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I’m kicking myself…

…Upstairs. That’s write, this is the last time I’ll right (bit o’ fun there) the Letter from the Editor. But fear not loyal readers!!…I’m not entirely off the grid.

As the new Executive Editor of DOTmed Business News, I will still be gazing down from on high as each issue is put together. I’m sure I’ll poke around a bit here and there, and will still write key feature articles from time to time – such as the one about SonoWorld in this month’s issue.

The best good news about all this is that DMBN is showing strong vital signs in just the first six months since its inception, and I know our new Editor-in-Chief, Colby Coates, will have a steady hand on the tiller while his nose is to the grindstone.

I hope that many of you (and you there in particular) have already taken a moment to visit the headwaters of DOTmed Business News, our website: www.dotmed.com. Since all our readers are in the healthcare industry, and since DOTmed.com is the world’s leading, public medical equipment marketplace, I know every one of you will find something of interest – and possibly something very practical – on our site. By the way, you can use virtually all of our features and services for free, so do drop in some time – while I head for the Dew Drop Inn Club Room (ouch!).

And so, dear readers, as I take my humble leave, I hope you will continue to look for the unique perspective on the business end of the healthcare industry that DOTmed Business News delivers every month.

Fini. (That’s Latin for “I’m outta here.”)

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Feds Fight Infusion Therapy Fraud

HHS Secretary Mike Leavitt has announced an initiative designed to protect Medicare beneficiaries from fraudulent providers of infusion therapy. This two-year project will focus on preventing deceptive providers from operating in South Florida. The project targets fraudulent billing by suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) in South Florida and Southern California, and home health agencies in the greater Los Angeles and Houston areas. These geographic areas have shown a high frequency of DMEPOS or home health care fraud. South Florida is also one of the high-risk areas for fraudulent billing by providers of infusion therapy.

The Department of Justice (DoJ) is supporting HHS’s new controls through a surge in prosecutions for health care fraud in South Florida. In May, the DoJ and HHS announced the work of a multi-agency team of federal, state and local investigators designed specifically to combat Medicare fraud through the use of real-time analysis of Medicare billing. The Centers for Medicare & Medicaid Services (CMS) will now require infusion providers who operate in several South Florida counties to immediately resubmit applications to be a qualified Medicare infusion therapy provider. Those who fail to reapply within 30 days of receiving a notice to reapply from CMS will have their Medicare billing privileges revoked. Infusion therapy providers that fail to report a change in ownership; have owners, partners, directors or managing employees who have committed a felony; or, no longer meet each and every provider enrollment requirement, will have their billing privileges revoked. Infusion providers that successfully complete the reapplication process may be subject to an enhanced review, including site visits, based on risk assessment.

● [DM 4654]

Philips and the Institute of Health Sciences Team in Shanghai, China

Shanghai, China - Royal Philips Electronics and the Institute of Health Sciences (IHS) have announced an agreement to establish a joint research laboratory within the IHS in Shanghai, China. The IHS is part of the Shanghai Institutes for Biological Sciences (SIBS) and is also affiliated to the Shanghai Jiao Tong University School of Medicine. The joint laboratory will conduct advanced research in the field of molecular medicine. Philips and the IHS have signed a Memorandum of Understanding for a joint molecular medicine research program. The ultimate aim is to create new solutions for the early diagnosis of disease and for monitoring the effectiveness of subsequent treatment. Early diagnosis and personalized treatment will lead to increased comfort and better outcomes for patients.

Research at the joint research laboratory will be aimed at biomarker discovery and test development for next-generation in-vitro diagnostic testing. Biomarkers are specific molecular compounds or molecular imbalances that indicate the presence of a disease. In-vitro diagnostic tests are clinical tests that are based on the detection of disease biomarkers in samples of body fluids such as blood, urine or saliva.

● [DM 4641]
11.7 Tesla Bruker BioSpin MRI

Several weeks ago we were covering in DOTmed.com’s news section information about the 9.4 Tesla MRI with a 20 cm bore from Bruker BioSpin — and now we bring you news of the new 11.7 Tesla Ultra Shielded Refrigerated (USR) MRI system from the same company!

Bruker BioSpin MRI has extended its well known BioSpec® series with an 11.7 T Ultra Shielded Refrigerated (USR) system. This is a new milestone in routine MRI because for the first time an actively shielded magnet is available with a horizontal MRI system at this high field strength. The BioSpec 117/16 USR system enables highly resolved routine imaging of the rat brain leading to outstanding image quality. The signal-to-noise ratio obtained at this field strength allows one to acquire high resolution images of the microscopic structures in the brain!

[DM 4645]

Johnson & Johnson Versus the Red Cross

In a lawsuit filed by Johnson & Johnson (J&J) against the American Red Cross and four of its licensing partners for “unlawful conduct,” J&J is demanding that the Red Cross and its licensing partners stop using the Red Cross emblem permanently. The demand is to stop using the mark on first aid, preparedness and related products sold to the public; surrender to J&J for the destruction the Red Cross’ inventory of accused products; and hand over to J&J all Red Cross proceeds from the sale of these products with interest, and pay punitive damages to J&J along with attorney fees related to its legal action against the Red Cross.

The Red Cross has responded to the lawsuit filed by J&J by releasing a detailed rebuttal that provides the legal and historical framework for its use of the Red Cross emblem. The Red Cross will defend and protect their emblem and mission vigorously. The Red Cross began using the red cross emblem in 1881, six years before J&J began using the emblem. At that time, J&J obtained a trademark registration but did not object to the Red Cross using the emblem. Chartered by Congress in 1900 and amended in 1905 - The Red Cross was given the right to use the emblem to “carry out its purposes under the charter, using the emblem and badge.” The Charter also allowed the Red Cross “to conduct other activities consistent with” its Charter purposes. Congress intended the Red Cross to have the exclusive use of the emblem, and this was confirmed by the U.S.

[DM 4652]

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Why Are Stents Turning Into Ping Pong Balls?

Drug-coated stents have been in the news a great deal lately, and the “good news-bad news” cycle regarding these devices has taken yet another spin.

The latest research shows that drug-coated heart stents — implantable devices that are designed to prevent new clots from forming in arteries — may not increase the risk of blood clots as much as previously thought.

Dr. Stefan James of the Uppsala Clinical Research Centre in Sweden presented his study data to the European Society of Cardiology conference. According to AP, James said the results showed no significant difference between patients who received the drug stents and those who received bare metal ones. This research conflicts with other, earlier reports warning of a four-fold risk of complications.

Experts are not sure what might explain the research reversal, but more selective stent use might help explain the change. James said that while patients should be reassured by his research, doctors should still pay close attention to their use. James said he has no ties to pharmaceutical companies.
and no conflict of interest. Sweden’s government funded the study.

- [DM 4688]

**Warning: Keep Mobile Phones Away From Hospital Beds**

Mobile phones should come no closer than one meter to hospital beds and equipment, according to research published in the online open access journal, Critical Care. Scientists from the Netherlands demonstrated that incidents of electromagnetic interference (EMI) from second and third generation mobile phones occurred at a mere three-centimeter distance.

In this particular study, the research team examined the effects of General Packet Radio Service (GPRS) and Universal Mobile Telecommunications System (UMTS) signals on critical care equipment such as ventilators and pacemakers. Almost 50 EMI incidents were recorded; 75% were significant or hazardous. Hazardous incidents varied from a total switch off and restart of mechanical ventilator and complete stops without alarms in syringe pumps to incorrect pulsing by an external pacemaker.

The second generation (2.5G) GPRS signal caused the highest number of EMI incidents at over 60% whereas the third generation (3G) UMTS signal was responsible for just 13%. Dr Erik van Lieshout, lead researcher from the Academic Medical Center, University of Amsterdam, said “Our work has real implications for present hospital restrictions of mobile phone use in patient areas.”

- [DM 4694]

**Purdue Researchers Develop Technology to Detect Cancer by Scanning Surface Veins**

A new technology for cancer detection that eliminates the need for drawing blood has been developed at Purdue University. Researchers from Purdue’s Cancer Center, Department of Chemistry and Weldon School of Biomedical Engineering, collaborated with cancer and biotechnology experts from the Mayo Clinic to develop technology to detect tumor cells within the human body by shining a laser on surface veins, such as those on the wrist and inside the cheek.

In addition to being less invasive, the new detection method is able to evaluate a much larger volume of blood than what’s usually drawn from a patient for analysis, said Philip Low, Purdue’s Ralph C. Corley Distinguished Professor of Chemistry.

