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The Legacy of Zheng Xiaoyu

Zheng Xiaoyu, the former head of China’s Food and Drug Administration, was sentenced to death in May of this year for taking bribes to approve an antibiotic blamed for at least 10 deaths, and for taking bribes to approve other substandard medicines.

In early July, the sentence was carried out.

Death sentences in China for bureaucrats are usually commuted to life in prison if the convict is deemed to have confessed and reformed. Zheng confessed in writing, but in his case, to no avail.

Zheng’s death sentence very likely was an indication of Beijing’s determination to confront the country’s dire product safety record. The coincidental news of numerous consumer product contamination cases from Chinese-made products – though totally unrelated to Zheng’s actions – appear to have contributed to the court’s harsh decision.

Whether Zheng’s punishment fits the crime or not, however, is not the point of this commentary.

The question is, will this high-profile case create a new sense of caution and responsibility among those who approve and oversee the safety of pharmaceuticals and medical devices? And will it do the same for those who manufacture such products?

One would think that in China it would – and hopefully for a good, long time. But what about on this side of the Pacific? We can only hope it’s a wake-up call over here, too. There has been plenty of news over the last several years regarding companies knowingly keeping a defective drug or medical device on the market, and not coming forward until people were injured, and in some cases, killed. And we could use a lot less news like that.

So if those in a position to put the public’s interests first now do so, then at least some good will have come out of the whole, sad, unsavory Zheng Xiaoyu affair.
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Nellcor: N180, N190, N200, N290, N395,
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Feds Fight Durable Medical Equipment Fraud

HHS Secretary Mike Leavitt recently announced a two-year effort designed to further protect Medicare beneficiaries from fraudulent suppliers of durable medical equipment, prosthetics and orthotics supplies (DMEPOS). Working with the Department of Justice (DOJ), HHS has formed a Medicare Fraud Strike Force to combat fraud through the use of real-time analysis of Medicare billing data. The strike force is made up of federal, state and local investigators. The initiative is focused on preventing deceptive companies from operating in South Florida and Southern California, two high-risk areas when it comes to fraudulent billing. ● [DM 4331]

CMS Proposed 2008 Rule Includes 9.9 Percent Across-the-Board Cut in Physician Payments

Under a proposed rule released July 2, 2007, the Centers for Medicare & Medicaid Services (CMS), as required by the sustainable growth rate (SGR) formula specified in the Medicare statute, would implement a 9.9 percent cut in physician payments in 2008. The proposed rule also makes certain ophthalmologic imaging procedures subject to the Deficit Reduction Act of 2005 (DRA) provision that caps payment for the technical component of imaging procedures at the payment amount under the hospital outpatient prospective payment system. CMS will accept comments on the proposed rule until August 31, with a final rule to be published later in the fall. The final rule would be effective for services on or after January 1, 2008. ● [DM 4332]

CDC Infection Tracking System Now Available to All U.S. Hospitals

A secure, web-based reporting network that lets facilities track infections is now available to all healthcare facilities in the United States, the Centers for Disease Control and Prevention (CDC) recently announced. The National Healthcare Safety Network (NHSN) provides multiple options for data analysis and more flexibility for sharing information both within and outside a facility. The system builds upon CDC’s National Nosocomial Infection Surveillance (NNIS) system, which was the gold

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standard system for tracking healthcare-associated infections for more than 30 years. The NNIS system had about 300 participating facilities nationwide.

CMS Reopens NCD for PET

Following a request from Abass Alavi, MD, professor of radiology and chief of nuclear medicine at the University of Pennsylvania, Philadelphia, and Javad Parvazi, MD, associate professor of orthopedic surgery at Thomas Jefferson University, Philadelphia, the Centers for Medicare and Medicaid Services (CMS) will reconsider the current Medicare coverage for PET according to section 220.6 of the National Coverage Determination (NCD) Manual. Specifically, Medicare will consider covering PET used for the diagnosis of chronic osteomyelitis, infections associated with hip arthroplasty and fever of unknown origin, in lieu of bone, leukocyte and/or gallium scintigraphy.

Gulf Coast Physicians Displaced Following Hurricane Katrina

About one fourth of the physicians who left the Gulf Coast in the aftermath of Hurricane Katrina were still gone six months later, and some displaced physicians had no plans to return, according to a study in the inaugural issue of the AMA journal, Disaster Medicine and Public Health Preparedness. The journal also reports that the post-Katrina death rate in New Orleans was nearly 50 percent higher than pre-Katrina rates, due in part to a compromised public health infrastructure after the hurricane, which hit the Gulf Coast on August 29, 2005.

Scheduled to be published twice in 2007 and quarterly beginning in 2008, the journal will showcase research and analysis relevant to disaster medicine and public health preparedness from global experts in all specialties of clinical medicine, epidemiology, public health and disaster management. The journal also will feature best practices, guest commentary from global leaders, and special updates on key topics including public health law and ethics, advocacy, policy and education.

Ultrasound Proves Safe Alternative to Biopsy in Some Breast Masses

Researchers have reported that breast masses shown on ultrasound that are diagnosed as “probably benign” can be safely managed with imaging follow-up rather than biopsy, according to a study appearing in the July issue of Radiology by Oswald Graf, MD, from the Department of Radiology, Ambulatory Care Center in Steyr, Austria. According to recently introduced Breast Imaging Reporting and Data System (BI-RADS) guidelines for ultrasound, a solid mass with circumscribed (confined) margins, oval shape and parallel orientation can be classified as probably benign (category 3). Dr. Graf’s study is the first to report outcomes from ultrasound follow-up of masses that were classified as probably benign at initial ultrasound.

Former Head of China’s SFDA Executed for Bribery Scandal

China recently executed the former head of the State Food and Drug Administration (SFDA), after the Chinese Supreme Court turned down his final appeal. Zheng Xiaoyu, 63, was sentenced to death for neglecting his obligations to the country by accepting bribes from...
eight companies, worth US$850,000, in exchange for drug approvals. The execution comes on the heels of a number of scandals involving Chinese products that have harmed China’s reputation around the world. The execution was meant to demonstrate Beijing’s commitment to food safety and to prevent future health scandals.

Zheng’s sentence illustrates how much pressure Beijing is under after some failures and deaths due to toxins in foods and medicines, among other products. Over the past year, the food scares in China have included pork tainted with a banned feed additive, drug-tainted fish, and industrial dye used to color egg yolks red.

In response to the NEJM publication, the American College of Radiology (ACR) stated that the decreased accuracy of mammography when using CAD was due to increased false positives, not to fewer cancers being detected. The study was designed in such a way that it was impossible to determine how many cancers would have been missed without the use of CAD, according to ACR.

**ACP Commends Proposed Changes to Payments for Physicians’ Work at Nursing Facilities**

The American College of Physicians (ACP) commended the Centers for Medicare and Medicaid Services (CMS) on its recent decision to increase the work relative value units (RVUs) for codes used in the nursing home setting. Work relative value units, assigned by CMS and reviewed periodically, are part of the methodology used to calculate payment for physicians’ services. The level of the work RVU determines approximately 55 percent of the payment for a service. The increase in work values for nursing home codes follows last year’s decision by CMS to increase the work values for many codes for office, hospital, and emergency room visits. Work values for initial nursing home visits increased by more than 40 percent, work values for subsequent nursing home visits increased by between 9 percent and 26 percent and the work value for the annual nursing home visit increased by more than 32 percent.

**Saudi Arabia Assists Ghana in Health Care Delivery**

A 20-member health team from the Kingdom of Saudi Arabia recently presented 20,000 doses of measles vaccines, worth $130,000, to the Ministry of Health to support quality health care delivery in Ghana. The team is offering a two-week medical outreach service to the people of Nima, Mamobi and their surrounding areas.
Saudi Arabian Ambassador Aggad said his country was also processing another presentation of seven tons of medical supplies worth over $200,000 to the Ministry for its health care delivery services. He also added that the medical team was offering general health care and other specialized treatment such as Ear, Nose, and Throat and pediatrics.

Aggad promised Ghana his country’s support in ensuring quality health care delivery through the contributions of outreach programs and provision of medical supplies and equipment. Major Courage Quashigah (Rtd), Minister of Health who received the vaccines, commended Saudi Arabia for abiding by the rules set up by the Ministry in donation of drugs and equipment.

ECRI Institute Announces Winner of the Second Annual Health Devices Achievement Award

Texas Children’s Hospital of Houston, is the recipient of the second annual Health Devices Achievement Award for excellence in health technology management. The Health Devices Achievement Award recognizes an outstanding initiative undertaken by an ECRI Institute member healthcare facility that improves patient safety, reduces costs, or otherwise facilitates better strategic management of health technology.

Texas Children’s Hospital’s award-winning application is an exceptional example of how the teamwork approach to integrated technology and asset management can lead to better patient care, minimize cost, and improve communication. Submitted by a multi-disciplinary task-force (biomedical engineering, nursing, information technology) the application, “The Integrated Platform for Life Safety & Tracking Initiative,” describes a commitment to adopt interoperability and standardization at the point of care to create standardized open architecture for nurse call system networks, personal communication devices, asset management, and to integrate IR/RF ID for equipment and staff tracking.

ASTRO Announces 2007 Gold Medalists

The American Society for Therapeutic Radiology and Oncology has announced the recipients of the 2007 Gold Medal, the highest honor ASTRO bestows. Jay R. Harris, M.D., and Larry E. Kun, M.D., will receive their awards on October 30 at the Gold Medal Ceremony at ASTRO’s 49th Annual Meeting held October 28 through November 1, 2007, in Los Angeles.

