



October 28, 2015

VIA EMAIL & 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

Dear Ms. Martone:

Please find enclosed a Certificate of Need Equipment Replacement Notification Form for the replacement of a previously authorized CT scanner on the Yale-New Haven Hospital (YNHH) York Street Campus.

As noted in the attached documentation, YNHH sent a similar form to OHCA on September 4, 2015, pursuant to which it notified OHCA of its replacement of a GE Lightspeed CT scanner with a GE Revolution CT scanner under Docket Number 07-30963-CON.

After a brief trial period, it has been determined that the new GE Revolution CT scanner must be replaced with a GE HDT 750. The GE Revolution CT scanner will be returned to GE.

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 black ink, appearing to read 'Nancy Rosenthal'.

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 20 York Street New Haven, CT 06510
Name and description of the equipment to be replaced:	GE Revolution 256 Slice CT Scanner
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket No. 07-30963-CON
Address of the existing imaging equipment:	20 York Street New Haven, CT 06510
Name and description of the replacement equipment:	GE HD 750 64 Slice CT Scanner
Location where replacement equipment will be operated:	20 York Street New Haven, CT 06510
The date the replaced equipment was replaced:	November 2, 2015
The disposition of the replaced equipment	Traded in to GE

Person Completing the form: Matt McFerran, Sr. Planner
Name Title
Matt McFerran, 10/28/2015
Signature Date



September 4, 2015

→ Prior notice

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Sincerely,

Nancy Rosenthal
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Please complete the following:

Provider Name & Address:	Yale-New Haven Hospital 20 York Street New Haven, CT 06510
Name and description of the equipment to be replaced:	GE Lightspeed 64 Slice CT Scanner
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket No. 07-30963-CON
Address of the existing imaging equipment:	20 York Street New Haven, CT 06510
Name and description of the replacement equipment:	GE Revolution 256 Slice CT Scanner
Location where replacement equipment will be operated:	20 York Street New Haven, CT 06510
The date the replaced equipment was replaced:	July 17, 2015
The disposition of the replaced equipment	Traded in to GE

Person Completing the form: Nancy Rosenthal SVP
Name Title
[Signature] 9/9/2015
Signature Date

An Equal Opportunity Employer
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