“In the initial stages of cancer, there are very few circulating tumor cells to indicate the spread of cancer and initiate secondary tumor formation,” Low said. “By increasing the volume of blood analyzed, we improve the sensitivity of the test and allow for earlier diagnosis.” The technique uses a fluorescent tumor-specific probe that labels tumor cells in circulation. When hit
by a laser, which scans across the diameter of the blood vessel 1,000 times per second, the tumor cells glow and become visible. The researchers compared several methods and found two-photon fluorescence provides the best signal to background ratio.

- [DM 4696]

### Ultrasound Therapy Said to Heal Punctured Lungs

Engineers at the University of Washington are working with researchers to create new emergency treatments with a tricorder type device using high-intensity focused ultrasound to seal punctured lungs. According to a University of Washington associate, Shahram Vaezy, although physicists were skeptical because lungs are basically a collection of air sacs, and air blocks transmission of ultrasound, new experiments show that punctures on the lung’s surface are healed with ultrasound therapy.

Although in its early stages, high-intensity focused ultrasound is now being investigated for a number of different treatments. This means that all doctors will have to do is pass a sensor over a patient and use invisible waves to heal wounds. Researchers are testing the use of high-intensity focused ultrasound with “beams” tens of thousands of times more powerful than used in imaging for different procedures including numbing pain and destroying cancerous tissues.

This promise of “bloodless surgery” with no scalpels or sutures suggests that ultrasound could replace painful, invasive procedures. Vaezy stated that with ultrasound lenses could focus the high-intensity ultrasound beams at a particular spot inside the body on a patient’s lungs. This process is similar to focusing sunlight with a magnifying glass, creating a tiny but extremely hot spot about the size and shape of a grain of rice. The rays heat the blood cells until they form a seal. The tissue between the device and the spot being treated is not affected, as it would be with a laser beam. Vaezy also stated that recent tests on pigs’ lungs showed that high-intensity ultrasound sealed the leaks in one or two minutes, and more than 95 percent of the 70 incisions were stable after two minutes of treatment, according to results published in the Journal of Trauma this summer.

- [DM 1234] **What does this ID code mean?**

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The SonoWorld website (www.sonoworld.com) occupies a unique place on the Internet and in the world of diagnostic and therapeutic ultrasound. SonoWorld was launched in 2000 by a group of leading proponents of diagnostic ultrasound, headed by Advisory Board Director Barry B. Goldberg, M.D. – the “godfather of ultrasound” – and has become the ‘go-to’ place for any and all information on ultrasound.

Built on a philosophy of sharing knowledge
SonoWorld was conceived as a way to use the Internet to provide free and high-quality educational materials for ultrasound professionals and ultrasound practitioners around the world. From its inception, SonoWorld has been a collaborative effort between its founders, ultrasound practitioners, scientists, manufacturers, professional societies, publishers, and numerous other organizations.

Free and open to the public
Most areas of the website can be accessed free-of-charge and without the need to register. However, some features and content are available only to registered members. According to Dr. Goldberg, the purpose of this is, “to understand more precisely who is using our site, and what regions of the world they are from and what their specific educational needs are.”

SonoWorld's utilitarian homepage is the front door to a wealth of information on all things ultrasound.
Unbiased, accurate information

SonoWorld was established as an unaffiliated, unbiased website. Today SonoWorld continues to firmly maintain its independent integrity and is trusted for the quality of content by doctors and sonographers worldwide.

SonoWorld features peer-reviewed ultrasound reference information and educational resources that are accessible anytime and from anywhere. The goal is to improve the quality of patient care by helping the ultrasound practitioner to improve diagnostic accuracy and to learn and implement new ultrasound capabilities.

“We’re here to simply educate and promote ultrasound from a purely scientific and medical standpoint; the site has no other agenda,” Dr. Goldberg said.

Get your CMEs right here, right now

One of the most convenient features of SonoWorld is its Continuing Medical Education (CME) service. Physicians and sonographers can go to SonoWorld and fulfill their CME requirements at any time that it’s convenient for them.

Audrey Fleming, a Registered Diagnostic Medical Sonographer (RDMS) and Registered Vascular Specialist (RVS) for over 23 years – and long-time friend of Dr. Goldberg – is a frequent visitor to SonoWorld. It’s where Fleming keeps up on her CME credits. “There’s a broad range of CME options, and I particularly like the self-directed CME functionality,” Fleming notes. “I also like the way you immediately get a pass/fail notification when you take a CME test.”

SonoWorld charges a very nominal $15-per-CME credit – money which helps cover the overhead of maintaining the site. Fleming also adds, “the site is an excellent resource for keeping up to date on news and events regarding ultrasound technology. The numerous case-studies one finds are great to use as training tools,” she said.

SonoWorld – in the beginning...

“I’ve been excited about the possibilities of diagnostic ultrasound ever since the mid 1960s,” Dr. Goldberg told DOTmed Business News, “and from that day to this, I have always believed it was important that I share and teach what I was learning and developing. If it stays with me, it dies with me, and that’s not a good thing,” Dr. Goldberg firmly believes.

“Before the Internet, I taught people in the traditional, one-on-one manner, and used the ‘teach the teacher’ concept to help spread knowledge about ultrasound technology faster. But as use of the Internet exploded, I saw that thousands of people could learn at once, and I knew SonoWorld had to be born,” Dr. Goldberg recounted. “So I went to people I knew who were former presidents of ultrasound companies and had sold their businesses and retired, and I convinced them that life was good to them because of ultrasound, and that this was an opportunity, a chance to give something in return to society, and that was a mission these gentlemen embraced and they stepped up to the plate and helped fund SonoWorld.”
If it’s about ultrasound, it’s on SonoWorld

According the Dr. Goldberg, SonoWorld is very much like the Google of ultrasound. Just as many people have made Google their default search site for general information, Dr. Goldberg wants people to just think “SonoWorld” whenever they want information about anything ultrasound-related. SonoWorld is becoming the encyclopedia of ultrasound.

A world of ultrasound supplies is available, as well

SonoWorld also has an online virtual mall that’s open 24/7. People who want something – whether it’s information on how to measure a fetus, or information on buying new supplies – can find many options on SonoWorld.

Professionals sound-off about SonoWorld

To see what some ultrasound veterans thought about SonoWorld, DOTmed Business News asked, in addition to Audrey Fleming, three other prominent professionals for their views.

Victor Reddick, Senior Vice President, Global Customer Management, Ultrasound, Philips Medical, speaks highly of SonoWorld and Dr. Goldberg alike. “I met Barry in the early 1970s and became good friends with him by the late 70s, and have always been impressed with his talent and his dedication to making diagnostic ultrasound available to every corner of the globe,” Reddick says. “So when he came to me in the late 1990s to see if Philips would help finance the launch of SonoWorld, I pretty much just said, ‘Where do we send the check?’”

Reddick added, “I believe, and Philips Medical believes, that people and companies should give back to the community. And when you support SonoWorld, you’re giving to the world community, which is an especially nice feeling.”

Marveen Craig, RDMS (retired) and a Fellow of the Society of Diagnostic Medical Sonography (SDMS), first heard of Dr. Goldberg in the mid-1960s. She recalls that even back then she was impressed with his deep interest in helping to spread information about ultrasound to people in the third world – “which was something no one else was doing,” according to Craig. She got to know Dr. Goldberg over the years as both served on various ultrasound committees. “When someone came along who had true desire to learn about ultrasound, Barry would throw the doors open and put out the welcome mat,” Craig says.

She is also a big booster of SonoWorld. “The site has the cream of the crop of ultrasound professionals contributing to its content so the quality is first-rate, and best of all, it’s free to anyone, anywhere in the world,” Craig observes. “Its also a place where people in the business end of ultrasound can release information on new products and technologies, and doctors and sonographers from around the world can read informative diagnostic case studies any time 24/7 on the website.

SonoWorld’s new Master Lecture Series deliver invaluable information in words and pictures from many of the world’s top ultrasound experts.
that’s important information people in the field need to know,” she notes.

Professor Peter Wells is Professor of Medical Ultrasound at Cardiff University, Cardiff, Wales, and has been a pioneer in ultrasound technology for over 45 years. He is currently working on the development of ultrasound Doppler tomography and high-resolution technology. Professor Wells echoes the praise others have for SonoWorld. In his opinion, there’s nothing like SonoWorld for “one-stop educational shopping” on the Internet. “Just anything that’s new in ultrasound can be found, for free, on SonoWorld. It’s really a wonderful resource, and I find it quite user-friendly.” Prof. Wells comments. “One thing that I think is particularly good about its content-rich features is it cross-educates. People come to SonoWorld for one thing, find it, but if they stay on the site and click around, they’ll find other areas that will be of interest to them and beneficial to their career and their patients.”