Dr. Harris is Professor and Chair of the Department of Radiation Oncology at the Dana-Farber Cancer Institute and the Brigham and Women’s Hospital at Harvard Medical School. He also serves as Residency Program Director for the Harvard Radiation Oncology Program. Dr. Harris’s main research interest has been in the area of breast cancer, with a focus on establishing the most effective and safe radiation treatment for these patients.

Dr. Kun is the Chairman of the Department of Radiological Sciences at St. Jude Children’s Research Hospital in Memphis, Tenn. With an academic and clinical career spanning more than 35 years, Dr. Kun has established himself in the field of radiation oncology as a well-respected pediatric oncologist, focusing on malignancies like brain tumors and other childhood cancers. Dr. Kun has served as ASTRO’s President and Chairman of the Board of Directors, and has served in leadership roles for several committees and task forces in the organization. He is a Trustee of the American Board of Radiology and he chairs its Maintenance of Certification Committee.

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Are you looking for honest service as well as quality pre-owned medical systems that actually work?
New Heart Ultrasound Test May Detect Coronary Artery Disease in Diabetics

Research released at the 18th Annual Scientific Sessions of the American Society of Echocardiography (ASE) and conducted at the University of Nebraska Medical Center in Omaha, found that real-time perfusion echocardiography, a heart ultrasound technique that allows doctors to view blood flow in the heart muscle, helped identify diabetics without symptoms who are at risk for coronary artery disease. While traditional heart ultrasound continues to remain the best test for identifying many different abnormalities in the heart, being able to assess the blood flow within the heart muscle by using a contrast agent would be a major breakthrough for diagnosis and treatment of heart diseases.

● [DM 4213]

GE Collaborates With Medipattern Healthcare

GE Healthcare to resell the current B-CAD™ product line, while collaboratively developing and customizing CAD for GE’s future solutions. Under the agreement, Medipattern will create an advanced version of its breast ultrasound CAD exclusively for GE Healthcare for use with its ultrasound solutions, which will be made available to the market through GE’s well-established global sales channels.

● [DM 4306]

Philips Teams With University Medical Center Hamburg-Eppendorf

The University Medical Center Hamburg-Eppendorf (UKE) in Hamburg, Germany, and Royal Philips Electronics have developed a computer-aided diagnosis (CAD) system for neurodegenerative diseases to support clinicians in diagnosing the onset and type of disease as early as possible. The new diagnostic technique, which has already proven its accuracy using historical image data and known patient outcomes, is about to undergo clinical evaluation at UKE. The CAD system is a software package that automatically interprets PET (Positron Emission Tomography) brain scans of patients suspected of having a neurodegenerative disease that leads to dementia, and combines them with MRI (Magnetic Resonance Imaging) scans for accurate differential diagnosis.

● [DM 4305]

Covidien, Tyco Spin-Off Launched

Covidien Ltd. recently began trading on the New York and Bermuda Stock Exchanges, marking its debut as an independent diversified healthcare products company. The business, formerly Tyco Healthcare, spun off from Tyco International in the company’s trivestiture, creating separate companies for Tyco International, Tyco Electronics, and Covidien. The new company produces medical devices, supplies, imaging products, and pharmaceuticals. Revenue from these business units in 2006 was $9.6 billion, with over one-third of sales outside the United States. Covidien employs more than 43,000 people in 57 countries, and its products are distributed in over 130 countries. Tyco was trivested after its former CEO and CFO were convicted of fraud in an accounting scandal in 2005.

● [DM 4334]

Hologic to Acquire BioLucent

Hologic, Inc., a leading provider of diagnostic imaging and state-of-the-art digital imaging systems directed toward women’s health, has entered into a definitive agreement to acquire BioLucent, Inc. and its MammoPad breast cushion business. Concurrently with the closing of the transaction, BioLucent will spin-off its brachytherapy business into a newly created company, which will remain independent.

BioLucent, Inc., is a privately held medical device company located in Aliso

Medipattern’s Computer-Aided Detection will increase the effectiveness of GE’s ultrasound solutions.

Covidien was formerly Tyco Healthcare.
Viejo, California. The company designs, manufacturers, and markets the MammoPad breast cushion, a radiolucent foam cushion that covers the surfaces of all commercially available mammography equipment.

BioLucent’s patented MammoPad is designed to reduce the discomfort that inhibits many women from getting regular mammography screenings.

The MammoPad is standard in nearly 20% of mammography facilities nationwide and has been used by more than 10 million women. The Company achieved revenues of approximately $17 million in calendar 2006, a 42% increase over its prior year.

● [DM 4232]

ACCF, Others, Release Criteria for Cardiac Ultrasound

The American College of Cardiology Foundation and the American Society of Echocardiography have released Appropriateness Criteria for transthoracic and transesophageal echocardiography (TTE and TEE respectively), two of the most commonly used techniques in cardiac ultrasound. The criteria are expected to guide physicians in deciding when and how often to use tests to minimize inappropriate use of TTE and TEE, which can be costly and tie up resources for others who truly need TTE/TEE testing. The new standards reflect the American College of Cardiology’s ongoing efforts to help standardize procedures utilized by physicians in the care of patients with cardiovascular disease.

● [DM 4206]

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We Tube You.™
Intravenous infusion pumps are very plentiful at most hospitals. In fact, about 70 percent of hospital beds are equipped with them; a 500-bed hospital has about 350 pumps, industry experts on DOTmed.com estimate. In terms of sheer numbers, “pumps are the number one piece of electronic equipment in a hospital; there are more pumps than anything else,” notes Joseph Cramer, President, I.V. Technologies, Inc., Uperville, VA, which buys and sells used infusion pumps and replacement parts.

Getting pumps back to Joint Commission standards

While pumps are common devices, don’t think of these precision instruments as commodity items to be bought on price alone. Hospitals can save significantly by buying or selling used equipment, but it’s important to work with a trusted Independent Service Organization (ISO). For instance, Med-E-Quip Locators (MEQL), St. Louis, MO, uses the state-of-the-art Certaomatic recertification system to test each pump according to Joint Commission standards, according to Bob Caples, President of the company. “We get the equipment in, receiving personnel make sure everything is fine. It goes to the ‘cleaners’ and then our biomedical technicians get the equipment back up to the manufacturer’s specifications,” says Caples. (continued on page 12)
SPECIALS OF THE MONTH

Largest Inventory Carried on Infusion Pumps

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In addition to extending the life of equipment by keeping older units in service, ISOs are a great source for back-up pumps. “Hospitals have a primary model that they use, and like to have a few extra on-hand to get them over the peak time,” Caples observes. (Industry consultants estimate that hospitals keep five to ten percent more pumps than they need in inventory.)

Joseph Cramer of I.V. Technologies says that his company also uses the Certamatic recertification system to test their pumps. “Each pump comes out of our facility with documentation that it has passed or exceeded the OEM specifications...and we warranty it for six months,” Cramer explains.

Many ISOs employ experienced service personnel with OEM backgrounds to help ensure that the equipment is in perfect working order before it is sold to a rental company, hospital, clinic, or broker. The process extends the lifecycle of medical equipment and keeps operating costs under control. ISOs typically purchase used pumps from hospitals that are upgrading or switching to a different OEM supplier, so selling equipment also represents a potential for liquidating inventory that is otherwise costly to store or dispose of responsibly.

The off-shore market for pumps is strong

Some ISOs export to other countries. “A lot of hospitals put their old pumps in storage. But the longer they sit there, the more service they need when they are finally taken out. Meanwhile, many countries are interested in importing used and refurbished pumps because they can’t afford brand new equipment,” says Greg Oggel, Green Cross Medical, Ventura, CA. Green Cross is a non-profit organization that exports to
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- Gregory B. Little, D. PH., Regional Director-Material Management, St. Mary’s Health System, Inc.
Peru, Argentina, India, the Philippines and elsewhere.

“A hospital that has valuable assets like pumps sitting in a closet wasting away and adding to their overhead is plain and simple wasting money,” Oggel notes. “Selling those pumps makes money for the hospital, and it also frees up space – while doing a good deed at the same time.”

While some hospitals sell their used pumps to ISOs, others donate pumps to facilities in need, which is another way to give the equipment a new lease on life – and also get a tax write-off.

**A pump for every purpose**

As numerous as they are, IV infusion pumps are just one type of medical pump. Among the others major types of pumps are enteral feeding pumps, PCA (patient-controlled apparatus) pumps for delivery of pain medication, syringe pumps for precise intravenous applications, suction pumps for surgery/obstetrics, respirators, compression devices, blanket-warming pumps used in the ICU, and others. The leading pump manufacturers include Baxter, Alaris (formerly IMED, IVAC), Hospira (formerly Abbott), B. Braun (formerly McGaw), Smiths Medical (makers of Medfusion pumps), Kendall, Zevex, and Compat, among others.

Industry leader Baxter, however, was recently subject to FDA-ordered pump recalls (see DOTmed Business News story #DM 3438), pointing to another value in having ISOs on tap. According to Teddy Cohen, President, Elite Medical, Staten Island, NY, which sells infusion and feeding pumps to hospitals and teaching institutions, “The recall impacted us positively because we had access to the pumps that people needed. We also provided alternatives so customers were not limited to one brand or type of pump.” Cohen adds, “We provide a warranty on everything we send out. There is rarely a problem with our pumps and we stand behind our product.” Elite Medical sells both refurbished as well as new. “The market for refurbished is greater because new pumps can be quite pricey. Our customers know that even though they are paying a lower price, they are not getting an inferior product whatsoever,” Cohen asserts.

