON Modification Affidavit that is attached to Form 2050.  
**Please see attached Affidavit.**
- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.  
**N/A**
- c. Identify what has been accomplished to date in terms of full project implementation.  
**Two (2) of the three (3) CT scanners have been replaced to date. See attached documentation.**
- d. Is the Applicant requesting a waiver of public hearing pursuant to Section 19a-643-45 due to the Request being non-substantive as defined in 19a-643-95(3) of the Regulations of Connecticut State Agencies?

Yes


No

### CON MODIFICATION AFFIDAVIT

Applicant: Robert D. Russo, M.D. and Associates Radiology, P.C.

Project Title: Replacement of Three (3) CT Scanners

I, Robert D. Russo, M.D., Owner and President of Robert D. Russo, M.D. and Associates Radiology, P.C. being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge, and that Robert D. Russo, M.D. and Associates Radiology, P.C. 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

1/20/05  
\_\_\_\_\_  
Date

Subscribed and sworn to before me on JAN 20, 2005

  
\_\_\_\_\_  
Notary Public/Commissioner of Superior Court  
DAVID L. SURRULLA

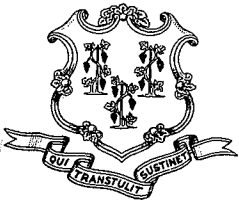
My commission expires: \_\_\_\_\_

**OFFICE OF HEALTH CARE ACCESS**  
**REQUEST FOR MODIFICATION OF PREVIOUS**  
**CERTIFICATE OF NEED APPROVALS**  
**FILING FEE COMPUTATION SCHEDULE**

APPLICANT: _____ PROJECT TITLE: _____ DATE: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>FOR OHCA USE ONLY:</b></td> <td style="width: 10%;"><b>DATE</b></td> <td style="width: 20%;"><b>INITIAL</b></td> </tr> <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> </table>	<b>FOR OHCA USE ONLY:</b>	<b>DATE</b>	<b>INITIAL</b>	1. Check logged (Front desk)	_____	_____	2. Check rec'd (Clerical/Cert.)	_____	_____	3. Check correct (Superv.)	_____	_____	4. Check logged (Clerical/Cert.)	_____	_____
<b>FOR OHCA USE ONLY:</b>	<b>DATE</b>	<b>INITIAL</b>														
1. Check logged (Front desk)	_____	_____														
2. Check rec'd (Clerical/Cert.)	_____	_____														
3. Check correct (Superv.)	_____	_____														
4. Check logged (Clerical/Cert.)	_____	_____														

<p><b>SECTION A - REQUEST FOR MODIFICATION OF PRIOR APPROVED CON</b></p> <p>1. Check off the statute reference as applicable to the original CON authorization:  <i>(See the statutes for detail or the original CON authorization)</i>  <input type="checkbox"/> 19a-638. Additional function or service, Change of Ownership, or Service Termination.  <input type="checkbox"/> 19a-639. Capital Expenditure for major medical equipment exceeding \$400,000 or other capital expenditure exceeding \$1,000,000.</p> <p>2. Enter \$0 on "Total Fee Due" line (SECTION B) if section 19a-639 is not checked, or if the proposed additional cost is less than \$100,000 beyond the original authorization; otherwise go on to line 3.</p> <p>3. Enter \$500 on "Total Fee Due" line (SECTION B) if the proposed additional cost is greater than \$100,000 beyond the original authorization but less than or equal to \$1,000,000.</p> <p>4. If section 19a-639 is checked above or if both 19a-638 and 19a-639 are checked and the proposed additional cost is greater than \$1,000,000 beyond the original authorization or if the modification request aggregated with other prior modification requests (for which a fee was not paid) totals greater than \$1,000,000:</p> <p style="margin-left: 20px;">a. Base fee of \$1,000.00:</p> <p style="margin-left: 20px;">b. Additional fee: (Incremental Capital Expenditure Requested) &gt;\$100,000 individually or in aggregate with prior modification approvals.          (To calculate: Total requested incremental capital expenditure including capitalized financing costs multiplied by .0005, rounded to the nearest dollar.)          (\$ _____ X .0005)</p> <p style="margin-left: 20px;">c. <b>Sum of Base Fee plus Additional Fee:</b> _____</p> <p style="margin-left: 20px;">d. Enter the amount shown on line A4c on "Total Fee Due" line (SECTION B)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="text-align: right;">1,000.00</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="text-align: right;">_____.00</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="text-align: right;">_____.00</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><b>SECTION B TOTAL FEE DUE:</b></td> <td style="text-align: right;"><b>\$ 0 .00</b></td> </tr> </table>	\$	1,000.00	\$	_____.00	\$	_____.00	<b>SECTION B TOTAL FEE DUE:</b>	<b>\$ 0 .00</b>
\$	1,000.00								
\$	_____.00								
\$	_____.00								
<b>SECTION B TOTAL FEE DUE:</b>	<b>\$ 0 .00</b>								