SonoWorld at-a-glance

Some of SonoWorld’s key features include:

- Ultrasound cases and image galleries
- Case-based clinical challenge quizzes
- Chapters from ultrasound textbooks for quick reference and independent study
- Journal articles contributed by many societies and publishers from around the world
- News and information of interest to the ultrasound community
- Directories of organizations, companies and conferences
- Specialized interest centers
- Category 1 and SDMS CME credits

SonoWorld has just recently launched the SonoWorld Masters Lecture Series consisting of streaming-video presentations by the world’s foremost authorities on diagnostic ultrasound. Ultrasound professionals can now experience these outstanding quality interactive lectures at their own computer, on demand, at no cost for registered SonoWorld members. The SonoWorld web site (http://www.sonoworld.com) functions as a virtual conference center where participants can learn the most up-to-date and innovative sonography techniques from world-renowned researchers, clinicians and educators.

The SonoWorld Masters Lecture Series is coordinated by Christopher R. B. Merritt, MD, Director of Medical Content Development for the SonoWorld lecture series. “In an ever-evolving field like ultrasound, one of the most important means of learning is to interact with and learn from the pioneers and experts who understand the topic through their own research and clinical application after years in the field,” says Dr. Merritt. “SonoWorld is fortunate to feature lecturers of this stature and in-depth experience who are also expert in disseminating their knowledge in these didactic sessions.”

The first groups of streaming-video Lecture’s are now available with additional lectures to be released at regular intervals. Members of SonoWorld have immediate access to this exciting new resource. Visitors can obtain access by registering at www.sonoworld.com. Registration is free.

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With extensive peer-reviewed, high-level educational materials and more than 8,500 visitors daily, SonoWorld has become the global portal for ultrasound education.

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You may think life is fast enough these days so the last thing we need is to speed things up. For a patient with a brain tumor, however, increasing the pace of electrons in a linear accelerator can mean the difference between life and death.

Linear accelerators, or LINACs, utilize microwave technology for the application of external beam radiation treatments for patients with cancer. They’re among the newest radiation technologies available, delivering a beam of radiation with precision down to the millimeter, a significant advance in sparing healthy surrounding tissues and cells. The software capabilities of simulators have helped enable the creation of new advanced, targeted radiation treatments such as intensity modulated radiation therapy (IMRT) and intraoperative radiation therapy (IORT). Such cutting-edge treatments are changing the landscape of cancer treatment, reports Stanford Cancer Center, part of the Stanford University School of Medicine, which suggests that radiation therapy is an option for many more patients than ever before.

When cost is an issue, refurbished LINACs can be the answer

Such capability comes at a price, however. A 2006 linear accelerator with onboard imaging sells for about $1.5 million. Not surprisingly in times of constricting budgets, there’s a large and vibrant market for used and refurbished equipment.

“A hospital can save us much as 80% on refurbished equipment, depending on its type and age and whether it comes with specific features like multileaf collimators and portal vision,” says Kenneth Wolff, President, RS&A, a North Carolina provider of radiation therapy equipment. RS&A sells and services LINACs and simulators manufactured by Varian, Siemens, Nucletron-Oldelft, and Kermath.

“Treatment centers offer a critical service,” Wolff says. “Radiation therapy doesn’t permit downtime. Patients need you to be there and running all the time, any time.” RS&A’s refurbished linear accelerators and simulators go through a stringent inspection procedure with mandatory replacement parts and rigorous inspections before being resold to imaging centers and radiation therapy centers.
hospitals. The company employs 15 service engineers and service technicians.

Atlas Medical Technologies, a refurbisher of quality CT based simulators, also maintains a squad of dedicated service technicians to guarantee the accuracy of its refurbished machines. “At the time of installation it’s absolutely critical to make sure these machines are calibrated down to the precise millimeter,” explains Atlas’s President, Rick Stockton. “Otherwise they won’t be useful for precision demanding radiation therapies such as stereotactic, tomotherapy and gammaknife. We try to maintain an extremely low ratio of service engineers to customer installations. We’re talking about treating cancer so there’s no room for downtime.”

That, indeed, is a theme stressed by most people in the industry: the vital necessity for reliability and accuracy, and what it requires as it relates to quality refurbished LINACs and CT simulators. “There’s a growing demand for multi-slice CT, especially in high-end oncology procedures,” says Greg Cramer, President, C&G Technologies, Inc., Jeffersonville, IN. “The new multi-channel detector assembly is multitudes more sensitive than the single slice CT. But it takes specialized equipment and skills to refurbish it properly. It’s not uncommon to spend up to 100 engineering hours in this area alone.”

Cramer says the time is well spent with image quality and reliability the payoff.

The major players
While C&G technologies services and refurbishes primarily GE CT scanners for simulation (“They’re widely accepted and easily supported.”), Cramer says Toshiba, Varian, Siemens, Phillips, Elekta, and Nucletron-Oldelft are all OEMs noted for quality. Different servicers and refurbishers specialize in different brands so it pays to research
who does what before trusting your oncology capabilities to an outside supplier. The DOTmed Services Directory is a good place to start researching the particular capabilities of regional suppliers and services.

“Each manufacturer offers differing design solutions. Each has strengths and weaknesses,” says Tony Richardson, in charge of marketing and sales for Oncology Services International, a New Jersey supplier and servicer of state-of-the-art radiology oncology equipment. “Manufacturers typically make a dual energy machine with photons and electrons and a smaller lighter unit which may have only a single energy photons and perhaps no electrons. These cover most medical applications. You want to make sure individuals servicing your machine or getting parts fully understand the difference.” Richardson’s company employs 60 field service engineers and 15 more at its refurbishment facilities.

Always look before you leap

Refurbishment in linear accelerators always focuses on components that might affect reliability. How many parts are replaced usually depends on the pricing package but should always include thorough testing and replacement of any parts not meeting the OEM Acceptance specification tolerances.

“Refurbishing,” says Jose Rodriguez, President, RISMED Oncology Systems, Huntsville, AL, “usually involves the replacement of thyatrons, magnetron, waveguide seals and frames, electrical cables, water cooling components, water pump, all new bolts and screws. All other parts are checked and replaced if found to have defects that may compromise its operation. Simulators normally have the X-Ray tube replaced. Accelerators and simulators get 100% aesthetically reconditioned with high quality materials.” RISMED sells and services Varian accelerators exclusively to the U.S. and Latin America market.

Stuart Farber, President, Farber Medical Solutions, Bridgeport, CT, sells and services most major brands including Mitsubishi and simulator manufacturer Kermath. “During a complete system refurbish,” says Farber, “we disassemble the unit and all major components are checked including the wave guide, klystron or magnetron, thytratron, gantry bearings, cooling system components, cables, collimator, high voltage relays and other major electronics, console and related electronics.” The couch assembly is replaced if necessary, the unit is painted, re-assembled, and verified that it functions to OEM specs. Completely refurbished units typically come with a one year warranty. Farber Medical Solutions does not employ its own engineers, instead outsourcing assignments to third party experts.

An alternative to buying a refurbished LINAC or simulator is going through a broker. Speak to a good one and you’ll hear the same refrain about research as applies to servicers.

“The only customer I’ve heard of who’s unhappy with the machine they bought is someone who didn’t do his due diligence—his research—before he bought,” says Pam King, CEO, JP International, a Charleston, SC based seller and installer of turnkey radiation therapy solutions. That particular
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customer wasn’t hers.

“If you’re thinking of buying a used machine you’d better hire an engineer and do an on-site inspection. It pays to satisfy yourself that you’re getting a good solid buy.” King estimates that savings on late-model used accelerators can run as high as 80%. She believes in the virtue of saving money—hundreds of thousands of dollars in the case of a state-of-the-art LINAC—but she also believes in the value of used. “These machines have been broken in. They’re tried and true. The bugs have been worked out—unlike a machine that may have come off the factory line the weekend before,” she says. King cleans and replaces all necessary parts before reinstalling a LINAC at a new installation. “All of our machines are brought back up to OEM standards.”

The healthy aftermarket in linear accelerators and simulators virtually guarantees the availability of hi-performance ontological radiation equipment and parts for facilities whose budgets won’t allow a new one. Demand is expected to remain high for use in current and future treatment modalities. As long as it does there will be companies available to best help you take advantage of it. But do your research. It’s the smartest way there is to accelerate your satisfaction with one of the most expensive pieces of machinery you’re likely to purchase.