**Pump problem or user error?**

One vexing issue that hospitals have to deal with is that pumps frequently need service. But many companies that buy and sell medical equipment on DOTmed.com report that most problems actually stem from user error. “Very often the hospital personnel are not trained properly on the unit in use; it will throw the pump into an alarm code, and staff will say it’s defective. We get it back into the shop and it’s working perfectly,” Caples says of this all-too-common experience.

It turns out that some pumps even include an error code beginning with “N,” an unfortunate built-in reference that assumes a member of the nursing staff is to blame. “One of my hospital customers has got brand new pumps, so if they ever break, they just call the manufacturer. But first I determine whether it’s user error or an actual failure of the pump,” says Rick Pate, owner of ArkLaMed Equipment Services, El Dorado, AR. “I act as a go-between, to see if the error is an E [electronic] or N code [user error].”

---

The cleaning department at Med-E-Quip Locators prepares equipment before biomedical testing.

**Medical Pumps Sales and Service Providers**

For convenient links to these companies’ DOTmed Service Directory listings, go to www.dotmed.com and enter [DM 4349]
Typical user errors include pinching the lines, which occlude them and cause the battery to run down, or incorrectly loaded or programmed pumps. These are readily re-set. However, when pumps do need repair, often the problem stems from a bad circuit board, plastic casing wear and tear, or a worn pumping mechanism or sensors. Fuses, keypads, overlays and batteries also need frequent replacement.

One of the few companies that offers component-level board repair on the electronic circuitry in the pump is Select POS and Peripherals LLC, Edina, MN. "We are able to offer our clients a savings of 40 to 60 percent off the cost of a new board," says Troy Goodhart, head of sales and marketing. "This enables hospitals to extend their equipment lifecycle and lower their total cost of ownership so they can get the most return possible for their initial investment."

New equipment prices on the rise

“Hospitals are finding that replacing old pumps with new ones is getting pricey, creating a bigger market for servicing older equipment to keep it up and running,” says George Girgis, President, Meena Medical Equipment, Inc., Colleyville, TX. “Sometimes the big OEM won’t service that older pump anymore, so third party [ISOs] can save the hospitals a lot of money by providing service. And because manufacturers have a hefty minimum charge for service, you can often replace the pump for less with a refurbished unit.”

Parts are another important service component, and ISOs take different approaches to finding them. Some buy used pumps specifically for parts. Others use OEM-made parts.

For I.V. Technologies, parts represent half of the company’s business. “We sell parts to large service companies, and Biomedical Techs in hospitals buy parts from us,” Cramer says.

AIV, Inc., Harmans, MD, makes its own parts. “We engineer and manufacture a lot of our own parts and accessories which allows us to control our inventory levels and in turn, the items we offer to our customers,” notes Kate Gunther, Marketing Manager.

“We do our best to always maintain a large stock of repair parts for most devices. Some parts are hard to keep in stock due to high demand,” states Philip Stuemke, Vice President, NOVATEK Medical, Effingham, IL, which also sells and services all types of medical pumps.

The bottom line

As hospitals strive to contain costs, medical pumps — the most prevalent of devices — present an opportunity for savings by extending the life cycle of a large cache of equipment and by selling used units when upgrading. In either case — whether a hospital is buying or selling — some basic business fundamentals apply.

“Hospitals may look to purchase equipment in volume. So they will look for a volume price,” says Elite Medical’s Teddy Cohen. “It boils down to price, product, service and warranty.”

For cost savings, “keep the old tech going,” says Cramer. “We can maintain their older equipment when the manufacturers stop selling the parts, so if [the hospital] can keep their product line going and are not being forced by the OEM to switch out the old equipment, they can keep it alive,” Cramer asserts.

“My message to hospitals is check around before you sign on the dotted line with the pump manufacturers. Make sure you’re getting the best bang for the buck. And always demand money up front before any equipment is removed from their facility,” suggests Caples. Look for cash and carry on trade-ins, he advises. “And finally, be sure to have the biomedical staff or a qualified ISO check the equipment before returning it to the OEM for service.” In other words, if it ain’t broke, don’t fix it.

[DM 4349]
Interfaith Medical Center Surplus Auctions

DOTmed Helps Interfaith Medical Center Auction a Hospital Full of Equipment

In April of this year, DOTmed’s President Phil Jacobus gave an online Webinar introduction to members of the Greater New York Hospital Association (GHNYA) on the benefits of DOTmed-Managed Online Auctions. For Ebone McIntosh, Vice President, and Robert Samse, Director of Materials Management at Brooklyn’s Interfaith Medical Center, the event couldn’t have been more timely.

The central Brooklyn hospital was undergoing a major change. Back in 1982, Interfaith Medical Center was created from the merger of Brooklyn Jewish Hospital and St. John’s Episcopal Hospital. In the years since the merger Interfaith Medical Center continued to improve the building formerly occupied by St. John’s, and today it continues to be a financially solid healthcare provider. The former Brooklyn Jewish, however, had challenges, and a few years ago Interfaith Medical Center began to phase out the under-utilized facility, while maintaining both patient capacity and quality of care.

Having recently finished the process, Ebone McIntosh and Robert Samse were left with a building full of equipment, but with no experience as what best to do with it. They were asking themselves: “do I pay somebody to come empty the facility, or do I just give away its contents?” – when Phil’s speech gave Ebone and Robert a third, and a much better, option.

In May, Ebone and Robert called DOTmed to set up multiple auctions for their surplus equipment. Mike Galella, their DOTmed Area Manager, came and inventoried their equipment. He spent two days at the hospital and its warehouse, photographing and tallying, eventually grouping the most valuable items into a dozen or so auctions. He then posted these auctions on DOTmed.com, opening up Interfaith Medical Center’s dusty storage rooms to a global community of buyers.

The bidding started quickly, especially on some rather choice pieces. In their warehouse, for instance, Interfaith Medical Center had a GE Silhouette Rad Room from 2001 that had never been installed. In perfect condition, complete with a 4 Way Float Top, a GE Transformer, a VR Control Panel, Collimator, Varian Medical Products Tube / Model Rad 12, Silhouette High Frequency VR PDU Generator, Left Handed Vertical Wall Bucky, and Tube Stand Pivots, it had been placed in storage, unused, by an administrator unable to find it a home at the hospital. DOTmed found it a new home when the auction closed – for $10,000.

But that’s not all – with the help of their DOTmed Area Manager, Interfaith Medical Center also sold a GE Stenoscope 2 C-Arm manufactured in 1995, with two monitors and a Sony recorder, for $4,500, and a USI Model 9650 MV4 C-Arm Table for $3,500. Ebone and Robert had some success with less expensive equipment as well – another seven auctions closed for a total of $5,000. A number of auctions are still open.

All of Interfaith Medical Center’s equipment put up for auction was in good to excellent condition, either on site or in storage, but they needed DOTmed Auctions to ensure it didn’t stay there. Now, with the equipment being shipped across the country and around the world, Interfaith Medical Center can reinvest their profits in providing better healthcare for the people of Brooklyn.

old into gold

Interfaith was ready to pay to have their old equipment removed from Brooklyn Jewish Hospital, but fortunately DOTmed came along at the right time to show them a better way: DOTmed Online Auctions.

...
DOTmed Business News Industry Sector Reports (ISRs) are where medical professionals turn for pertinent, up-to-date information regarding medical equipment sales and service companies that serve their area of expertise.

DOTmed ISRs are unique, because we canvass our 80,000 registered users—a resource nobody else has—to provide an in-depth analysis of current conditions and trends to help guide your purchasing decisions. And each ISR has a special Directory of Companies which lists sales and service providers in each field.

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### November
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Operating room tables have come a long way since the “Perfection Physician’s Chair” that served as an examination chair which could be converted into a surgical table; or the first operating table made of steel manufactured in 1889 by MAQUET; or the 1940’s AMSCO 1065 tables.

Today’s O/R tables use hi-tech, high strength, lightweight materials, such as carbon fiber, and are highly configurable. Bob Mighell, President of World Medical Equipment, Marysville, WA, buys and sells the latest generation of O/R tables, but also happens to be the proud owner of an AMSCO 1940s-vintage beauty (see photo). Bob has a great motto for his company, “The Equipment You Need for the Procedures You Perform at a Price You Can Afford.” He says, “Regardless of the age, we take all of the tables we own down to their component parts and rebuild them from the ground up.”

Tony Asbille, President of Global Star, Texarkana, AR, specializes in Durabuilt surgical tables and has been selling nationwide for seven years. He says that the designs of operating room tables that were made 10 years ago have become antiquated and that new technology has allowed design changes in operating room tables that were once considered impossible, including designs that allow for better C-arm access. These tables are the focal point of complete operating room systems that can help reduce the time a patient spends in the O/R and in the hospital following surgery.

Different tables for different procedures

Today, there are multipurpose operating room tables that can accommodate different surgical procedures. There are also O/R tables designed specifically for obese patients. Gregg Oggel of Green Cross Medical in Ventura, CA, sells new and used O/R tables, including the AMSCO 3088SP table, which is a bariatric table that the company recommends for overweight patients. It holds up to 1000 pounds.

Tim Martin, President of Martin Medical Equipment Service, North Tonawanda, NY, notes that these days most OEMs are improving the weight capacity of their general surgical tables to support patients up to 1000 pounds. Dave Leng’s company, HEAL, based on the Southern Pacific island of Western Samoa, is familiar with these concerns. Leng points out that many Pacific Islanders are very large, and width extenders are an important accessory to the tables he sells.

