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The Regional Center for Health
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FAX Transmittal Cover Page
Stamford Hospital
Strategy & Marketing

1351 Washington Blvd. Suite 1000
FAX: 203-276-7905

DATE: Monday - July 7, 2014

TO: Kimberly R. Martone FAX: 860-418-7053

RE: Docket No. 03-30033

FROM: Gregory Kearns, Dir. Planning TELEPHONE: 203-276-2224

Number of pages to follow: 1

Please find attached notification of replacement technology authorized by Docket Number 03-300333.

Please contact me if you have any questions. Thank you.

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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 Stamford Hospital 30 Shelburne Road Stamford, CT 06902
Name and description of the equipment to be replaced:	Varian Acuity CT Simulator
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket No. 03-30033
Address of the existing imaging equipment:	The Stamford Hospital Bennett Cancer Center 30 Shelburne Road Stamford, CT 06902
Name and description of the replacement equipment:	Toshiba Aquilion Large Bore CT System (16 Slice)
Location where replacement equipment will be operated:	The Stamford Hospital Bennett Cancer Center 30 Shelburne Road Stamford, CT 06902
The date the replaced equipment was replaced:	June 6, 2014
The disposition of the replaced equipment	Removed by Radparts.com, Inc. and transported to Radparts.com's warehouse located in Haslett, MI.

Person Completing the form: David Smith — Senior Vice President, Strategy, Chief Strategy and Network Development Officer

Signature — Date 6/30/14

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