For more information about linear accelerators and simulators listed for sale by our users, visit www.dotmed.com and click on the link Radiation Therapy on our homepage:

● [DM 4752]

Linear Accelerators & Simulators Equipment Sales and Service Providers

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 4752]
## people & companies

### Trinity Medical Solutions, Arvada, CO
Matt Carns, with Trinity Medical Solutions, is a distributor of new & used capital medical equipment. They buy, sell, & trade! They offer superior pain management devices, aesthetic lasers, surgical, imaging, & diagnostic medical equipment.

### Viable Med Services, Inc., Santa Clarita, CA
Dan McGuan’s company offers Hitachi Open MRI service, repair, installation, & maintenance. Low rates & 15+ years experience! Specialists on MRP, AIRIS, AIRIS II, and AIRIS Elite systems. Nationwide coverage.

### Advanced Medical, Inc., Woodinville, WA
Lee Atkins buys and sells pre-owned cosmetic lasers and offers savings up to 70%.

### First Financial Funding, Bellingham, WA
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### Medeco, Boise, ID
Joe Murray markets quality, patient ready used, refurbished and new medical equipment including monitoring equipment, ventilators, stress test systems, autoclaves, stretchers, and EKG’s. All equipment is sold with warranty.

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### The Jefferson Ultrasound Research and Education Institute
Department of Radiology, Thomas Jefferson University Hospital, Philadelphia, PA

#### Courses at The Ultrasound Institute

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With Successful Dotmed Auction, One Business Ends but Another Begins

Talk about your feel good stories.

After 34 years in the medical business—20 of it with GE mainly in international finance—Sandy Moon needed a change.

What’s more, she knew exactly what she wanted to do in her new life, namely orchestrate estate auctions for cash strapped senior citizens faced with spiraling healthcare costs.

But before she could do her small part to aide America’s elderly, Moon needed to liquidate over 1600 GE parts (MRI, CT, CT-YMS, X-Ray) sitting in a warehouse, inventory from the Wisconsin based medical parts business she’d run for several years.

For six months, Moon worked the phones with contacts and potential buyers. There was active interest from some for certain parts but she discovered the sheer weight of details needed to move the goods was significantly more than she was willing to shoulder any longer. Moreover, she much preferred moving the parts to a single buyer.

Though familiar with DOTmed for several years, the idea of a DOTmed-Managed Auction didn’t occur to her at first. But a mind-reading DOTmed project manager reached out to Moon and within three months—from that initial phone call to closing the door on a truck bound for Texas—check deposited, inventory gone, warehouse vacated, new life begun.

“IT was awesome,” Moon says. “DOTmed made it happen, stayed on top of the process all the way.” In fact, the auction transpired in such a smooth and rapid fashion that from the time the winning bid of $50,000 was accepted until the entire inventory was removed from the warehouse only six days elapsed.

Prior to making the winning bid the buyer, Dwayne Tucker, president, Medical Equipment Sales, Denton, TX flew to Wisconsin to inspect the inventory. That accomplished, “we reviewed the pricing and MES put in a bid,” Moon says. A couple days later, Tucker returned, a very satisfied owner of nearly two thousand parts.

“MES packed everything up, loaded it on a truck and I was out of the business in one day,” Moon says. That’s not to say, however, that what she learned from 34 years in the business isn’t of enormous help to her new venture.

Sandy Moon’s new business, Estate Collectibles, specializes in liquidating the estates of senior citizens, primarily those heading to managed care type facilities. Considering the costs of such care, Moon says that houses chock-a-block with a lifetime of treasures are a viable source of revenue for those who sometimes need every last penny.

“It’s a business that makes a person feel very good,” Moon says. In fact, she learned first hand about the crushing costs of medical care for the elderly or disabled as a result of a stroke suffered by her ex-husband. Moon has played a key role in his care, witnessing the unending demand for money to pay the nursing home bills.

Her motto: “We help you buy the things you want and move the things you want to sell.” Sounds applicable to all of Sandy Moon’s businesses, past and future.

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Most of us take anesthesia and the equipment that goes along with it for granted. But before the discovery of anesthesia, things were a bit more rudimentary. Often, a swig of whiskey was one way to dull pain.

Over a century ago, however, it was discovered that the inhalation of nitrous oxide (laughing gas) created a state of intoxication. Those under the influence became insensitive to pain and highly amused. Dr. Horace Wells, in fact, performed painless dentistry under nitrous oxide in 1844. Around the same time, Dr. Crawford Long began using ether as an anesthetic.

In 1890, a specialist in the anesthesiology field, Dr. Frederick Hewitt, designed one of the first pieces of anesthesiology equipment, a nitrous oxide face mask that delivered gas via a large rubber reservoir bag and a three-way valve. Pure nitrous oxide was administered until a patient turned blue. The valve was then opened to allow one or two breaths of air (two if the patient appeared to be waking up). This routine continued until the surgery was complete.
Modern era begins

The end of World War II in 1945 brought major developments in the field of anesthesiology, beginning the modern era of anesthesia equipment that has evolved with all its bells and whistles. Today, safe anesthetics, microchips, finger cuff sensors, memory banks, tiny electrodes, bright displays and liquid crystal thermometers allow an anesthesiologist to monitor a patient’s progress before, during and after a surgical procedure.

The equipment

Anesthesia equipment (commonly called systems or workstations) are tools that allow the anesthesiologist to put a patient to sleep before surgery and wake them up afterwards. Systems or workstations consist of functional sections for ventilation, including source of gases, flowmeters/mixers for gas dosage, vaporizers for storage and dosage of inhalation agents, patient breathing systems, ventilators, monitoring equipment and accessories.

Safety first

The Food and Drug Administration published the “Anesthesia Apparatus Checkout Recommendations” in the Federal Register (February, 1987), which provides practitioners with a standardized approach to checking anesthetic equipment before using it in order to ensure that the delivery system is correctly connected, adjusted and functional.

Dave Wayne, president, SE Medical Systems, LLC (SEMED), Stockbridge, GA, knows all about the recommendations. He is a Massachusetts Institute of Technology (MIT) graduate who is a biomedical and clinical engineer (as are all the company’s technicians).

“Our key engineers have ICC (International Code Council) certification and SEMED is a Qualified Datex-Ohmeda Independent Service Organization (QISO),” Wayne says.

“Our employees and sub-contractors are factory trained on Ohmeda and Dräger anesthesia systems, respiratory ventilators, imaging, laboratory and other medical equipment.”

Safety comes first at SEMED because, he says, “this equipment is the lifeline between the patient and the anesthesiologist who is there to safely put the patient to sleep and to make sure the patient wakes up.”

Wayne and his staff help clients with equipment management policies and help prepare them to pass the medical equipment inspections for the Joint Commission and other regulatory agencies. SEMED sells and services Penion, GE/Datex Ohmeda and Dräger anesthesia systems.
ACE Medical Equipment, Inc., Clearwater, FL, also understands the importance of a properly working anesthesia machine.

“This understanding is reflected in our refurbishing process, which is the highest caliber,” says vice-president, Scott Patneaude. “Generally, our refurbishing process for an anesthesia machine consists of rebuilding the oxygen ratio proportioning system, replacing all gaskets on the absorber, replacing ceramic discs, painting the entire unit with polyurethane enamel and texture, replacing vaporizer o-rings, wheel/castor assembly, absorber domes and all internal flex tubing and polishing all chrome on the unit.” ACE will then contract an independent company to inspect and or repair and certify the equipment.

“We also supply all accessories and the owner’s manual,” says Patneaude. ACE Medical Equipment, Inc. backs their products by offering a one-year warranty on parts and labor. Patneaude believes that a hospital can save between 40-60 percent on average if they purchase refurbished anesthesia equipment. ACE sells Ohmeda Excell 210 and Excell 210SE, as well as various models of refurbished Dräger machines. They also carry a new line of anesthesia equipment, the Penlon Platinum SC430.

Ken Kirby, CEO, Aneserv Medical Inc., Dawsonville, GA, is a DOTmed Certified company and fully insured certified anesthesia equipment company. Aneserv sells Ohmeda and Dräger product. As for a typical refurbishment, Kirby
Charles Hoffman, principal of Anesthesia Outfitter in Friendsville, TN, boasts an interesting albeit relevant background. As a licensed veterinary technician and an instructor to senior veterinary students on the technical aspects of anesthesia in veterinary colleges, his company is one of the best in providing sales, service and repair of veterinary anesthesia equipment - old and new. “Giving animals anesthesia is very similar to giving humans anesthesia,” explains Hoffman. “The difference is in the way some components are made by different manufacturers.”

Hoffman also builds custom anesthesia machines for veterinary practitioners. “I’m in the process of manufacturing a machine based on a triangular configuration, so that it will roll easily into a corner, and won’t take up much space,” says Hoffman. “The individual components are placed so that they are easily identifiable, making it simple to trace the gas flow and troubleshoot, as well as to replace or repair components and parts.”

