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**MURTHA
CULLINA**

June 7, 2016

VIA HAND DELIVERY

Ms. Kimberly Martone
Director of Operations
State of Connecticut
Department of Public Health,
Office of Health Care Access
410 Capitol Avenue, MS #13HCA
Hartford, Connecticut 06134



Re: Equipment Replacement Form

Dear Ms. Martone:

Enclosed you will find a Certificate of Need Equipment Replacement Form for the replacement of Middlesex Hospital's PET/CT scanner authorized by Docket Number 04-30367-CON. If you have any questions, please feel free to contact me.

Sincerely,

Stephanie Sprague Sobkowiak

Enclosure

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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:	Middlesex Hospital 28 Crescent Street Middletown, CT 06457
Name and description of the equipment to be replaced:	General Electric ("GE") Medical Systems Discovery ST 16-Slice fixed PET/CT
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	04-30367-CON
Address of the existing imaging equipment:	534 Saybrook Road, Middletown, CT 06457
Name and description of the replacement equipment:	Discovery PET-CT 610 64 SL Standard
Location where replacement equipment will be operated:	534 Saybrook Road, Middletown, CT 06457
The date the replaced equipment was replaced:	May 31, 2016
The disposition of the replaced equipment	Returned to GE Capital, was leased equipment

Person Completing the form: Gargett C. Havican Vice President
 Name Title
[Signature] 6/6/16
 Signature Date