



November 10, 2014

**VIA FACSIMILE & REGULAR MAIL**

Ms. Kimberly Martone  
Director of Operations  
Office of Health Care Access  
410 Capitol Avenue, MS #13HCA  
P.O. Box 340308  
Hartford, CT 06134

RE: Yale-New Haven Hospital Replacement CT

Dear Ms. Martone:

Please find enclosed a Certificate of Need Equipment Replacement Notification Form for the replacement of a previously authorized CT scanner located at the Yale-New Haven Hospital Shoreline Medical Center. A hard copy of this notice is also being delivered to OHCA via regular mail.

Please contact me at 203-863-3908 with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Nancy R.', written over a horizontal line.

Nancy Rosenthal  
Sr. VP, Health Systems Development

Enclosures

789 Howard Avenue  
New Haven, CT 06519



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:	Yale New Haven Hospital 2 York Street New Haven, CT 06510
Name and description of the equipment to be replaced:	GE Lightspeed 16 Slice CT Scanner
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket Nos. 00-547-CON, as modified by 01-557-CON and 04-22658-MDF
Address of the existing imaging equipment:	Shoreline Medical Center 111 Goose Lane Guilford, CT 06437
Name and description of the replacement equipment:	GE Discovery 750 64 Slice CT Scanner
Location where replacement equipment will be operated:	Shoreline Medical Center 111 Goose Lane Guilford, CT 06437
The date the replaced equipment was replaced:	October 28, 2014
The disposition of the replaced equipment	Sold to Med Exchange International, Inc. Agawam, Massachusetts

Person Completing the form: Cheryl Granucci, Director Diagnostic Radiology  
 Name Title  
Cheryl Granucci, 11/5/14  
 Signature Date