Managing Director of Universal Vaporizer Support (UVS), Menlo Park, CA, Tim Sullivan sells and services Ohmeda Tec 3, 4, 5, 7 and Dräger 19.1 and 2000 vaporizers. “We also service Penlon vaporizers and sell all of our products worldwide,” Sullivan says. “Whether you call it refurbished or reconditioned, we understand the quality that is demanded in the industry to provide extended life for your purchase.” When a vaporizer is refurbished at UVS, it is completely disassembled - all seals are replaced and all worn parts are replaced. “The vaporizer is reassembled, leak tested and the calibration is checked using a laser refractometer,” he says.

Halfway across the globe in Jakarta, Indonesia, Sukisman Suhardi from Mikronik Medical Service provides anesthesia equipment for his country and stresses that they must work with the local Board of Health and undergo rigid inspections of all equipment sold, including Dräger and other brands from China and Japan. In Indonesia, nurse anesthetists administer approximately 70% of the national anesthetic services, especially in rural areas, using all agents, equipment and techniques including regional anesthesia administration. They may work with or without an anesthesiologist, and anesthetic practice by a nurse anesthetist is recognized as a medically delegated act.

● [DM 4722]

### Anesthesiology Equipment Sales and Service Providers

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You’ll see an ID code such as [DM 1234] at the end of every story. If you enter that ID code – be sure to enter the “DM” – in any search box on www.dotmed.com, you’ll see the original story as it ran in our online News. You’ll find convenient and useful links in many of those online stories. Try it!
The FDA Recently Approved the iCare® Tonometer

The FDA recently approved the iCare® tonometer to be used as a glaucoma screening tool by healthcare professionals in the United States. The patented technology of the iCare® instrument provides a significant advancement in the approach to measuring Intra-ocular Pressure (IOP) by eliminating the need for anesthetic drops. iCare® was developed by Dr. Antti Kontiola after a decade of research and a wide range of clinical studies.

Intra-ocular pressure is measured with a tiny probe utilizing induction based, rebound technology. The probe is used to make a momentary contact with the cornea while the device records intra-ocular pressure within a few microseconds. The measurement is barely noticed by the patient and rarely causes cornea reflux. This approach to measuring intra-ocular pressure provides accurate, consistent results without the use of eye drops and eliminates the risk of microbiological contamination through the use of a single-use, disposable probe.

The ergonomic design and portability of the instrument adds convenience in measuring intra-ocular pressure in people who are traditionally more difficult to obtain readings from, such as children, the morbidly obese, and dementia patients.

The iCare® instrument is manufactured by Tiolat Oy of Helsinki, Finland and is available in over 40 countries worldwide. Diagnostic Instrument Group, an international distributor of ophthalmic equipment, has exclusive distribution rights for the United States, Latin America, and Canada.

Siemens Introduces World’s Smallest Ultrasound Device For Emergency Diagnosis

No question, making the correct diagnosis during the first few minutes of a medical emergency are instrumental to a patient’s treatment and recovery. With the introduction of a new portable ultrasound device, dubbed the Acuson P10, Siemens Medical Systems has provided medical personnel a valuable tool in these efforts. The device is hand-held and intended for complementary initial diagnostic care and triage, particularly in cardiology, emergency care and obstetrics.

SONY Introduces New 24” LMD-2450MD Color Monitor

Scientific Vision Systems (SVS), one of the leading distributors of medical and professional video equipment, has introduced the new SONY LMD-2450MD 24-inch medical flat panel LCD monitor. The monitor is specifically designed for use in medical applications and delivers extremely precise color reproduction, high brightness, and high contrast images thanks to the super-wide aperture WUXGA LCD panels. The monitor is ideal for operating...
Siemens Automation and Drives (A&D) has developed a new 5 megapixel display for medical applications requiring outstanding picture quality. The new SMD 21510 D, a 21-inch monochrome display, is ideally suited for mammography diagnosis and PACS (Picture Archiving and Communication Systems) applications. The integrated “Fully Automated Stability” system ensures reliably verified grayscale response and continuous luminance levels. The new medical display can be used with a number of standard or high performance graphic cards.

Modular Operating Theatre Up for DOTmed Auction

A modular CADOLTO manufactured operating theatre has attracted widespread interest in its DOTmed Auction.

Built to exacting specifications, this fully fitted modular operating theatre was initially installed in 2003 at a leading NHS hospital in Oxford, England. Redevelopment work at the hospital, however, has made it redundant. Thus, its presence on DOTmed Auctions.

In addition to the operating theatre, the building includes a large eight-bed recovery ward with nurses’ station. There’s also a prep-room, clean and dirty scrub rooms, male and female changing rooms and an office. In its current configuration the building can immediately serve as a stand-alone facility, though it’s quite easy to reconfigure to suit practically any requirement.

As for the modular building’s centrepiece, the operating theatre, it includes a surgeons’ control panel (Starksrom), laminar flow (McLeod Russel Lambda CG-US) and operating lights (Draeger Sola). There are many other features including drug cabinets and x-ray viewers.

Buildings of this type usually take months to design and build with costs running well into seven figures. In this particular instance, however, the buyer can have the building within a matter of days and at a fraction of the original price.

A UK bank is using DOTmed Auction to move the building and has even agreed to consider deferred payment terms for the right client.

The CADOLTO building has been removed from its original site and prepared for shipping worldwide.

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When thinking about sophisticated hi-tech radiology, high pressure injector pumps probably aren’t the first component that comes to mind.

But the mighty pumps are injecting contrast dyes into veins—at 280 psi—to help illuminate target tissues for MRI and CT diagnosis. No question then the pumps’ role in the process is pivotal.

Contrast injectors, which automatically introduce iron-based or radioactive materials into the system for radiology, angioplasty, and other catheterizations, have been part of the landscape for 35 years. The technology—essentially high-pressure pumps—hasn’t changed much over the past few decades, says Scott Scofield, President of Vivid Imaging, one of the industry’s leading independent service companies for contrast injectors. But out of concerns for both safety—one contrast agent, called Gadolinium has recently been associated with renal problem—and efficiency—traditional injectors waste a lot of expensive contrast agent—significant technological advances are on the rise.

“What the industry’s done over the last two years,” Scofield says, “is move beyond the single head injector model that’s been around since the 1970’s.” Today’s injectors now have two heads and in contrast injection technology, like most other things, two heads are indeed better than one. One head still injects the contrast medium while a second one injects a saline pre-flush that opens veins so that much less contrast dye is used.

“Think of it as sort of a cannonball,” says Scofield, whose Nevada-based company services and provides parts for most major brands including original MedRabs, whose industry-pioneering injectors “ran like diesel engines.” In today’s modern machines a 10 ml saline shot opens the vein, followed by 80 ml of contrast die. Then, another 20 ml shot of saline acts as a post-flush, pushing everything through. The upshot: a 33% cut in the need for contrast die.

Most of the innovation in contrast injector technology—both at the hardware and software level—is driven by safety and cost management concerns. The response by manufacturers such as GE, MEDRAD, Liebel Flarsheim, EZEM and Swiss Medical Care, has been impressive.

GE Healthcare, for example, is partnering with Japanese-based Nemoto to produce the GE-Nemoto Dual-Shot CT injector, a machine whose unique plunger style syring allows for “improved patient set up,” says Scott Trevino, Global Products Manager, GE Healthcare. “This product is incredibly easy-to-use,” he says. “Its protocol selection system is very intuitive.”
Swiss Medical Care’s CT Expres III offers triple-head injection, eliminating syringes entirely. The company’s website describes the CT Express III as a leap forward in saving time, ease of use, patient safety and comfort.

This new generation of injector, in fact, is expected to significantly influence market share in the US for new CT injector sales.

**Waste Not, Want Not**

The safety benefits of these new multi-head injectors are undeniable. In addition to requiring less contrast agent, they’re engineered to allow the same high 9 ml/sec flow rate at only 135 psi instead of 280 psi. Half the pressure mostly eliminates the danger of blowing out veins. Meanwhile, some new injectors automatically recognize air in the lines while others have been designed to help detect occlusions and minimize patient cross contamination. What they all have in common, however, is an increasing focus on cost efficiency by reducing waste. Single head injectors traditionally waste up to 40 ml of contrast dye per patient. At 20 cents per ml., that adds up. With multi-head machines, however, waste is a non-issue, even with an eye toward patient management, slashing priming and set up time between usage.

Meanwhile, advances in software and chip development have made servicing injectors faster and cheaper.

As recently as the 90s, Scofield recalls, “you’d send someone out and they’d have to rip the machine apart. But in the future it will be more about component swapping than anything else.”