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



M. JODI RELL  
GOVERNOR

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

February 2, 2005

Robert D. Russo, M.D.  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
2660 Main Street, Suite 216  
Bridgeport, CT 06606

RE: **Docket Number 05-22929-MDF**; A request to modify a previous Certificate of Need authorization under Docket Number 02-556; The replacement of three CT scanners  
Notice of Consideration for Waiver of Public Hearing

Dear Dr. Russo:

On February 14, 2003, the Office of Health Care Access ("OHCA") granted a Certificate of Need ("CON") to Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") for the replacement of three CT scanners located at the Applicant's private radiology practice locations in Bridgeport, Fairfield and Stratford, with new CT scanning equipment, at a total capital cost of \$2,211,985. Condition Number One of the CON authorization states the following:

"1. *This authorization shall expire on February 28, 2005. Should the Applicant's CT scanning equipment replacement project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.*"

The authorized replacement CT scanner located at 1261 Post Road in Fairfield became operational in early August, 2003 and the authorized replacement CT scanner located at 2909 Main Street in Stratford became operational in early January, 2004. These two replacements occurred in a timely manner and within the timeframe set forth in CON Condition Number One of Docket Number 02-566. The Applicant has not installed and commenced operation of the authorized replacement CT scanner in the Bridgeport location.

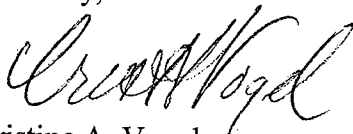
On January 26, 2005, OHCA received the Applicant's resubmitted Form 2050 for a modification of the CON authorized under Docket Number 02-556, in order to extend the CON expiration date from February 28, 2005 to June 28, 2005. The modification request is being considered by OHCA under Docket Number 05-22929-MDF. The Applicant states in the January 26, 2005 request for modification, that the request will not result in any increase in the capital expenditure authorized in the original CON and will not result in any change in service provided. The January 26, 2005 letter further states that it is the Applicant's "intent to follow through with the

upgrade of the new CT scanner in Bridgeport as authorized under DN 02-556 irrespective of whether or not the PET under DN 04-30252-CON is approved.”

As the CON authorization issued under Docket Number 02-556 was initially reviewed prior to October 1, 2003 under Section 19a-639 of the Connecticut General Statutes, and was a contested case, OHCA is considering a waiver of public hearing pursuant to Section 19a-643-45 of OHCA's Regulations for the modification request under Docket Number 05-22929-MDF based on the grounds that the CON modification request is non-substantive, as defined in Section 19a-643-95(3) of OHCA's Regulations.

Based on the information supplied, I have determined that the request for modification under Docket Number 05-22929-MDF appears eligible for consideration of waiver of public hearing under Section 19a-643-45 of OHCA's regulations. A copy of the notice, which shall be published in *The Connecticut Post*, as required under this Regulation, is attached. Upon the close of the public comment period, OHCA will determine whether a waiver of public hearing shall be granted for the modification request.

Sincerely,

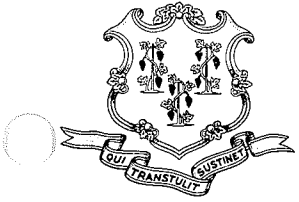


Cristine A. Vogel  
Commissioner

CAV: kr

Enclosure

Copy: Carolyn Brady, Connecticut Hospital Association



M. JODI RELL  
GOVERNOR

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

CRISTINE A. VOGEL  
COMMISSIONER

February 2, 2005

Purchase Order # HCA05-164

Fax: (203) 384-1158

Account # RC00208

Connecticut Post  
410 State Street  
Bridgeport, CT 06604-4560

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 February 8, 2005.

**Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (cut sheet) with the invoice.**

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

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

Sincerely,



\_\_\_\_\_  
Cristine A. Vogel  
Commissioner

Attachment

CAV: kr

C: Kathy Howe, OHCA



**PLEASE INSERT THE FOLLOWING:**

Pursuant to Sections 4-181(a) of the Connecticut General Statutes and Section 19a-643-45 of the Office of Health Care Access' (OHCA) Regulations, OHCA has received a request for a waiver of hearing regarding the following:

Applicants: Robert D. Russo, M.D. & Associates Radiology, P.C.  
Towns: Bridgeport  
Docket Number: 05-22929-MDF  
Proposal: A request to modify a Certificate of Need granted under Docket Number 02-556 to extend the project completion date from February 28, 2005 to June 28, 2005 for the replacement of a CT scanner.

Interested persons are invited to submit written comments regarding the request for waiver of hearing by no later than February 22, 2005. Such comments should be directed to:

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

The application is available for inspection at OHCA. A copy of the application may also be obtained from OHCA at the standard copy charge.

Confirmation Report - Memory Send

Time : Feb-02-2005 12:13  
Tel line : 8604187053  
Name : OFFICE OF HEALTHCARE

Job number : 070  
Date : Feb-02 12:12  
To : 912033841158  
Document pages : 002  
Start time : Feb-02 12:12  
End time : Feb-02 12:13  
Pages sent : 002  
Status : OK

Job number : 070

\*\*\* SEND SUCCESSFUL \*\*\*



M. JODI RELL  
GOVERNOR

STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

February 2, 2005

Purchase Order # HCA05-164  
Fax: (203) 384-1158  
Account # RC00208

Connecticut Post  
410 State Street  
Bridgeport, CT 06604-4560

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 February 8, 2005.