Jayra Andrade of Soma Technology, Inc., Cheshire, CT, says that the differences in O/R tables are found in the accessories used for proper patient positioning. “However, there are different tables for different types of surgical procedures,” observes Andrade. “For example, there are tables that are specific for orthopedics, imaging, pain management and urology procedures.”

Soma Technology, Inc. refurbishes and sells all major manufacturers’ brands of operating room tables including STERIS, Amsco, Skytron, Getinge, Maquet and Shampaine. “The most popular brands we sell are Skytron and STERIS,” states Andrade. “All tables are completely refurbished according to the original manufacturers’ specifications by highly skilled engineers.” Andrade also says that Soma sells new C-arm/pain management tables, and is able to supply parts for all models available in stock.
STERIS Corporation develops and creates products that are used around the world to prevent infection and contamination in critical environments such as operating rooms. They offer a line of tables, including the Cmax, that accommodate a wide variety of surgical positions such as sitting, shoulder arthroscopy, park-bench, supine, lateral, urology, gynecology, and knee-chest. STERIS provides immediate support for questions and technical concerns about the brand names they offer.

What to consider when purchasing an O/R table

The first consideration when purchasing an operating table should be whether or not it is appropriate to the type of surgeries being performed at the facility. The trend in many operating rooms is incorporating a selection of interchangeable tabletops that can be secured to a fixed O/R table base. New technology features a float top that allows a surgeon to position the tabletop in relation to the C-arm instead of having the C-arm positioned in relation to the table. The float top feature allows the table to move in any direction.

According to some company owners, there are basic things to look for when purchasing a surgical table, including sturdiness, level of comfort, and compatibility with C-arms, X-ray machines, and any other accessories you may already have. Most people also agree that electric tables are the way to go because they are easy to operate and provide exceptional positioning. And, if the O/R table is going to be moved from one room to another, it should also be motorized, as they are easier to move.

Kurt Wehrmann, President of Northern Scientific, Mound, MN, sells many Skytron surgical tables, a popular brand. “The Skytron’s 6600 series is a
general purpose table that provides excellent upper and lower body imaging, urology, shoulder arthroscopy, bariatric capabilities and more. It includes a 1000 pound lift and 600 pound articulation capacity and exceptional imaging with removable back and leg sections,” explains Wehrmann. He also says that a more basic model, the Skytron 6000, is available. “The 6000 and 6001 tables have C-arm interface capabilities, pendant control, 400 and 500 pound lift capacity, 180 degree table top rotation, X-ray top set option and a manual kidney lift,” explains Wehrmann.

If the model you are purchasing is basic, make sure the manufacturer has the accessories you need to customize the table. All tables should come with a height-adjustable four section articulating top, full side-rails and a head or foot extension. Armboards, side-rail clamps and Clark sockets are also must-have accessories.

Blue Horizon Medical Services, Orlando, FL, owned by Crystal Leroy, has a line of replacement hand control and remote accessories for O/R tables. Scott Leroy, Blue Horizon’s Chief Technician, says, “The hand controls or remotes that we carry are direct replacements, so there is less to worry about than with other replacement options. They look very much like the original with a comfortable and easy to hold unit.” Blue Horizon also sells tables, and guarantees that your purchase will be safe and in perfect working condition. “If a table is refurbished properly everything that moves or is hydraulic needs to be replaced,” says Crystal. “That includes seals, o-rings, feet, chrome, pumps, springs, rubber parts, gears, hydraulic systems, and the list goes on and on.”

### Strong market for used and refurbished O/R tables

With dwindling reimbursements and mounting operational expenses, ambulatory surgical centers and hospitals are looking for ways to save money. Wendy Sitcer, Marketing Manager for Medrecon, Inc., Garwood, NJ, and Jim Kleyman, President of Ace Medical Equipment, Inc., Clearwater, FL, are two companies that take “refurbished” medical equipment very seriously, because they both feel that there are many companies in the industry that don’t.

Medrecon offers O/R table rebuilding and exchange services. In other words, instead of spending money on a new table, a company can exchange an O/R table they have with Medrecon for a completely rebuilt O/R table of the same make and model. “Medrecon offers cost conscious hospitals and surgery centers the true alternative to buying new operating room tables by rebuilding their current tables,” says Sitcer.

Jim Kleyman of Ace Medical has his own motto: “If we can’t fix it, we won’t sell it.” Kleyman feels that when anyone is buying complex medical equipment like an O/R table, they should ask certain questions. “Ask if the company has product liability insurance and if any claims have been filed against them,” says Kleyman. “Too
many companies in the business say a product is refurbished when, in fact, it is not.” Kleyman went on to say that there are a lot of critical steps that must be taken to properly rebuild an O/R table, and many companies just don’t have the expertise to do it right. “It’s a real problem in our industry,” noted Kleyman.

On the other hand, Mitchell Guier, President of North American Medical, Sweet Springs, MO, sells used equipment that is not refurbished or refinished. “My company is a medical equipment liquidator. We look for quality used medical equipment that is in excellent condition, and we sell it,” says Guier. “Whether an operating room has been refurbished or not, if it has been properly maintained and has had regular preventive maintenance, it should last a good eight to ten years.”

O/R Tables Sales and Service Providers
For convenient links to these companies’ DOTmed Service Directory listings, go to www.dotmed.com and enter [DM 4366]

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Per Scholas is a non-profit organization committed to using technology to better the lives of people in low-income communities. Operating out of three locations — two training facilities in the South Bronx and Miami, and a service/recycling center in the Bronx — Per Scholas vocational training, computer distribution and recycling programs work to empower children and help adults build living-wage careers.

Per Scholas provides environmentally trustworthy recycling for all types of computer equipment, from individual PCs to a healthcare facility’s entire server system. They take the best PCs and recondition them for distribution to low-income families, schools and retirement homes. High-value servers are sold at fair-market value to help defray Per Scholas’s operating costs.

Per Scholas is a registered non-profit 501(c)(3) organization, so anything that your healthcare facility or company donates that has value is tax deductible.

Many elderly people get to own their first computer because of the work of Per Scholas.

Per Scholas Computer Recycling

Solve Your Data Security Problem and Help People in the Community

Have your old computers’ hard drives securely wiped clean while supporting a worthy cause.

By Joan Trombetti

Per Scholas is a non-profit organization committed to using technology to better the lives of people in low-income communities. Operating out of three locations — two training facilities in the South Bronx and Miami, and a service/recycling center in the Bronx — Per Scholas vocational training, computer distribution and recycling programs work to empower children and help adults build living-wage careers.

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Hard Drives are Wiped Cleaned Using Top-level Protocols

Hospitals and companies that are updating computer systems have a problem: vital information stored on the old systems’ hard drives needs to be permanently erased. The data could be medical records, personnel information or company budgets. You may think that the information is gone once you erase the hard drives, but it takes a professional to really get rid of stored data.

The bonded employees at Per Scholas will, for a small fee, remove computer systems and wipe out all data. The goal is to remove all old information, reformat, recondition, and prepare the hard drives to accept new operating systems. Technicians at Per Scholas use a Department of Defense data security protocol in a bonded secure warehouse and will provide a certificate of destruction or recycling to a company when the job is complete.

Vice President of Business Relations, Angel Feliciano, assures those using Per Scholas’s service that “from the time we pick up your computers until the time the hard drive is clean, it never leaves our sight.”

Feliciano said the small fee covers the cost of properly disposing of materials and reconditioning systems — a small price to pay to get rid of a big headache in the long run. “We are capable of erasing 100 computers a day,” says Feliciano.

If the computer is not worth refurbishing, its components are recycled. “The process we use responsibly disposes of all the potentially harmful materials in the insides of your old computer and we are forward-compliant with proposed EPA legislation on recycling of end of life computer equipment,”
said Feliciano. “Our recycling program, in partnership with hundreds of corporations throughout the tri-state area, prevents toxins from reaching our groundwater and diverts thousands of tons of electronic equipment from our landfills.” Per Scholas also recycles for organizations such as the Federal Reserve Bank, the IRS, and Con Edison.

**Per Scholas Gives Computers According to Individual Needs**

The machines Per Scholas refurbishes and distributes through its ACCESS Program are late-model, high quality machines that look good as new when ready for a new home. They come with the essentials: a new monitor, keyboard and mouse. Printers are often included.

If a recipient has the ability to pay, Per Scholas sells the computers at the lowest possible cost; if not, they give the PCs at no charge. As Feliciano puts it, “If someone goes out of their way to find us, then we don’t question their need, we give them what they need.” So far, Per Scholas has given away over 60,000 PCs.

**Serving the Young and Old Alike**

Per Scholas has a Comp2Kids Program that provides training and personal computers to all students and teachers at selected low-income New York City public middle schools, and in an effort to link the classroom learning and home learning process, Comp2Kids gives all teachers and students personal home computers and the latest technology training.

Per Scholas also takes care of the elderly: the Comp2Seniors program partners with local senior centers to provide extended training and home computers to seniors who wish to own one.

In addition to distributing PCs, Per Scholas trains computer technicians for a career in the field. The 18-week course is for individuals committed to moving from unemployment or underemployment to a higher income and permanently improved life. Those who are accepted are given full tuition and materials. Almost 80% of Per Scholas graduates have secured employment, and a job placement program is offered. The school is so successful that Per Scholas has launched a replica Computer Training and ACCESS Computer Distribution Program in Miami. Miami-Dade Empowerment Trust and other local funders provide support to make the Miami operation self-supporting and sustainable.