Until then, however, demand to service the thousands of injectors produced over 35 years remains high. Similarly, the lively market in refurbished injectors underscores the pressures on healthcare to contain costs.

“A hospital can save as much as 80% by buying a refurbished injector,” says Peter Chen, President, Global Medical Equipment, a Pennsylvania-based seller and servicer of parts and systems. Other refurbishers might claim slightly lower savings than that 80% benchmark but suggest significant savings nonetheless. “A thorough refurbishing includes disassembly, reassembly, calibrating, testing, and cosmetic refurbishing,” explains David Denholtz, CEO, BoneDensitometers.com, which sells and services diagnostic imaging equipment as well as bone densitometers.

**Caveat Emptor**

As with anything else it pays to do your homework before choosing a servicer or supplier. Fortunately, most companies are trustworthy, reliable and competitive in their prices.

“It’s a relatively small industry”, explains Robert Patsy, Vice President, Express Systems & Parts Network, Inc., an Ohio-based supplier of imaging equipment to the international market. “Most of the players in this business are DOTmed Certified which should already give users a level of comfort.” Patsy advises purchasers and companies in need of service to ask questions. “Whether you’re buying a refurbished unit or need your present one serviced it pays to ask questions up front,” he says. “Define your expectations at the outset and you’re less likely to be disappointed.”

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Stress Testing Equipment Sales & Service Companies

Reconditioned Equipment an Important and Cost Effective Diagnostic Tool

By Joan Trombetti

Monitoring a patient undergoing a stress test.
Exercise stress testing provides a controlled environment for observing the effects of increases in the myocardial demand for oxygen. A significant fixed stenoses (a constriction or narrowing of a duct or passage) from coronary artery disease results in electrocardiographic (ECG) evidence of ischemia, a restriction in blood supply generally due to problems in the blood vessels. The usual result: damage or dysfunction of tissue.

Stress Testing Equipment Today

The primary equipment required for an exercise stress test includes a treadmill or bicycle ergometer and a monitoring device. Currently, most of this equipment is referred to as stress testing systems. The newer the system, the more specialized features it will have. Stress testing systems are all designed to control the speed and elevation of the treadmill or bicycle using standard or custom protocols. The newer models have improved hardware, software and a variety of reports, the ability to export data, electronic records and clinical measurement tools. Older treadmills have analog interface communications, while the newer units are digital. Most systems can be interfaced to an imaging device. As always, equipment costs vary depending on whether it’s new or refurbished.

Stress Testing Systems On The Market

There are a variety of different brands of stress testing systems available, though economics suggest the most cost effective ones are reconditioned. Provided the reconditioned systems come from a reputable company, buyers can potentially save as much as half of the price of a new one.

Joe Murray, president of Medeco, Inc., Boise ID, (a DOTmed user since 2003), sells quality, patient ready used, refurbished and new medical equipment—including stress test systems. “Hospitals represent about half of our sales, with clinics, private physicians and rehab centers accounting for the rest,” he says. Medeco markets GE/Marquette, Quinton and Nasiff cardio stress test systems with Murray casting his vote for GE and Quinton as the industry leaders. Cardiac Science owns both Quinton and another brand, Burdick, which, Murray says, “we occasionally service but don’t sell.”

According to Murray, Nasiff equipment is among the best. Medeco, Inc. sells Nasiff systems because, Murray says, “we wanted a state-of-the-art ‘Windows’ system that we could sell at a price of a top end, reconditioned system.” Murray believes that Nasiff and Associates are the pioneers of PC based monitoring and stress systems. “We bundle their CardioSoft software with name brand hardware, a hospital grade isolation transformer and customized components.” In order to meet its pricing strategy, Medeco chooses to engineer an interface to a GE T-2000 digital treadmill that’s rebuilt to near new condition. The result is a full-featured system that competes favorably with systems selling for twice as much. The only thing missing from such a package, Murray says, “is the big corporate logo.”

Roger Nasiff, president, Nasiff Associates, Inc., Brewer-ton, NY, is the mastermind behind the Nasiff Cardio Card Software, a breakthrough development in the category. He launched his company in 1989 to develop the world’s first PC ECG/PC EKG.

“We’re committed to providing medical PC solutions to health care professionals by developing medical diagnostic and administrative products which integrate into any personal PC computer,” Nasiff says. Among company first’s: producing a clinically useful PC-based PC ECG/PC EKG, the first to have a PC-based Stress ECG System, developing a notebook (PCMCIA) based ECG System and finally, the first to integrate resting, stress and Holter into one system. Nasiff’s flagship products are the CardioSuite and the CardioVitals, which consists of ECG, NIBP (non-invasive blood pressure), SpO2 (amount of oxygen being carried by the red blood cell in the blood) and temperature. Nasiff Associates, Inc., incidentally, has been with DOTmed since 2002.

Founder and president of PRN, Inc., Bob Gaw, Fall River, MA, recently launched a PRN DOTmed Webstore where stress test equipment is always a featured listing. Gaw’s company sells Quinton, Marquette, GE and Burdick stress test systems in the US and internationally. PRN also refurbishes stress systems, with that part of the operation led by his son, Bob Gaw, Jr. A typical refurbishment, Gaw says, “includes changing boards, patient cables, belts and platforms.”
He believes that a hospital can save an average of $10,000 when buying refurbished stress test equipment and works with clients like Beth Israel Deaconess Hospital in Boston, MA. “If the equipment you need is not on our inventory list, we will do our best to locate it with no obligation to purchase,” Gaw says. PRN is always looking to purchase equipment as well and says it will travel just about anywhere to get it. Because the company is a member of a nationwide buyers network, it’s able to offer discounts on stress test and other equipment from many of the major medical equipment manufacturers.

Janie Guirola, executive manager, Photon2, Miami, FL, says the company provides service and a full line of new and refurbished nuclear cameras, turnkey diagnostic centers, mobile nuclear labs and an on-line parts store.

“We sell Elscint refurbished nuclear cameras and our own FDA brand - The C! - a new upright dual head camera, as well as the APEX XL, a single head remanufactured camera,” says Guirola. The C! is uniquely designed for nuclear cardiac imaging because of its focus on patient comfort and safety, no external moving parts, ease of use, compact size and efficiency in producing a system for cardiology offices of any style.

“The C! provides the doctor with exceptional patient throughput during nuclear cardiology stress testing. Because of the minimal distance between the patient and the detectors the quality of the images are superb and patient motion is reduced. The C! is a solid investment,” Guirola says.

As an ISO 9001:2000 company (meaning it must comply with a Global Quality Program), Photon 2 must meet the industry’s requirements in refurbishing and manufacturing, as well as FDA compliance. “Photon2 is committed to service and quality,” Guirola says. “Our reputation over the past 20 years speaks for itself.”

STAT Biomedical Sales and Rental Inc., Lubbock, TX, sells all brands of stress test equipment including Burdick, Marquette, Quinton and more. CEO Shannon Moore has two technicians who do the refurbishing on the stress test equipment that is then sold. “There is always something cosmeti-
cally incorrect that needs painting or something like that,” Moore says. “We take care of that, as well as replace treadmill belts and all internal drive belts.”

Some of the equipment that STAT Biomedical Sales and Rental, Inc. sells includes GE Healthcare Model Dash 2000, 3000, 4000 - patient vital signs monitor with the option for gas monitoring, the Physio Control Corporation Model LifePak 12 defibrillator/monitor and recorder and the GE/Marquette Model MAC 1200, Interpretive EKG Machine. Moore believes that Quinton and Burdick are the leading OEMs in the US. “I believe they have the majority stock in the US,” she says.

Stan Poole of Medical Maintenance Consultants, Inc., Norcross, GA, believes that almost all stress testing systems manufactured in the last few years have demographic input capabilities, are programmable and have an output to interface with an ultrasound for doing stress echo (echocardiogram). He says that the reimbursement for a standard stress test has been reduced significantly in the past few years as today’s market calls for a stress testing device that can perform stress echo and can be used for nuclear cardiology and drug/chemical testing like dobutamine and adenosine. “Fortunately, most standard systems can achieve this with correct programming,” reports Poole. He says the biggest differences in the technology have to do with metabolic stress testing (also referred to as ERGO by some manufacturers) that frequently incorporates a bike/ergometer instead of a treadmill. Poole also says that the popularity of ergometers, however, “is still primarily in research institutions and pediatrics, but with its popularity continues to grow.” Poole lists GE (Marquette), Quinton, Burdick, Mortara, Schiller, America Midmark (just recently released) and Cambridge Heart (T-Wave alterations) as OEMs that are leaders in the industry.