Please fax evidence that the legal notice was published by the date requested above to (860) 418-7053. In addition, please send the original legal notice (cut sheet) with the invoice.

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

KINDLY RENDER BILL IN DUPLICATE ATTACHED TO THE TEAR SHEET.

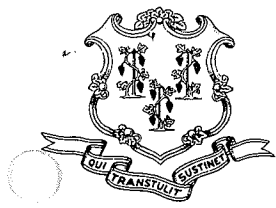
Sincerely,

Cristine A. Vogel  
Commissioner

Attachment

CAV: kr

C: Kathy Howe, OHCA



# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

February 23, 2005

Robert D. Russo, M.D., President  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
2660 Main Street, Suite 216  
Bridgeport, CT 06606

RE: **Docket Number 05-22929-MDF**; A request to modify a previous Certificate of Need authorization under Docket Number 02-556; The replacement of three CT scanners  
Notice of Waiver of Public Hearing

Dear Dr. Russo:

On February 14, 2003, the Office of Health Care Access ("OHCA") granted a Certificate of Need ("CON") to Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") for the replacement of three CT scanners located at the Applicant's private radiology practice locations in Bridgeport, Fairfield and Stratford, with new CT scanning equipment, at a total capital cost of \$2,211,985. Condition Number One of the CON authorization states the following:

1. *This authorization shall expire on February 28, 2005. Should the Applicant's CT scanning equipment replacement project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.*

The authorized replacement CT scanner located at 1261 Post Road in Fairfield became operational in early August, 2003 and the authorized replacement CT scanner located at 2909 Main Street in Stratford became operational in early January, 2004. These two replacements occurred in a timely manner and within the timeframe set forth in CON Condition Number One of Docket Number 02-566. The Applicant has not installed and commenced operation of the authorized replacement CT scanner in the Bridgeport location.

On January 26, 2005, OHCA received the Applicant's resubmitted Form 2050 for a modification of the CON authorized under Docket Number 02-556, in order to extend the CON expiration date from February 28, 2005 to June 28, 2005. The modification request is being considered by OHCA under Docket Number 05-22929-MDF. On January 4, 2005, a request for an extension of the CON expiration date was denied by OHCA under Docket Number 04-22929-MDF as the Applicant did not provide a specific date certain for the finalization of the project and did not verify its commitment to replacing the CT Scanner at the Bridgeport location.

*An Equal Opportunity Employer*

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

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

Fax: (860) 418-7053

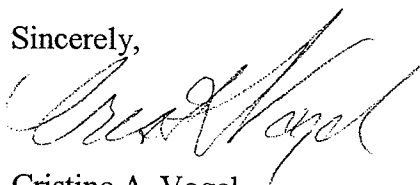
The Applicant states in the January 26, 2005 request for modification, that the request will not result in any increase in the capital expenditure authorized in the original CON and will not result in any change in service provided. The January 26, 2005 letter further states that it is the Applicant's "*intent to follow through with the upgrade of the new CT scanner in Bridgeport as authorized under DN 02-556 irrespective of whether or not the PET under DN 04-30252-CON is approved.*"

As the CON authorization issued under Docket Number 02-556 was initially reviewed prior to October 1, 2003 under Section 19a-639 of the Connecticut General Statutes, and was a contested case, OHCA has considered a waiver of public hearing pursuant to Section 19a-643-45 of OHCA's Regulations for the modification request under Docket Number 05-22929-MDF based on the grounds that the CON modification request is non-substantive, as defined in Section 19a-643-95(3) of OHCA's Regulations.

On February 2, 2005, OHCA informed you that the CON modification request was eligible for consideration of waiver of public hearing and a notice to the public was published in *The Connecticut Post* as required by Section 19a-643-45 of OHCA's Regulations. OHCA has not received any objections during the public comment period concerning the request for waiver of hearing.

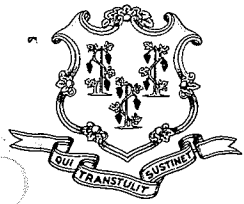
Therefore, OHCA deems it appropriate that the waiver of public hearing be granted for the reasons specified above and the waiver of public hearing for the matter under Docket Number 05-22929-MDF is hereby **GRANTED**.