Feliciano said that Per Scholas and DOTmed are aligned in that they approach the medical field with similar objectives: the redistribution and resale of old equipment, and the maintenance of a philanthropic connection to the community.

**How to contact Per Scholas**

If you are a company and need computer disposal services please call (718) 772-0650 and a truck will pick up 35 or more computers. Individuals can drop off computers at the South Bronx facility (1575 Bronx River Avenue) from 9am to 4pm. Please contact Angel Feliciano, Vice President of Business Relations, at (718) 772-0650 or afeliciano@perscholas.org to learn more.

● [DM 4416]

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Mobile Medical Equipment
Transport, Storage,
and MRI Keep-Cold
Service Companies

These are specialties where experience really counts

By Michael Borden

Mobility, the simple ability to move from one place to another, is easy to take for granted. But when the object is a high-tech CT, PET, PET/CT scanner, Mammo Unit, Cath Lab – or particularly – a ten-ton superconducting MRI magnet with over 240,000 miles of coiled wire bathed in a thousand liters of liquid helium at -452.1 °F degrees below zero (only a few degrees above absolute zero at -459.7 °F), you’d better know this equipment inside and out when you’re trying to move it.

Ever since the development of the first mobile MRIs and CTs in the early 1980s, the art and science of transporting these million dollar diagnostic tools has required a level of expertise far surpassing that needed for most other transportable medical equipment.

“What most people don’t realize,” says Michael Profeta, President of Magnetic Resonance Technologies, Inc., an Ohio-based servicer and storer of MRIs and other mobile imaging equipment, “is that an MRI system is like a giant pressure cooker. Things are pretty simple until there’s a problem, and unless you know exactly what you’re doing, you’re setting yourself up for some very major problems. Safety should always be the number one priority when dealing with MRI magnets,” Profeta stresses – and he should know. As a pioneer in the development of superconductive MRI technology, he was responsible for the installation and testing of the first large bore Cryogenic MRI Magnet in North America. Twenty-five years later, he still advises extreme care when handling magnets and choosing the people you’re depending on to move or store your MRI.

“Moving these things is not like moving any other type of imaging equip-
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ment. You’ve got an incredibly sensitive machine that requires very specialized care and a host of exacting procedures to get it from point A to point B safely and securely,” Profeta notes.

First, a little education. A mobile MRI is much like any other MRI. Its primary component is a large powerful magnet kept cool in a thermos-like vacuum container whose temperature must remain at 4 degrees Kelvin, or as close to absolute zero as you can get, in order to keep the magnet energized. Failure to keep the magnet windings properly cooled could result in a fast boiling of the liquid helium, called a “quench” – a prospect you certainly don’t want to encounter.

The reason is simple physics: liquid helium expands into a gas at a ratio of seven hundred to one, or 700:1. One thousand liters of liquid helium will turn into seven hundred thousand liters of pressurized gas in a matter of minutes during a quench. That’s pressure of enormous proportions. A magnet that is not energized still requires that the liquid helium stays insulated from the outside temperature, or an elevated boil-off will occur. Additionally, the magnet venting hardware needs to be working properly and not allow air to ingress into the helium vessel. There are gauges and meters to monitor all this, and unless the person transporting or storing your MRI understands the physics and knows exactly how to monitor these things, you’re looking, at the very least, at costly repairs of very expensive equipment, and possibly a safety nightmare.
“There are documented incidents of cabinets blown through walls and roofs raised off buildings when MRIs were mis-handled by people who didn’t know what they were doing,” says Profeta. “Thankfully, no one has been seriously injured. It is very important that the people handling magnets are well trained and understand the potential safety dangers that exist.”

The Hidden Heroes of Mobile Medical Transportation

Given the intricacies of moving an MRI, CT, or PET scanner from one site to another, most reputable companies work long and hard to make sure that their drivers are trained for the task.

Sage Point Transportation, for example, a major transporter of mobile imaging equipment with headquarters in Upland, CA, and terminals in Texas, New York, and Washington, requires all of its drivers to undergo weeks of intensive training before even thinking about letting them out on the road with a mobile MRI or any modality. “Training is imperative,” explains Don Shows, Sage Point’s Vice President. “When we deliver a mobile MRI to a hospital it has to be ready to scan within one hour of being dropped off. That means our drivers have to understand all about the magnet, the generator, the chiller, where and how to place the unit, leveling it properly, and anything and everything else that could prevent a hospital from putting a patient on the table almost immediately after delivery. That’s no easy trick. A hospital or a clinic ordering a mobile MRI should be able to call us with the address of where it’s going and the date they want it. Everything else is taken care of by us and the driver.”

Brian Woodbury agrees. “Mobile MRI drivers are the hidden heroes of this business,” says Woodbury, Area Vice President of InSight Health Corp, one of the largest integrated providers of MRI, CT, PET, PET/CT, and other mobile diagnostic imaging equipment in the nation. InSight Health, with headquarters in Lake Forest, CA, requires its 100-plus drivers to be trained and certified as movers of MRI equipment and all the other modalities. “This is a very regulated business and these are $2 million units we’re talking about. You don’t hire a driver who’s use to hauling bedroom furniture.” A good driver, for whichever company, must be able to restart the chiller, make sure the air conditioning is re-connected, know how to re-start the cold head or compressor if necessary, and know how to plug and un-plug the unit into a Russellstoll 480-volt power source in exactly the right sequence lest serious, potentially catastrophic problems arise. Magnetic Resonance Technologies, Inc., for example, provides training to drivers before allowing them to handle any of their mobile MRIs. “Safety through education is always a top priority,” emphasizes Profeta.

Given the sensitivity and the value of the equipment,
most companies demand that their drivers carry more than the usual amount of insurance that drivers of non-medical imaging equipment are expected to carry. Genesis Medical Imaging, out of Huntley, IL—a major mobile and fixed-site MRI and CT storage company that has over 120 employees and offers a full range of MRI and CT maintenance services—requires the drivers it uses to carry a minimum of $1 million in property and liability coverage.

“Genesis stores, rents and sells a wide variety of diagnostic imaging systems. And because this equipment is expensive, and because it can be rough on the roads out there sometimes,” explains Ron Ragan, Genesis’s Vice President, “we are very careful about moving these systems. On top of being first-rate technicians, we expect our drivers to be top-notch on the road. All it takes is one wrong bump to seriously mess things up.”

**Transport Companies: The Select Few**

OEMs such as Siemens depend on one, maybe two, carefully chosen hauling companies to transport their Mobile MRIs, CTs and other imaging equipment to customers. “There are two main companies we use,” says Cathleen Mann, Mobile MR Coordinator for Siemens Medical Solutions. “One of them is Mobile Med Support Services out of Connecticut. We also like LoanSum Transport out of Stacy, MN.” Mann looks for drivers able to sense immediately if something’s wrong with the pressure, the temperature, the leveling or any of the other myriad factors that go into delivering mobile MRIs. “In this business when someone needs an MRI, you need to move quickly.” To deliver MRIs for Siemens you not only need to be thoroughly versed in the physics and mechanics of the equipment, you need to be available on the spur of the moment to meet customer demand.

Other trucking companies often cited for their mobile medical transportation expertise and reliability include JDS Transportation and Medical Transit Service, Inc., out of Columbus Station, OH. JDS serves the lower 48 states with 11 tractor and fully-trained drivers. Every job they do is insured for a million dollars.

**What’s Needed To Store Mobile Medical Equipment?**

Storing mobile medical equipment, obviously, falls into two main categories. What’s needed for an MRI is different than what’s needed for a CT, PET, PET/CT, or Cath Lab. The requirements for maintaining anything that’s not an MRI are not as stringent, but many systems require constant power and need specialized attention.

PET scanners, as would be expected of any equipment in-
volving radioactive isotopes, have their own special requirements for storage – or more accurately, there are special procedures that have to be followed before the unit is transported for storage. Here’s what’s involved: when decommissioning and storing a PET scanner the “sealed source,” usually Germanium-68 or Cesium-137, must be removed from the mobile unit by a special service engineer. The sealed source then must be transferred to a storage facility licensed by the Nuclear Regulatory Commission or a facility in an “agreement state,” or a U.S. state that agrees to abide by the regulatory requirements of the NRC. “Often, that’s a different site than the place where the mobile unit itself is stored,” explains Charles Anthony Giomuso, President of Applied Medical Physics and Radiology in Cleveland, OH. “You can’t just store a sealed source anywhere. Moreover, when a stored unit is re-installed it must be tested again by a qualified physicist in nuclear medicine.” Failure to transport and store sealed sources properly can lead to fines and the loss of your license. It’s usually the job of the Radiation Safety Officer to search for and locate an appropriately licensed site for the storage of mobile PET scan equipment.
Needs for CTs vary depending on make, model and age of the system. Most storage companies say that, at a minimum, it’s necessary to maintain a proper environment inside the trailer. That usually means making sure the air conditioning is operating properly, and keeping it dust and dirt-free.

Most storage companies also offer a full, à la carte menu of maintenance and refurbishing services that a trailer can undergo while awaiting its next assignment. “It’s pretty much up to the customer, but at a minimum, most want their trailer to be put in ready-to-roll shape for whenever the next customer calls,” says Ron Ragan of Genesis. “We can provide PMs, detailing, repairs, upgrades, and also cosmetic work all the way up to totally remodeling to make a trailer look virtually as good as new.”

