

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

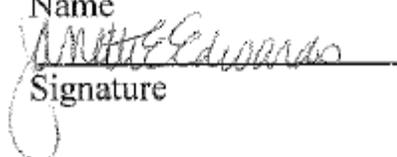
**Certificate of Need Equipment Replacement Notification Form**

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

**Please complete the following:**

Provider Name & Address:	The William W. Backus Hospital
Name and description of the equipment to be replaced:	GE Lightspeed Pro, 16 slice CT scanner
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Authorization to acquire 16-slice GE Lightspeed Pro: 03-30178-WVR  Original authorization to purchase a CT scanner: DN92-541
Address of the existing imaging equipment:	326 Washington Street, Norwich, CT 06360
Name and description of the replacement equipment:	Siemens Somatom Definition AS, 64 slice
Location where replacement equipment will be operated:	326 Washington Street, Norwich, CT 06360
The date the replaced equipment was replaced:	10/26/2015
The disposition of the replaced equipment	The old GE unit was removed by Siemens as trade

Person Completing the form: Janette Edwards, Director, Planning & Business Development

Name	Title
	10/30/15
Signature	Date

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410 Capitol Ave., MS#13HCA, P.O.Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688  
Fax: (860) 418-7053