Sincerely,



Cristine A. Vogel  
Commissioner

CAV: kr



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

February 24, 2005

Robert D. Russo, M.D., President  
Robert D. Russo, M.D. & Associates Radiology, P.C.  
2660 Main Street, Suite 216  
Bridgeport, CT 06606

RE: **Docket Number 05-22929-MDF**; A modification of a previous Certificate of Need authorization under Docket Number 02-556; The replacement of three CT scanners

Dear Dr. Russo:

On February 14, 2003, the Office of Health Care Access ("OHCA") granted a Certificate of Need ("CON") to Robert D. Russo, M.D. & Associates Radiology, P.C. ("Applicant") for the replacement of three CT scanners located at the Applicant's private radiology practice locations in Bridgeport, Fairfield and Stratford, with new CT scanning equipment, at a total capital cost of \$2,211,985. Condition Number One of the CON authorization states the following:

- "1. This authorization shall expire on February 28, 2005. Should the Applicant's CT scanning equipment replacement project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date."*

The authorized replacement CT scanner located at 1261 Post Road in Fairfield became operational in early August, 2003 and the authorized replacement CT scanner located at 2909 Main Street in Stratford became operational in early January, 2004. These two replacements occurred in a timely manner and within the timeframe set forth in CON Condition Number One of Docket Number 02-566. The Applicant has not installed and commenced operation of the authorized replacement CT scanner in the Bridgeport location.

On January 26, 2005, OHCA received the Applicant's resubmitted Form 2050 for a modification of the CON authorized under Docket Number 02-556, in order to extend the CON expiration date from February 28, 2005 to June 28, 2005. The modification request is being considered by OHCA under Docket Number 05-22929-MDF. On January 4, 2005, a request for an extension of the CON expiration date was denied by OHCA under Docket Number 04-22929-MDF as the Applicant did not provide a specific date certain for the finalization of the project and did not verify its commitment to replacing the CT Scanner at the Bridgeport location.

The Applicant states in the January 26, 2005 request for modification, that the request will not result in any increase in the capital expenditure authorized in the original CON and will not result in any change in service provided. The January 26, 2005 letter further states that it is the Applicant's "*intent to follow through with the upgrade of the new CT scanner in Bridgeport as authorized under DN 02-556 irrespective of whether or not the PET under DN 04-30252-CON is approved.*"

As the CON authorization issued under Docket Number 02-556 was initially reviewed prior to October 1, 2003 under Section 19a-639 of the Connecticut General Statutes, the matter under Docket Number 02-556 was a contested case. Therefore, a modification under Docket Number 05-22929-MDF is also a contested case, requiring a public hearing unless a waiver is granted. Section 19a-643-45 of OHCA's Regulations allows for a waiver on the grounds that the CON modification is non-substantive, as defined in Section 19a-643-95(3) of OHCA's Regulations. Notice to the public of a waiver of hearing was published in *The Connecticut Post*. On February 23, 2005, OHCA waived the public hearing in this matter, having received no comments during the public comment period.

OHCA has reviewed this request for a modification to a previously authorized CON and finds that the relationship of the CON authorized under Docket Number 02-556 to Section 19a-637, C.G.S. is not altered by this request for a modification under Docket Number 05-22929-MDF.

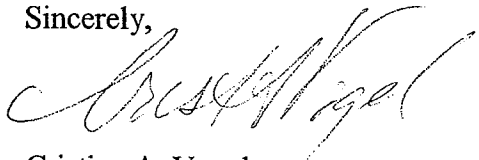
Based on the reasons provided in the modification request, I find it appropriate to approve the request for a modification of the CON authorized under Docket Number 02-556. Therefore, the requested modification under Docket Number 05-22929-MDF is **GRANTED**.

Condition Number One of the CON authorization under Docket Number 02-566 is modified as follows:

1. This authorization shall expire on June 28, 2005. Should the Applicant's CT scanning equipment replacement project not be completed by that date, the Applicant must seek further approval from OHCA to complete the project beyond that date.

All other conditions set forth in the final decision issued under Docket Number 02-556 not modified herein, will remain in full effect.

Sincerely,



Cristine A. Vogel  
Commissioner

CAV: kr



**Robert D. Russo, M.D.  
and Associates  
Radiology**  
www.russomd.com

Robert D. Russo, Jr., MD  
Paul A. Aiello, MD  
Lewis M. Bader, MD  
John P. Donahue, MD  
Margaret M. Gallani, MD  
Lynwood Hammers, DO

Martin S. Herbstman, MD  
Tatiana S. Kain, MD  
John J. Riccio, MD  
David J. Robbins, MD  
Leonard Wald, MD  
Kathleen M. Oraziotti, PAC



P.O. Box 6128, Bridgeport, CT 06606

2005 APR 20 PM 12: 12

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

April 18, 2005

Via Fax 860-418-7053  
And Regular Mail

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

Re: CT Scanner Docket # 02-556-CON

Dear Ms. Vogel:

As your office is aware, Robert D. Russo, M.D. & Associates Radiology, P.C. maintains a CT Scanner currently located at 1261 Post Road, Fairfield, Connecticut. I would like to relocate this CT Scanner, previously approved under Docket # 02-556-CON, from 1261 Post Road, Fairfield, Connecticut to 425 Post Road, Fairfield, Connecticut. Since the distance between the two locations is less than 1,000 yards, this relocation will not impact our patient population. It will provide more parking and easier accessibility for the handicapped. This relocation will not result in any increase in the capital expenditure authorized in the CON and this relocation will not result in any change in service provided. Therefore, this relocation should be considered non-substantive as defined in Section 19a-643-95(3). Please advise me if there is any other information your office may need to affect this relocation.