Stress Testing Equipment Sales and Service Providers
For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 4721]

<table>
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<tr>
<th>Name</th>
<th>Company – Domestic</th>
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<td>Pulse Biomedical Inc. Trackmaster. Quinton, Marquette.</td>
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<td>Sergio Cabrera</td>
<td>Transphoton Corporation</td>
<td>Miami</td>
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<td>Elscint refurb Nuclear Cameras and our own – The CI!</td>
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<tr>
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<td>HealthWare Inc.</td>
<td>Oak Brook</td>
<td>IL</td>
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<td>Sell internationally, not brand specific - No service.</td>
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ASTRO’s 49th Annual Convention Set to Convene in Los Angeles

ASTRO is the world’s largest radiation therapy conference.

A who’s who from the world of radiation oncology is set to convene in Los Angeles, Oct. 28-Nov. 1 as the American Society of Therapeutic Radiology and Oncology conducts its 49th annual meeting.

Set for the Los Angeles Convention Center downtown, the meeting’s primary theme, “Treating Cancer While Preserving Quality of Life,” embraces all aspects of oncologic care and not just those efforts that provide patients with better outcomes.

This year’s meeting is notable for a strong international outreach with a variety of educational programs conducted in Spanish and Chinese for what is expected to be a strong overseas representation of radiologists and oncologists.

ASTRO estimates that overall attendance will surpass 11,000 radiation oncologists and those allied with the discipline. In addition, more than 250 exhibitors and vendors will line the exhibition hall’s aisles, displaying the latest in product development and technology in cancer treatment and care.

Boasting 9,000 members worldwide, ASTRO has lined up an impressive array of speakers and educators including Stanford University’s Victor Fuchs who delivers a keynote address Monday, entitled “Better than Band-Aids: American Needs Comprehensive Health Reforms.”

Tuesday, Oct. 30 is highlighted by the prestigious “Presidential Address,” this year given by ASTRO president Louis Harrison, MD, of New York’s Beth Israel Medical Center. The final keynote, Wednesday Oct. 31, will be delivered by David Sidransky, MD, of the Johns Hopkins School of Medicine.

Throughout the course of the annual meeting many of the world’s leading experts will conduct scientific abstract presentations, in addition to panel and poster discussions and a host of other educational sessions.

Two events that certainly fall into
the “can’t miss” category include honoring recipients of the 2007 Survivor Circle award on Sunday Oct. 28, and the Appreciation Reception, Oct. 29. This open to all comers event is being held at the California Science Center; the center’s three floors of exhibits celebrate scientific innovation and invention. And the more daring attendees can test their skill as they climb a rock wall, among the center’s most famous attractions.

For information about registration, housing and a full schedule of presentations and sessions, log in to ASTRO’s website: http://www.astro.org/

RSNA Exhibitors: Send Us Your News

As the biggest medical equipment trade show and educational conference in the world, the Radiological Society of North America (RSNA) is a “must attend.”

If your company is exhibiting there — like DOTmed is at Booth 8101 — then you well know how important it is to ensure that your company attracts maximum visibility.

So the November issue of DOTmed business news plans showcase coverage of the conference, the exhibitors and the host city, Chicago.

As part of DOTmed’s extensive pre-show coverage we’re asking any of our registered users who are exhibiting there to send us news and information about the products you’ll be spotlighting, the news you’ll be making and the show plans you’re developing. Please send all information, images, and relevant photo captions to news@dotmed.com

Then look for extensive coverage in the November issue of DOTmed business news as well as our weekly electronic industry bible, DOTmed Online News. Remember, more than 83,000 industry leaders are email subscribers to DOTmed’s electronic news while the magazine enjoys circulation in excess of 35,000.

And while you’re at the conven-

AIDS Healthcare Foundation Names Homayoon Khanlou, M.D. as its Chief of Medicine, U.S.

AIDS Healthcare Foundation (AHF) has named Homayoon Khanlou, M.D. as its Chief of Medicine, U.S. Prior to assuming his new role as Chief, Dr. Khanlou served as AHF’s Associate Director of Medicine, Regional Medical Director of Western Region while also holding the posts of AHF’s Associate Director of Research and the Medical Director and attending physician for the San Fernando Valley and Antelope Valley Healthcare Centers. Dr. Khanlou has also served as Chair of the Pharmacy and Therapeutic Committee at AHF.

In addition to his extensive experience as a practicing HIV/AIDS physician, Dr. Khanlou is also a leading clinical researcher whose research has been published in such prestigious periodicals as the New England Journal of Medicine and the Archives of Internal Medicine. He is also a featured lecturer at a variety of medical institutions and has spoken the American Academy of Physicians Assistants, Children’s Hospital of Los Angeles and a frequent speaker at the Los Angeles Intercity HIV Rounds.

In addition to undertaking the duties of his new position, Dr. Khanlou will also serve as AHF’s Medical Director of Research and will continue as the attending physician at the San Fernando Valley Healthcare Center. AHF’s former Chief of Medicine, Charles F. Farthing, M.D., stepped down earlier this year in order to pursue opportunities in the private sector.

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Medical Equipment Parts Sales and Service Companies

Third party companies offer hospital biomedical technicians quality parts at low prices

By Barbara Kram

From a $100,000 RF generator cabinet for an MRI down to a $35 mechanical component, each part of every medical device is essential to hospital operations.

Getting parts for medical equipment may not seem like rocket science, but it can get tricky quickly. For instance, how do you know which part needs replacement? What is a good source for the part? Does the supplier have it in stock? Has it been tested? Does it come with a warranty? Can you, or should you, install it yourself? You’ll need to know something about the parts industry to arrive at favorable answers to these critical questions.

To maximize return on investment in medical equipment, facilities must keep technology in service as long as possible including imaging equipment, infusion pumps, endoscopes, defibrillators, monitors, anesthesia equipment, respiratory, cardiology, sterilizers, etc. That means a steady supply of parts, especially for older equipment.

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The challenge is probably not finding the part, but rather finding the right parts supplier. Price is certainly a priority but so is quality. In addition to the OEMs, which don’t necessarily have parts for their older devices, a number of exceptional third party parts suppliers support the nation’s hospitals to keep equipment humming.

Parts companies include brokers, who simply transact sales without stocking parts, and dealers who run more sophisticated operations to source and stock thousands of parts for nearly any device. Some dealers are specialized for medical imaging or ultrasound, for example, while others provide parts for multiple imaging modalities and other medical equipment too.

“People don’t realize that many brokers out there have a virtual inventory. When you call them, they call us directly for the parts,” said Steve Bush, Director of Accounting and Business Development, Blue Ridge Medical Imaging, Salem, Va. The company purchases equipment directly from hospitals through OEM trade-ins and third-parties. “In an average year we acquire 50 to 75 new systems and part those systems out for our customers accordingly. What we are trying to do is separate ourselves and get the hospitals, through their GPO [group purchasing organization], OEM, or ISO [independent service organization] to call us directly so we can pass those savings along to them,” Bush said.

Christopher Cone, President, Echoserve, Golden, CO, said, “We repair all the parts, which allows us to have a better cost position in general than the dealers that are just buying systems and parting them out.” The company focuses on ultrasound and mammography and is particularly strong in ultrasound transducers (probes). “You need a pretty broad engineering capability, mechanical, electrical, acoustics, a number of different engineering disciplines in order to be successful on a large scale repairing ultrasound probes,” he said.

Superior technical support is a key competency to look for in a parts supplier. “In-house engineers need a product that is tested, they need help with troubleshooting, and they need to have the parts on the shelf or in hand to

Medical equipment is a complex industry in which competitors are also colleagues and this benefits customers.
"Even a Cave Man can save money on Siemens parts at GECO"


Siemens Medical X-Ray and CT Parts in Stock:

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<th>Siregraph</th>
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deliver within a certain timeframe,” said Akram Abdelaal of Express Systems & Parts Network Inc., Aurora, OH. “Everybody out there is trying to develop a parts business and treat parts as a commodity. We are selling the parts because we understand the need of the in-house engineer.” His company taps other parts suppliers that they have carefully vetted to develop a network of sources for reliable parts.

Parts companies, even those that do maintain an inventory, may or may not test the parts so a warranty should be requested. “My advice to hospitals would be to look for a reputable company that stands behind the parts and someone with documented procedures on how the parts are tested,” suggested Todd Jones, Director of Technical Operations, Ambassador Medical, Carmel, IN, a company that specializes in ultrasound.