MRI Keep-Cold Service

Mobile MRIs, when not in use, require almost as much, and sometimes more, attention than when they’re up and running. Picking up an MRI that’s been sitting in one place for anywhere from six months to ten years and storing it properly until the unit can be re-rented is no simple operation. Cliff Hess of Texas Medical Mobile Services (TMMS), Waxahachie, TX, specializes in the maintenance, transport, and storage of mobiles. “Unlike regular rigs,” Hess explains, “mobile MRIs are extremely high maintenance machines requiring daily protocols and round-the-clock security. Helium levels need to be checked every morning. Magnet pressure needs to be kept track of constantly. Chillers need to be attended to and each unit has to be kept permanently plugged in to a 480-volt Russellstoll outlet for the duration of its storage,” Hess adds. Picking up a mobile unit and storing it properly necessitates a carefully choreographed series of procedures and capabilities that not everyone can successfully manage.

“Rental periods on mobile MRIs tend to expire at very inconvenient times,” Hess observes from experience. “We’ve had guys call at 2 a.m. saying they need us there in an hour to get their trailer. If we can’t accommodate them, they’ll simply go somewhere else next time for storage.” Accommodating an MRI means having the space for it, making sure there’s an available 480-volt hookup, getting it to the right parking spot, leveling it properly, locking it into place, and guaranteeing that nobody can steal either the unit or its parts for the life of its storage. At TMMS’s facilities in Waxahachie, which is under 24-hour video surveillance, they can accommodate 12 MRIs under power and can ramp that number up quickly if need be. They also have the room to park upwards of 100 mobiles at any one time. Other companies, including Genesis, Mobile Med Tech, and SVSR, accommodate fewer total mobiles, but space alone is hardly the sole criteria for choosing a company to store a mobile.

“We have shore power for 23 trailers and additional storage for 11 trailers off power,” says Paul Zahn, Director of Sales and Marketing at Mobile Med Tech, which maintains mobile MRI storage facilities in Cottage Grove, WI, and Council Bluffs, IA. “You can have space for a thousand units but that doesn’t mean you can care for them properly. We
have seven service engineers on premises who undergo yearly OEM training to make sure nothing about the care and service of an MRI is overlooked.”

No small part of that care is making sure the units are safe from burglary, theft, and vandalism. Graffiti and theft of parts have become security issues in recent years, according to Hess. “We provide 24-hour electronic monitoring of all of our units,” he explains, “with live video feeds that customers can access via the web.” Good security is key in mobile storage and that includes sprinkler systems in the event of overheating or fire.

Magnet Resonance Technologies offers its customers individually metered storage pads to guarantee accuracy when it comes to charging for electricity. “These units are plugged in 24-hours a day,” explains Michael Profeta. “Some MRI trailers use as much as 40% more electricity than other ones. Individual electric meters guarantee that you only pay for the electricity your unit is using – not the average of all of them.”

Fixed-Site MRIs Sometimes Need Storage Too

Mobiles aren’t the only kind of MRIs that get stored. Hospitals updating their facilities or upgrading to new equipment often find the need to store units until they’re ready for re-installation or can be sold.

Many of the companies that store mobiles, such as Genesis Medical Imaging and Texas Medical Mobile Services, also store fixed-site MRIs, and provide the same level of specialized service that they do for mobiles.

One company specializing in storing fixed-site magnets is Oxford Superconducting Technology (OST). A division of Oxford Instruments, LLC, OST operates an MRI magnet storage facility in Carteret, NJ, where they keep magnets cold – they call it their “Cryofarm.” “We currently have the capacity to store up to 30 magnets – with a relatively easy expansion potential – and we have a 10 metric-ton overhead crane, so loading and unloading of magnets is smooth and efficient, and requires no additional rigging,” says Thomas Freund, OST’s Director of MRI Services. “We store both new systems for OEMs, and used MRIs that have come out of service and need to be kept cold until a buyer is found for the system.”

All of OST’s loadings and unloadings are videotaped to document all of the procedures.

“When a system comes in we perform a full electrical check and notify the customer of any problems. If the system is due for preventative maintenance we’ll do that as well.” OST also has the capacity to bring a magnet to field and test it for a customer. When a magnet needs to be brought in, OST usually uses a specialized transportation company, Jan-Pak, out of Dover, NJ. “One thing people need to know when moving a fixed-site MRI,” explains Freund, “is that both the trailer
and tractor need to have air ride suspensions. MRI magnets look robust but they’re actually very delicate. Air ride minimizes vibrations and jolts.” In addition to OST (Carteret, NJ), Oxford Instruments also has a facility in Austin, TX, where they manufacture and refurbish cold heads, cryo-pumps and helium compressors.

**Proximity Counts**

Whether you’re looking to store a fixed-site or mobile MRI, CT, Cath Lab, or mobile Mammo unit, it pays to find a facility that’s conveniently located. On the east coast, one such facility is SVSR, Inc. out of Harmony, NC.

“Geographically, we’re located exactly halfway between Maine and Florida,” says Todd Palmer, SVSR Vice President. “That means a one-day ride, maximum, anywhere on the east coast.” Palmer, whose facilities include a 7,200 square foot service shop, was once Service Manager for AK Specialty Vehicles in North America and Asia before partnering with Ronnie Taylor to form SVSR. “Having the capability to service and fix these machines right on premises is important,” he explains. “Downtime is not an option for owners or renters of mobile equipment, especially MRIs.

In this business it’s almost the nature of the beast to know when an MRI is going to break down before it does so you can get it up and running as fast as possible. We pride ourselves on being able to get an MRI up and ready to scan again over a weekend.”

As for security, Palmer says SVSR customers have nothing to worry about. “Our partner’s son is Deputy Sheriff of the county,” he says with a grin. “Nobody messes with our MRIs.”

For more information about all companies mentioned in this Industry Sector Report that transport mobile imaging equipment, store imaging equipment, as well as those that provide MRI keep-cold services, please see DOTmed.com’s special Services Directory below.

![Mobile MRIs under power at Genesis Medical Imaging’s storage facility in Huntley, Il](image1)

![Russellstoll 480-volt electrical connectors, shown here, are essential for the storage of mobile MRIs.](image2)

**Mobile Equipment Transportation, Storage, and MRI Keep-Cold Service Companies**

For convenient links to these companies’ DOTmed Service Directory listings, go to www.dotmed.com and enter [DM 4397]
NovaRad Announces Annual Users’ Group Meetings

NovaRad Corporation, the PACS and RIS developer, recently announced its upcoming annual users’ group meetings. At these meetings, customer feedback is gathered, additional training is provided, and plans for future software enhancements are initiated. Meetings are offered at no charge and are scheduled Aug. 23-24 in Phoenix, Ariz; Sept. 13-14 in Atlanta, Ga; Sept. 27-28 in Salt Lake City, Utah; and Oct. 11-12 in Omaha, Neb.

companies

Carestream Health Announces Orders for Imaging, Information Management Systems

Carestream Health, Inc., announced it recently signed contracts for its Kodak Carestream PACS and Kodak Carestream RIS solutions with leading U.S. healthcare facilities, including Regional Medical Center (Memphis, Tenn.) and Valley Presbyterian Hospital (Van Nuys, Calif.). In addition, some facilities purchased Kodak Carestream Information Management Solutions for enterprise-wide management of images and data, Kodak Directview Computed Radiography (CR) Systems for digital capture of medical X-ray exams or Carestream Business Diagnostics to help their facilities apply proven lean-thinking methodologies that can deliver improved productivity, dramatic revenue gains and reduced waste.

Shared Medical Equipment Group, LLC, Spins Off New Company

Shared Medical Equipment Group LLC, a radiology company with an emphasis on mobile services, recently announced the formation of a new company, Mobile MedTech. The new venture will focus on providing parts, service, storage and transportation for trailers and imaging equipment. Mobile MedTech is a full-service mobile imaging support company, filling a niche for all mobile equipment providers.

According to Director of Sales and Marketing, Paul Zahn, the move “is an expansion into an industry that truly needs more one-stop shop kind of places.” Mobile MedTech is just that. The company can transport, repair, refurbish, and store your trailer — as Zahn says, “any work done on the trailer that would require you to send it to the manufacturer, we can do.” Mobile MedTech also has their own staff of OEM-trained Field Service Engineers to address imaging equipment needs, as well as a team of drivers experienced in the transportation and set up of mobile imaging trailers.

Their Cottage Grove, Wisconsin and Council Bluffs, Iowa facilities are centrally located, providing excellent dispatch locations for mobile imaging equipment. Mobile MedTech also provides complete equipment maintenance and monitoring while your equipment is on site.
Fogarty International Clinical Research Scholars Program

The National Institutes of Health’s (NIH) Fogarty International Center (FIC) is offering a one-year clinical research training experience for students with advanced standing in a US medical or osteopathic school, or enrollment in a doctoral level program at a US school of public health, nursing, or dentistry.

This is an opportunity for highly motivated individuals to experience mentored research training at top-ranked NIH-funded research centers in developing countries. Applicants must be US citizens or permanent US residents. Accepted trainees will be provided a stipend of $20,000 per year with additional funds to cover travel to-and-from the site, insurance, and educational materials. Each participating foreign site will receive funds for programmatic support, including mentoring and administration and some laboratory costs, and support of in-country trainee programs. Additional funds will be provided to support a trainee from the foreign site who will be “twinned” with the US trainee.