Very truly yours,

Robert D. Russo, M.D.

# FAX TRANSMISSION

**BERSHTEIN, VOLPE & MCKEON P.C.**

ATTORNEYS AT LAW

59 ELM STREET, SUITE 401

NEW HAVEN, CT 06510

Tel: (203) 777-5800 Fax: (203) 777-5806

**FAX #:** (860) 418-7053

**DATE:** June 28, 2005

**TO:** Honorable Christine Vogel  
Office of Health Care Access

**PAGES:** 2, including this page

**FROM:** Michele M. Volpe, Esquire

**MATTER #:** 032312

**SUBJECT:** DN 02-556 / DN 05-22929 MDF

**CONFIDENTIALITY NOTICE**

Please note that the information contained in this fax is confidential and privileged and is intended only for use by the named receiver. If you have received this fax in error, please call 203-777-5800. Any use of this fax or its contents, including any dissemination or copying, is prohibited. Attorneys receiving this fax in error are directed to review ABA formal ethics opinion no. 92-368.

**COMMENTS:**

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OFFICE OF HEALTH CARE ACCESS



**BERSHTEIN, VOLPE & McKEON P.C.**  
ATTORNEYS AT LAW  
59 ELM STREET  
NEW HAVEN, CONNECTICUT 06510 - 2047  
203-777-5800  
Fax: 203-777-5806

RAYMOND C. BERSHTEIN  
MICHELE M. VOLPE  
CHRISTOPHER M. McKEON  
MICHAEL J. AJELLO  
KAREN P. CONWAY

OF COUNSEL  
THOMAS P. MCKEON

REPLY TO:  
NEW HAVEN OFFICE

Michele M. Volpe Direct Dial (203) 777-6995

June 29, 2005

Via Facsimile (860) 418-7053  
And First Class Mail

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

RECEIVED  
2005 JUN 29 PM 1:20  
CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

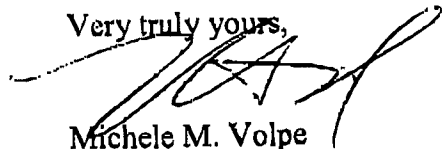
Re: Docket Number: 02-556  
Docket Number: 05-22929-MDF

Dear Commissioner Vogel:

This is to inform you that the third CT scanner authorized under DN 02-556 to be located at 1660 Main Street, Bridgeport, Connecticut became operational on June 27, 2005 when the first exam was performed.

Please be advised that the old CT scanner was de-installed and removed by the vendor before installation of the new unit began.

Very truly yours,



Michele M. Volpe

MMV/bt

cc: Robert D. Russo, M.D., Raymond Grandchamp

F:\Doc\03 2301-2350\032312 Russo, Dr. Robert D. RE P.E.T. Scanner\lrs\OCHA 6.29.05 (Comm Vogel).doc

**BERSHTEIN, VOLPE & McKEON P.C.**  
ATTORNEYS AT LAW  
59 ELM STREET  
NEW HAVEN, CONNECTICUT 06510 - 2047  
203-777-5800  
Fax: 203-777-5806

RAYMOND C. BERSHTEIN  
MICHELE M. VOLPE  
CHRISTOPHER M. McKEON  
MICHAEL J. AJELLO  
KAREN P. CONWAY

OF COUNSEL  
THOMAS P. MCKEON

REPLY TO:  
NEW HAVEN OFFICE

Michele M. Volpe Direct Dial (203) 777-6995

June 29, 2005

Via Facsimile (860) 418-7053  
And First Class Mail

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

Re: Docket Number: 02-556  
Docket Number: 05-22929-MDF

Dear Commissioner Vogel:

This is to inform you that the third CT scanner authorized under DN 02-556 to be located at 1660 Main Street, Bridgeport, Connecticut became operational on June 27, 2005 when the first exam was performed.

Please be advised that the old CT scanner was de-installed and removed by the vendor before installation of the new unit began.

Very truly yours,

  
Michele M. Volpe

MMV/bt

cc: Robert D. Russo, M.D., Raymond Grandchamp

F:\Doc\03 2301-2350\032312 Russo, Dr. Robert D. RE P.E.T. Scanner\ltrs\OCHA 6.29.05 (Comm Vogel).doc

RECEIVED  
2005 JUL -1 AM 11:44  
OFFICE OF HEALTH CARE ACCESS

## Greer, Leslie

---

**From:** Martone, Kim  
**Sent:** Tuesday, April 12, 2016 10:38 AM  
**To:** Hansted, Kevin  
**Cc:** Greer, Leslie  
**Subject:** FW: CON Modification Request - Medical Specialty Group, P.C.  
**Attachments:** CON Modification Request - Medical Specialty Group P.C. (4.12.16).pdf

---

**From:** Kathleen Gedney [<mailto:kgg@bvmlaw.com>]  
**Sent:** Tuesday, April 12, 2016 9:19 AM  
**To:** Martone, Kim; User, OHCA  
**Cc:** Michele Volpe; Jennifer O'Donnell  
**Subject:** CON Modification Request - Medical Specialty Group, P.C.

Good Morning Ms. Martone:

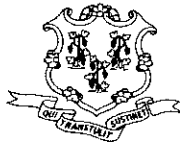
Attached please find a CON Modification Request regarding Medical Specialty Group, P.C. Please confirm receipt of this email and its attachment. Please do not hesitate to call if you have any questions. Thank you.

Regards,

Kathleen Gedney-Tommaso  
Attorney at Law  
Bershtein, Volpe & McKeon P.C.  
105 Court Street, 3<sup>rd</sup> Floor  
New Haven, CT 06511  
Tel: (203) 859-6238  
Fax: (203) 777-5806  
Email: [kgg@bvmlaw.com](mailto:kgg@bvmlaw.com)

This transmittal may be a confidential attorney-client communication or may otherwise be privileged or confidential. If it is not clear that you are the intended recipient, you are hereby notified that you have received this transmittal in error; any review, dissemination, distribution or copying of this transmittal is strictly prohibited. If you suspect that you have received this communication in error, please notify us immediately by telephone at 1-203-777-5800, or e-mail at [kgg@bvmlaw.com](mailto:kgg@bvmlaw.com) and immediately delete this message and all its attachments.

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**State of Connecticut  
Office of Health Care Access  
Form for Modification of a Previously  
Authorized Certificate of Need**

All persons who are requesting a modification to a previously authorized Certificate of Need must complete this form. Completed forms should be submitted to the Director of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Medical Specialty Group, P.C.	
Doing Business As	Same	
Name of Parent Corporation	N/A	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	917 Bridgeport Ave, Shelton, CT 06484-4679	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	
Name of Contact person, including title	Robert D. Russo, M.D.	
Contact person's street mailing address	917 Bridgeport Ave, Shelton, CT 06484-4679	
Contact person's phone, fax and e-mail address	203-683-4500 (phone) 203-926-1410 (fax) drrdrusso@aol.com	

**SECTION II. GENERAL PROPOSAL INFORMATION**

- a. Title of Previously Authorized Project and Associated Docket Number(s):  
Replacement of Three CT Scanners located in Bridgeport, Fairfield and Stratford Offices (Docket Number 02-556); Relocation of an Existing CT Scanner within Fairfield, CT (Report Number 05-30485)
  
- b. Location of proposal (Town including street address):  
425 Post Road, Fairfield, CT 06824 and 2909 Main Street, Stratford, CT 06614
  
- c. Type of Modification Request:
  - Change in the Scope of the Authorized Certificate of Need Project
  - Extension of CON Expiration Date
  - Change in a CON Order Condition (*other than to extend expiration date*)
  - Other – Describe: Modification of CT Scanners Holding Entity

**SECTION III. IF REQUESTING A CHANGE IN THE SCOPE OF AUTHORIZED PROJECT:**

- a. Provide a one page description of the requested change in the scope of a previously authorized Certificate of Need project and provide a detailed rationale for such change:

**SECTION IV. IF REQUESTING AN EXTENSION OF THE CON EXPIRATION DATE:**

- a. Certificate of Need expiration date per CON Final Decision: n/a
  
- b. Requested revised CON expiration date: n/a
  
- c. Rationale for increased time to fully complete and implement the authorized project:  
n/a  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. IF REQUESTING A CHANGE IN A CON FINAL DECISION CONDITION  
(other than extension of the CON expiration date)**

- a. Identify the CON Condition that you are requesting to be revised or vacated.

n/a

---

- b. Provide the rationale for such requested change:

n/a

---

---

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**SECTION VI. OTHER**

- a. Submit a completed CON Modification Affidavit.

See attached affidavit.

- b. Identify any other pertinent changes to the findings of facts upon which the original CON authorization was based as a result of this requested modification.

The CT scanners were acquired by and owned just by one entity, Applicant's radiology practice, rather than separate legal entities as is common among other radiologists who own equipment at different office locations. Dr. Russo now needs to place the scanners located in Fairfield and Stratford in a separate entity in order to continue to operate the scanners at low cost for Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients. Without this CON Modification, Dr. Russo will not be able to continue to provide CT Scanner services and Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients will be restricted in advanced imaging choice and will be required to forgo care or seek care at higher costs.

- c. Identify what has been accomplished to date in terms of full project implementation.

The project has been fully implemented.

### CON MODIFICATION AFFIDAVIT

Applicant: Medical Specialty Group, P.C.

Project Title: Modification of CT Scanners Holding Entity

I, Robert D. Russo, M.D., President  
(Name) (Position – CEO or CFO)

of Medical Specialty Group, P.C. being duly sworn, depose and state that the information provided in this CON Modification form is true and accurate to the best of my knowledge.