HealthStream International Trauma Symposium

This conference will provide an international forum for the discussion of treatment options for simple and complex fractures involving the shoulder, elbow, wrist and hand, pelvis, long bones of the arm and leg, and foot and ankle. There will be presentations not only on fixation choices and techniques, but also on minimization and management of complications. There will be an opportunity to participate in bioskills workshops using “saw bones” models under the tutelage of expert faculty.

The conference takes place September 7th and 8th at the Fairmont Turnberry Isle Resort and Club, Aventura, Florida. Fees are $75 for surgeons and $50 for Residents and Fellows. HealthStream designates this educational activity for a maximum of 15 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. A limited number of scholarships are available (International residents/fellows are invited to register as a regular surgeon with a reduced tuition rate).

Medical College of Wisconsin 27th Annual Breast Imaging Conference

From September 9-12, 2007, the Medical College of Wisconsin will hold the 27th Annual Breast Imaging Conference at the San Antonio Marriott Rivercenter.

A challenging educational experience for participants, the program includes a digital mammography training and self-assessment workshop, and the use of an audience...
response system throughout.

This year, the curriculum will include principles of mammography, ultrasound, MRI and interventional breast procedures, as well as new technologies including digital mammography and CAD, presented by a distinguished faculty.

Participants will be able to choose from special educational tracks focused on breast imaging and administration. Presentations will also include risk management, administration of breast imaging practices and the future of breast imaging using an Audience Response System that allows each individual to assess their skills.

Fees for administrators: $525; for doctors: $540; for residents: $440; for technologists: $360. One day passes and discounts for double registrations are available. The Medical College of Wisconsin designates this educational activity for a maximum of 19.0 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. Additional digital credits may be obtained by attending the digital workshop.

[DM 4348]

Bound Tree Medical Legacy Scholarship Program

Bound Tree Medical, a leading distributor of emergency medical equipment and related supplies to Emergency Medical Service Units, Fire and Police Departments, hospitals and various pre-hospital service organizations throughout the United States.

This program will award $50,000 in scholarships to children of EMTs and Firefighters interested in becoming EMTs, or furthering their certification by becoming Paramedics.

The scholarship awards will be available nationwide for those who fit the eligibility criteria and are interested in pursuing a state approved certification program.

Bound Tree Medical is a leading distributor of emergency medical equipment and related supplies to Emergency Medical Service Units, Fire and Police Departments, hospitals and various pre-hospital service organizations throughout the United States.

[DM 4346]

The Scholarship awards will be based on merit and need.

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The premier Service, Parts and Sales provider for all ADAC, Marconi, Philips, GE, Siemens, and other nuclear medicine Systems. — (866) 782-2687
● [DM 4294]

PMD Services LLC, Lexington, KY
CT/MRI/PACS Service and repair for GE/Siemens/Picker/Marconi/Philips systems. Providing service, asset management and parts as well as complete refurbished systems. Cryomag services available. Over 18 years experience. — (859) 227-9582
● [DM 4290]

Vision Systems Inc., Tarpon Springs, FL
A provider of reconditioned optical and ophthalmic equipment. Highly trained technicians and customer service staff make them a good choice for the eye care professional. — (727) 934-0130
● [DM 4298]

All Time Medical, Monsey, NY
A full service, online medical equipment supply company. Shop conveniently for wheelchairs, mobility scooters, walking aids, lift chairs, bathroom safety, mobility aids, bariatric equipment, TENS units & other medical equipment. — (866) 406-3099
● [DM 4106]

Image Technology Consulting, LLC, DeSoto, TX
Consulting services, site planning, equipment deinstalls, installs, and reinstall, leasing, MR rentals, parts and coils. MR sales and complete MRI service department. Specializing in Philips, Seimens, GE, and Toshiba. — (972) 223-3008
● [DM 390]

RSTI Training Center, Solon, OH
RSTI provides quality independent multi-vendor training. Buys and sells used equipment and parts as well. — (800) 229-7784
● [DM 409]

Adam Medical Sales, Inc., Brooklyn, NY
Available for professional de-installation jobs anywhere in the USA. Experts in de-installing the following equipment: radiographic, R/F, special procedure (Cath Labs and Angio), CT scanners, bone densitometers. — (718) 257-3191
● [DM 427]
**The 1st Annual West Coast IDN “Reverse” Expo to be Held this September**

NCI’s Fall 2007 IDN (Integrated Delivery Network) Summit & Expo will be held at the Gaylord Texan in Dallas, Texas from September 4-6. Along with its sister show (held in the spring in Orlando, Florida), the Fall IDN Expo is the healthcare supply chain’s premier industry event.

The event will feature the company’s signature “reverse” expo format, where health system purchasing executives exhibit while distributors and manufacturers visit. More than 170 health system purchasing executives from over 70 health systems are expected to showcase in the exhibit hall. In addition, the seven national GPOs will host hospitality suites: Amerinet, Broadlane, Consorta, HealthTrust Purchasing Group, MedAssets, Novation, and Premier.

Special events for registered attendees include a golf tournament on the world’s first NFL-themed golf course, inspired by the Dallas Cowboys. Also, NCI will announce the winner of its Healthcare Innovators contest, which identifies organizations that have adopted cutting edge ways to improve the healthcare supply chain.

Next year’s Spring IDN Summit and Expo will be held May 28-30 at the Omni ChampionsGate Resort in Orlando, Florida. Next year’s Fall IDN Summit and Expo will make it further west – it’s at the Arizona Biltmore, Scottsdale, Arizona.

**Over 200 Exhibitors at 45th AHRMM Conference**

The Association for Healthcare Resource & Materials Management (AHRMM) is holding its 45th Annual Conference & professional & trade show news

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Exhibition at the San Diego Convention Center in California from August 12-15. The Annual Conference focuses on current issues in the healthcare field such as finance, purchasing, professional development, and distribution. With more than 3,900 members worldwide, over 200 exhibitors, and over 1,100 attendees, the event is a can’t-miss for both equipment companies and hospital decision-makers. DOTmed will be in booth #1033.

The pre-conference on Sunday, August 12th will feature special events, including a golf tournament at the Maderas Golf Club. There will also be an array of workshops and learning labs over the course of the five days. On the 14th, the AHRMM will host a breakfast for noteworthy attendees, as well as a networking party later that evening.

### FIME 2007 — The Center of the Medical World

The FIME International Medical Exposition is the premier purchasing event for the medical industry. At the Convention Center in Miami, FL, the event features the most dominant brands alongside medical products that you never knew existed. Last year, 3,862 exhibitors drew a crowd of nearly 8,000. Even more are expected to attend this year.

The FIME Exhibition also features seminars for attendees and many special events, including presentations by the U.S. Department of Commerce and the FIME Fiesta sponsored by the Imaging Specialists Group. This event will be held from 6:00 to 9:00 PM on Wednesday, August 15th and will feature live performances by the best Latin dancers in South Florida. To register, go to www.fimeshow.com/attend.cfm. Registration is free until July 21.

DOTmed will exhibit at FIME in booth #1511.

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### Shows and Events for August 2007

- **AAD Summer Academy Meeting**, August 1-5, New York, NY
- **AAP Pediatric Hospital Medicine**, August 2-5, Salt Lake City, UT
- **DNA 3rd Annual Summer Meeting**, August 4-5, New York, NY
- **AHRMM Annual Conference & Exhibition**, August 12-15, San Diego, CA
- **MIMI (Medical Imaging and Informatics)**, August 14–16, Beijing, China
- **FIME**, August 15-17, Miami Beach, FL
- **ADA Annual Meeting**, August 15-19, Beaver Creek, CO
- **Hong Kong International Medical & Health Care Fair**, August 16-20, Hong Kong, China
- **ASGE GI Outlook (GO)**, August 16-19, Seattle, WA
- **International Behavioral & Medical Biometrics (IBMBS) Conference**, August 19-21, Budapest, Hungary
- **MEDINFO 12th Triennial Congress**, August 20-24, Brisbane, Australia
- **IFEA 7TH World Endodontic Congress**, August 22-25, Vancouver, Canada
- **IEEE EMBC 29th Annual International Conference**, August 23-26, Lyon, France
- **ISCFS XII Biennial International Congress**, August 23-25, Salvador, Bahia, Brazil
- **ISSSR 7th Radiology Symposium and Meeting of the General Assembly**, August 23-25, Munich, Germany
- **SPIE Optics & Photonics Conference and Exhibition**, August 26-30, San Diego, CA
- **MEDTEC China**, August 28-30, Shanghai, China
These are some of the more than 27,000 listings on www.DOTmed.com on any given day.

**EQUIPMENT FOR SALE**

**HealthWare Inc.**
A medical products distributor, broker and reseller for all medical equipment. We specialize in ultrasound equipment, OR equipment, bedside and specialty monitoring systems. Richard Fosco, President 630-333-3248
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**SIEMENS ECAT EXACT 47 PET Camera/Scanner**
Excellent condition. Professionally de-installed. Installation and calibration on request. Inquire for price. Nader Alfaqeeh, Orbit Medical Technologies Phone: 630-605-0295
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**PHILIPS HD 11 Cardiac-Vascular**
Item must be sold right away. Excellent C/V system with SonoCT and X-RES. Contact Jack Meyer, Ambassador Medical 317-814-8436
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**RISMED Oncology Systems**
Provides sales, service and parts for Varian Linacs. We carry parts in stock, 600C/D, 2100C/D, 1800, 6/100 and 4/100. We have our own refurbishing bays & modern paint booth, installations for Latin America, Asia & Africa. Jose A. Rodriguez, 256-534-6993
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**VARIAN PREFERENT 2100 Linear Accel.**
Good condition, de-installed or about to be de-installed Frank Bleischmidt, Artect Group Services, LLC 305-884-4533
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**EMPLOYMENT OPPORTUNITIES**

**Salesperson Position**
Location: Colorado Salary: Experience based, Salary + attractive commission. Looking for min. of 3 years experience in X-ray plus imaging field. Matt Carns, Trinity Medical Solutions, Inc. 800-503-4330

**MRI Service Engineer Positions**
Location: USA. Salary: Negotiable Looking to hire MRI Engineers. Min. of 2 years experience, able to relocate in US. Please call for further information. Anwar Mithavayani, Reliant Medical 954-632-1133

**Laboratory Service Engineer Position**
Location: Michigan Salary: Based on Education & experience Generating customer orders and maintain service contracts on clinical laboratory, medical, and physical therapy equipment. Rob Rankin, Rankin Biomedical Corp. 877-882-3679
RADIOLOGY EQUIPMENT

TOSHIBA Powervision-6000 (SSA-370A) Shared Service Ultrasound. DOM: May 2000. Software: 3.00EROOC. Transducers: PVM-375AT, PVM 805AT, PVM 703AT. Sony UP-2950 Color Video Printer. $ 8,000.00

SIEMENS Remote RF Room Polystar Vascular w/16 inch Image Int., high frequency Siemens X-ray generator. 80 KW, 16 inch multi-mode II, Digital Fluoroscopy H. Kodak PACS Link Mim for DICOM print. Ceiling mounted radiation shield and dual ceiling mounting is mounted in TV rooms. Live and reference monitors. In room fluorescent switch. Under OEM service contract. $15,000.00

FOURTEEN (14) HANALUX London OR Lights Model Number/ 4201A3A00. There are Eight (8) sets of lights with 2 Heads and SIX (6) sets of lights with 3 Heads. $9,800.00

LORAD Mammography Affinity Radiation Shield Rapid I.D. Auto Flash 24 x 30 HTG Bucky 24 x 24 HTG Bucky 18 x 24 Cassette Holder Magnification Platinum form 3 Compression paddles 3 Footswitches 2 Apertures Faceguard Manuals $10,500.00

GE Advantx RF Room, manufactured 1994 GE Tube/Replaced 2001 Model 46-155400646, GE Advantx Table Model 46-31146761, 9" Image Intensifier/HX-Spec Non Cline SB Model 46-275382G49, LGR Distar Monitor Model 6209C1462B, Wall Bucky Model Z176B06 Control Panel $5.000.00

PLANMECA TYPE PM 2002 CC PANOREX LASER X-RAY MACHINE S/N: 937 658 Year: 6/16/93 Ref #: 101349 Has not been in use for over 1 year. Stand alone and does not take a pc hook up. SF0801 LASER X-RAY MACHINE FOR HEAD X-RAYS 100, 117 vac 50/60hz 1500 va 220, 240 vac, 50/60hz 1500 va 80 kv max. Total Filtration 2.5. $5,000.00

RADIOLOGY PARTS

TWENTY-TWO (22) cases of Fuji HLC 14x17 dry camera film. All cases have an expiration date of 8/07 and 11/07. $600.00

MEDICAL/SURGICAL EQUIPMENT

SHARPAN Sliktouch 40C CO2 Laser manufactured in 1997. Very light usage; almost new. Tested and operational. $12,000.00

VASOMEDICAL EECP TSS unit. (Enhanced External Counterpulsation) Serial # 370129. DOM is 8-7-01 It has a little over 2800 hours on it. $10,000.00

DATEX-OHMEDA Anesthesia Machine Modulus SE 7800 Vent Three gas (Oxygen, Nitrous, and Med Air) unit. Three vaporizer positions. With one Isofurane vaporizer. TECA VC580. Unit functional. $3,000.00

INDEXEECH Promethee II Open Air. Condition: Good. Housed in a 1998 OEM installed Ellis and Watts Medicoach having been under full contract OEM service. System has Kodak 8800 Dryview laser printer on board. Various coils. System is operating at latest level of software Solaris 7.4. Tractor is not included in auction but can be purchased separately for $8,000. It is a 1996 Petribell with sleeper with approx 850 miles. $129,000.00

GM X Ray Tube/ New Tube Installed 2/2/2005, Tube Scan Seconds 294,272. Water Cooled Gantry / Gantry Rotation P30.086, $14,100.00

SIEMENS AR Star CT Scanner Manufactured 1999, Rontax 1.5 MHI Tube Manufactured/January 2006. 5.2 Hours of Use on Tube. Tube scan count 638, Tube scan seconds 1686. Gantry scan count 38466. 0.5 Second Reconstruction. 0.5mm Slice Thickness, Generator/14kV - 105mA, Xenon Detectors, DICOM chip installed Archive Device: MOD Software Level: R41A. $26,000.00

PICKER Philips PQ5000 CT Scanner, manufactured 1998. This system was used for therapy planning and is equipped with Acqum Therapy Planning software on a Voxel Q workstation. Includes Varian Therapy Planning Tabletop and LAP1 lasers. Tube Replaced 2003; very low scan factors. Stices on Gantry/722,185 Tube/Rhino 5.0 Generator/CRX400 KW Software/ Acquire release 5.0. Two (2) Voxel Q Therapy Workstations/Oncology Tyco CT9000 Injetor. $15,000.00

CT PARTS

MEDRAD ECT 710 EnVision CT Injection System. Last date calibrated 2-16-05. Includes EnVision CT Injection System model # ECT 710 Height Adjustable Head Pedestal model # EHP 700. Head Extension Cable 1008 model # EHC 700 100. User Manuals. $2,000.00

TOSHIBA CT Scanner express sx, whole generator cabinet, model CXXX004A, 1996. Taken from working system. $160.00

ULTRASOUND PARTS

TWO (2) Sequoia Vaginal Probes Model Number 08241254 Manufactured 2004. Never used; in original case. $10,000.00

Shaker Plus. Designed for filter hybridization incubation, DNA biotechnology, hot staining protocols, temperature sensitive assays. Seamless, stainless steel lined, temperature controlled water bath mounts on a low profile one inch orbiting platform. Speed range: 0 to 85 oscillations per minute. Removable bath for easy cleaning and decontamination. Includes stainless steel lid, baffle and Pyrex Glass Dish. $500.00.

RS MEDICAL Muscle Stimulator RS-4i; like-new condition, RS-4i Data Card, AC Adapter, Stimulator Cable Set, 24 Variable Pulse Widths, 61 Amplitudes, 220V, 60Hz. $1,150.00

KODAK X-Omat 300 Plus Multi-Loader Film Processor. Very good working condition. $1,000.00

NARKOMED 2B Anesthesia Machine. Includes 3 Halothane Vaporizers, Isoflurane Vaporizer, AbsorberSpirometer Peep ABS. $1,500.00

TREMETRICS Audiotimer RA500. Refurbished. Excellent working condition. Little Oscar testor-headset (new). Can test manually and auto. Calibrated in 6/06. $1,150.00

Ferno Non-magnetic stretcher used in conjunction with MRI systems for patient transport. This one came from a mobile application. $1,000.00

NUCLEAR MEDICINE

ADAC Nuclear Gamma Camera VERTEX CLASSIC. Automatic Collimator Exchanges: Low Energy-High Resolution Collimator, High Resolution Low Energy All-Purpose Collimator, Leap Medium Energy Collimator, Pegasys SPARC-10 Workstation, Dual Monitor, Stand-P-D-P-Function-Programmable, Processing, VarioSequencing. Various collimators. System is operating at latest level of software Solaris 7.4. Tractor is not included in auction but can be purchased separately for $8,000. It is a 1996 Petribell with sleeper with approx 850 miles. $129,000.00

MGI EQUIPMENT

SIEMENS MRI Scanner Symphony Upgraded 20. 1.5 T Actively Shielded Magnet (Short Bore), Syngo MRI 2000b v 22. Software: 3D Usage, 3D MR, 3D SSD, 3D MIP, Advanced Angio, Advanced Turbo. Care Bolus, Echo Plainer, EPI Pannoramic Table, SSD, 3D MIP, Advanced Turbo, Advanced Angio. Various coils. $400,000.00

GE MRI Profile Mobile II Open Air. Condition: Good. Housed in a 1998 OEM installed Ellis and Watts Medicoach having been under full contract OEM service. System has Kodak 8800 Dryview laser printer on board. Various coils. System is operating at latest level of software Solaris 7.4. Tractor is not included in auction but can be purchased separately for $8,000. It is a 1996 Petribell with sleeper with approx 850 miles. $129,000.00

GE MRI Accessories Erbtech 20k Amplifier deinstallled from a working system. $3,000.00

VARIAN Clinac 2100/CD Linear Accelerator, manufactured in 1994. This accelerator is dual energy, 6 & 18 MeV, 5-electron energies, 6, 9, 12, 15 & 18 MeV; Type III accessories (IMRT ready). Software version 7.2. Speed range: 0 to 85 oscillations per minute. Removable bath for easy cleaning and decontamination. Includes stainless steel lid, baffle and Pyrex Glass Dish. $500.00.

RS MEDICAL Muscle Stimulator RS-4i; like-new condition, RS-4i Data Card, AC Adapter, Stimulator Cable Set, 24 Variable Pulse Widths, 61 Amplitudes, 220V, 60Hz. $1,150.00

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