*Robert D. Russo*  
Signature

9/11/16  
Date

Subscribed and sworn to before me on Sept 11 2016

*Elena Spinelli*  
Notary Public/Commissioner of Superior Court  
*Elena Spinelli*

My commission expires: January 31, 2021

Medical Specialty Group, P.C. ("MSG") (f/k/a Robert D. Russo, M.D. & Associates Radiology, P.C.) is a radiology practice wholly owned by Robert D. Russo, M.D. serving patients in the cities and towns located in greater Fairfield County ("Service Area") including Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients. Pursuant to CON Docket Number 02-556, MSG owns and operates advanced imaging equipment including two CT scanners which are the basis of this CON Modification request. These two computerized tomography scanners ("CT Scanners") at issue are located at 425 Post Road, Fairfield, Connecticut and 2909 Main Street, Stratford, Connecticut.

MSG seeks a CON Modification because Dr. Russo now needs to place the scanners in a separate entity for purposes of retirement and succession planning in order to be able to continue to operate the two CT Scanners at low cost for Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients. The CT Scanners will be owned and operated by an entity wholly owned by Robert D. Russo, M.D. called RDR Radiology, LLC.

The CON Docket Number 02-556 Final Decision held that Robert D. Russo, M.D. & Associates Radiology, P.C. was the owner of three CT scanners located in Bridgeport, Fairfield<sup>1</sup> and Stratford which did not require CON approval when purchased and installed.<sup>2</sup> The CT scanners were acquired by and owned just by one entity, Dr. Russo's practice (Robert D. Russo, M.D. & Associates Radiology, P.C.), rather than separate legal entities as is common among other radiologists who own equipment at multiple office locations. Dr. Russo is seeking to place the CT Scanners in a separate entity wholly owned by him in order to continue to operate the two CT Scanners at low cost for Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients. It is critical that Dr. Russo obtain OHCA approval to modify the CON accordingly in order for Dr. Russo to continue this service. Dr. Russo is committed to serving the advanced imaging needs of the most vulnerable populations in the community. Dr. Russo desires to continue serving these patients and for business reasons, Dr. Russo must utilize another wholly owned entity.

The CT Scanners will be owned and operated solely by Dr. Russo in RDR Radiology, LLC. No new services are proposed; the same CT services will continue to be provided by RDR Radiology, LLC. The same patient population will continue to be served with an emphasis on Medicaid, indigent, uninsured and undocumented patients and patients referred from federally funded health care clinics in the community. No licensure categories will be sought.

If this CON Modification is not approved, Dr. Russo will not be able to continue to provide CT Scanner services and Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients will be restricted in advanced imaging choice and will be required to forgo care or seek care at higher costs. For many of these patient populations, Dr. Russo is the lowest cost provider. This is very important to certain payor populations including, but not limited to, indigent, uninsured, and underinsured/high deductible plan patients.

For these reasons, we respectfully submit that OHCA approve the modification that the CT Scanners be owned and operated by RDR Radiology, LLC.

---

<sup>1</sup> Pursuant to CON Determination Request Report Number 05-31485, the Fairfield CT Scanner was relocated to its current location.

<sup>2</sup> Docket Number 02-556, Finding of Fact #3, page 2.



## Olejarz, Barbara

---

**From:** drrdrusso@aol.com  
**Sent:** Friday, May 13, 2016 11:44 AM  
**To:** Olejarz, Barbara  
**Subject:** Re: Modification request

Thank you and your colleagues for all their hard work. I appreciate the help.

**Robert D. Russo, M.D.**  
**rrusso@russomd.com**

-----Original Message-----

**From:** Olejarz, Barbara <Barbara.Olejarz@ct.gov>  
**To:** drrdrusso <drrdrusso@aol.com>  
**Cc:** Hansted, Kevin <Kevin.Hansted@ct.gov>; Martone, Kim <Kimberly.Martone@ct.gov>  
**Sent:** Fri, May 13, 2016 11:23 am  
**Subject:** Modification request

5/13/16

Dr. Russo,

Attached is the final decision for the modification request regarding replacement of three CT Scanners and relocation of an existing scanner. Docket Number: 26-22929-MDF

Barbara K. Olejarz  
Administrative Assistant to Kimberly Martone  
Office of Health Care Access  
Department of Public Health  
Phone: (860) 418-7005  
Email: Barbara.Olejarz@ct.gov



## Olejarz, Barbara

---

**From:** Olejarz, Barbara  
**Sent:** Friday, May 13, 2016 11:46 AM  
**To:** 'Michele Volpe'; 'Kathleen Gedney'; 'jlo@bvmlaw.com'  
**Cc:** Martone, Kim  
**Subject:** RE: CON Modification Request - Medical Specialty Group, P.C.  
**Attachments:** 22929.pdf

Tracking:	Recipient	Delivery	Read
	'Michele Volpe'		
	'Kathleen Gedney'		
	'jlo@bvmlaw.com'		
	Martone, Kim	Delivered: 5/13/2016 11:46 AM	Read: 5/13/2016 11:48 AM

5/13/16

Modification is attached. I sent it by email to Dr. Russo as well.

Barbara K. Olejarz  
Administrative Assistant to Kimberly Martone  
Office of Health Care Access  
Department of Public Health  
Phone: (860) 418-7005  
Email: [Barbara.Olejarz@ct.gov](mailto:Barbara.Olejarz@ct.gov)



---

**From:** Kathleen Gedney [<mailto:kgg@bvmlaw.com>]  
**Sent:** Friday, May 13, 2016 10:56 AM  
**To:** Martone, Kim  
**Cc:** Hansted, Kevin; Michele Volpe ([michelemvolpe@aol.com](mailto:michelemvolpe@aol.com)); Jennifer O'Donnell  
**Subject:** FW: CON Modification Request - Medical Specialty Group, P.C.

Good Morning Ms. Martone:

We are following up on the CON Modification Request below which has been assigned Docket Number 16-22929-MDF. Please let us know when we can expect a response from OHCA.

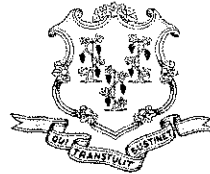
Thank you,

Kathleen Gedney-Tommaso  
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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Office of Health Care Access

### State of Connecticut Department of Public Health Office of Health Care Access

#### Final Decision

#### Modification of a Previously Authorized Certificate of Need

**Applicant:** Medical Specialty Group, P.C.  
917 Bridgeport Avenue, Shelton, CT 06484

**Docket Number:** 16-22929-MDF

**Project Description:** Modification of Previous Certificate of Need  
Authorization 02-22929-CON

**Procedural History:** On February 14, 2003, the Office of Health Care Access ("OHCA") granted a Certificate of Need ("CON") to Medical Specialty Group, P.C. f/k/a Robert D. Russo, M.D. & Associates Radiology, P.C. ("MSG") under Docket Number 02-22929-CON (f/k/a 02-556) for the replacement of three computerized tomography ("CT") scanners located in Bridgeport, Fairfield and Stratford.

On April 12, 2016, OHCA received a Request for Modification seeking to modify the entity that retains ownership of and operates two of the three CT scanners. Deputy Commissioner Brancifort has reviewed the entire record in this matter.



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*Affirmative Action/Equal Opportunity Employer*

## Findings of Fact

1. MSG is a radiology group, wholly owned by Robert D. Russo, M.D., that owns and operates imaging equipment, including two CT scanners located at 425 Post Road, Fairfield, Connecticut and 2909 Main Street, Stamford, Connecticut (the "Subject Scanners").
2. Under Docket Number 02-22929, it was found that MSG was the owner of three CT scanners, including the Subject Scanners, which did not require CON approval when purchased and installed. *See*, Docket No. 02-556, Finding of Fact #3.
3. All three CT scanners, including the Subject Scanners, were acquired by, and owned by, a single legal entity, MSG.
4. Dr. Russo is now planning to retire and is in the midst of succession planning.
5. Dr. Russo wishes to place the Subject Scanners in a separate entity wholly owned by him in order to operate them at low cost for Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients.
6. The Subject Scanners will be owned and operated solely by Dr. Russo under an entity known as RDR Radiology, LLC.

## Discussion

Connecticut General Statutes § 4-181a (b) provides in relevant part: "On a showing of changed conditions, the agency may reverse or modify the final decision, at any time, at the request of any person or on the agency's own motion." The Applicant is seeking to modify the entity holding title to the Subject Scanners as a result of changed conditions related to Dr. Russo's planned retirement and continued desire to serve Medicaid, indigent, uninsured, undocumented and federally funded health care clinics patients. The Applicant has sufficiently identified a change in conditions that warrant the requested modification.

## Order

Based upon the foregoing, the request to modify the CON issued under Docket Number 02-22929-CON is hereby **APPROVED**. Ownership and operation of the Subject Scanners may be transferred to the legal entity known as RDR Radiology, LLC.

May 13, 2016  
Date

Janet M. Brancifort  
Janet M. Brancifort, MPH, RRT  
Deputy Commissioner

\* \* \* COMMUNICATION RESULT REPORT ( MAY. 13. 2016 10:43AM ) \* \* \*

FAX HEADER:

TRANSMITTED/STORED : MAY. 13. 2016 10:30AM  
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RESULT

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REASON FOR ERROR  
E-1) HANG UP OR LINE FAIL  
E-3) NO ANSWER

E-2) BUSY  
E-4) NO FACSIMILE CONNECTION



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

FAX SHEET

TO: ROBERT D. RUSSO, MD  
FAX: 203 926-1410  
AGENCY: MEDICAL SPECIALTY GROUP, PC  
FROM: OHCA  
DATE: 5/13/16 Time: \_\_\_\_\_  
NUMBER OF PAGES: \_\_\_\_\_  
*(including transmittal sheet)*

**Comments:**  
Please see attached final decision for a modification of a previously authorized Certificate of Need. DN: 16-22929-MDF

**PLEASE PHONE Barbara K. Olejarz IF THERE ARE ANY TRANSMISSION PROBLEMS.**

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