Third Party Suppliers Shine in Used Market

Many companies have significant technical expertise and are able to refurbish parts. Some parts companies are huge operations. ReMedPar is the world’s
largest independent provider of replacement parts for diagnostic imaging equipment including X-ray (R/F), mammo/portables/C-arms, CT scanners, and MRI, and they are also entering the ultrasound market. The company is the supplier to suppliers, providing parts to in-house hospital engineers and ISOs.

“We have the test capability to assure that a repaired part is fully functional before it leaves our facility,” said Paul Stanton, Procurement Manager of the Goodslettville, Tenn. company. ReMedPar boasts an impressive 15 CT quality assurance (Q/A) test bays, 13 ultrasound test bays, one MRI test bay, multiple C-Arms, portables and mammo test bays, as well as eight X-ray and R/F test bays.

“We have over $15 million invested in Q/A test bays,” Stanton said. “The Q/A test bays are working systems, so when we bring the part in and do the repair we can actually put it on the system and test it to be sure it is 100 percent functional,” he said.

Many other reliable parts dealers serve the used medical equipment market.

“We are a true parts supply depot. We stock what we sell, refurbish our own parts, and supply parts to wholesalers, and to major players who resell them,” said Ralph Frizzle, President, GECO, Largo, FL. The company’s name stands for German engineering company and they specialize in Siemens parts for X-ray and CT equipment. “We developed the abili-

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In addition, we have several dedicated test beds with full testing capabilities.”

Medical equipment is a complex industry in which competitors can also be colleagues and this greatly benefits customers including hospital biomedical engineers.

To expand its services to include ultrasound transducer repair and exchange, Axess Ultrasound forged a strategic alliance with another industry leader, Sonora Medical Systems, Longmont, CO. Axess Ultrasound’s field service staff use Sonora’s ultrasonic diagnostic tools to test parts and systems. Meanwhile Sonora Medical Systems also sells and repairs parts for diagnostic ultrasound and MRI.

“For testing and repair of ultrasound transducers, we use the FirstCall probe testing system and some specifically designed controller systems,” said Jim Carr, Sonora’s Vice President of Operations and Quality. “MRI parts are tested in a variety of test beds that are either subsystems of MRI units or specially designed testing systems that simulate the inputs and outputs for the unit under test.”

A good rule of thumb is to choose a supplier with a real inventory of working parts, test systems or beds, and offering a warranty.

Value-Added and Incentives

Even with the significant savings they offer customers, parts suppliers face tough competition in a crowded market. Many offer additional incentives over and above a quality, tested, and warranted part. Classic Diagnostic Imaging, Macedonia, OH, is known for quality refurbished and used parts and great prices for all imaging equipment, but also distinguishes itself with support. “One thing that separates us is we don’t just sell or broker the parts, we also do the tech support. We refurbish parts and that gives us an edge.

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over someone who just brings in a piece of equipment and tears it down,” said Charlene Gregg, Office Manager. “If the customer calls and knows he needs a board on the left side of the cabinet but is not sure what board he is looking for, we can help narrow that down for him. If he is trouble-shooting and thinks it’s one of three boards, we can help with support or a hero kit.” A hero kit is a full set of parts, such as circuit boards, that the customer can swap out till the problem is isolated. By shipping a full set, the engineer can be sure to fix the problem when it’s found, then ship back unused boards to the supplier.

Classic Diagnostic Imaging also offers help training biomedical engineers. “A big selling point for us is our three percent incentive,” said Darrell Kile, Account Manager. “Three percent of what customers spend on parts with us goes to training at a local center to further their education and help with their budget.”

Some suppliers help with installation too. “There are certain parts that are exceptionally complicated,” said Don Bogutski, President, Diagnostix Plus Inc., Rockville Centre, NY, specializes in nuclear medicine parts for PET, SPECT, PET/CT, SPECT/CT accessories and options. “Without insulting the capabilities of a biomedical department, when we offer those intricate parts we only offer them with one of our engineers doing the installation.” Other, simpler components are sometimes offered with telephone support from the company.

Dancing With the OEMs

The network of parts dealers and brokers also supports the original equipment manufacturers like Siemens, Philips, GE, Toshiba. Smaller third parties and ISOs provide parts to hospitals, to each other, and to the OEMs themselves. That’s because manufacturers discontinue support and parts production for older equipment (after seven years at the earliest), yet they typically have service contracts with hospitals covering a broad range of devices, including older machines and those made by competing manufacturers.

“That’s an interesting dynamic where we are selling the [used] parts made by them back to the OEM,” said Bogutski. Also, since OEMs have multi-vendor contracts with hospitals, manufacturers find themselves in need of parts for another manufacturer’s technology. “We can go to one OEM and buy parts at a discount, maintain that discount, and provide parts to the other OEM who could not go to the original manufacturer.”

Since OEMs look to reputable third-party companies for parts, hospitals can feel confident in the quality. “If GE, Philips, and Siemens rely on us, it means we are doing a good job,” said Abdelaal of Express Systems & Parts Network. “We are the backbone of the major manufacturer to fill the need for obsolete items.”

Ultimately, hospitals, OEMs and dealers all look to used and refurbished parts for the same quality and value.

“Our job is to keep the cost of the maintenance down,” said Frizzle. “When it comes time to repair the equipment, we offer a choice to the hospital. They can buy brand new again, or buy parts from us that are tested and exactly the same, just from a different source.”

[DM 4720]
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<td>Zhang Annie</td>
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<td>Georges Kardous</td>
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<td>Piero Baesso</td>
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<td>Sesto S. Giovanni MI</td>
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<td>Rybicki Edward</td>
<td>F.H.U.P. AVEK</td>
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<td>Diaa Alhindouai</td>
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Shows and Events for October 2007


**The Joint Commission's 12th Annual Ambulatory Care Conference**, October 1—2, Chicago, IL

**Hospital Supply & Pharmacy Expo**, October 1—3, Jacksonville, FL

**ASER Annual Scientific Meeting**, October 3—6, San Diego, CA

**International Vision Expo West**, October 3—6, Las Vegas, NV

**AHVMA 22nd Annual Conference**, October 6—9, Tulsa, OK

**AHRA Fall Conference**, October 10—11, Savannah, GA

**MD (Medical Dealer) Expo**, October 2—5, Stone Mountain, GA

**SDMS Annual Conference**, October 11—14, Las Vegas, NV

**Academy 2007 Tampa: The Annual Meeting of the American Academy of Optometry**, October 24—27, Tampa, FL

**Mid-Atlantic BIO Conference**, October 25—26, Bethesda, MD

**AAP National Conference and Exhibition**, October 26—30, San Francisco, CA

**NSH 33rd Annual Symposium/Convention**, October 26—31, Denver, CO

**SRU 17th Anniversary Annual Meeting and Postgraduate Course**, October 26—28, Chicago, IL

**Florida Biomedical Society Symposium**, October 26—29, Lake Buena Vista, FL

**ASPS/PSEF Plastic Surgery Meeting**, October 26—31, Baltimore, MD

**SROA 24th Annual Meeting**, October 27—31, Pasadena, CA

**31st ASRT Radiation Therapy Conference**, October 28—30, Los Angeles, CA

**49th ASTRO Annual Meeting**, October 28—November 1, Los Angeles, CA

**WBBA Annual Meeting**, October 30, Seattle, WA
These are some of the more than 27,000 listings on [www.DOTmed.com](http://www.DOTmed.com) on any given day.

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<th>MEDICAL SALES &amp; SERVICES</th>
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<tr>
<td><strong>Systemic Energy</strong></td>
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<tr>
<td>25 years of experience servicing Varian Linear Accelerators &amp; GE CT Scanners. Contact us at 806-438-0755. Visit Us At <a href="http://www.systemicenergy.com">www.systemicenergy.com</a></td>
</tr>
<tr>
<td><strong>RISMED Oncology Systems</strong></td>
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<tr>
<td>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 &amp; modern paint booth, installations for Latin America, Asia &amp; Africa. Jose A. Rodriguez, 256-534-6993</td>
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<tr>
<td><strong>DEXAScanners, Inc.</strong></td>
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<tr>
<td>Since 1996, DEXAScanners, Inc. provides sales of reconditioned Hologic Lunar &amp; Norland bone densitometers, as well as providing service &amp; training. Contact Desmond Johnson today at 615-424-4095 or visit <a href="http://www.dexascanners.com">www.dexascanners.com</a></td>
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<th>ASSET RECOVERY</th>
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<tr>
<td><strong>Envirotech</strong></td>
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<tr>
<td>Maximize your asset recovery from obsolescent medical equipment. Envirotech provides electronic destruction, recycling, disposal and liquidation. Contact: Tom Holland 800-700-8545</td>
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<tr>
<td><strong>Atlas Van Lines Agent</strong></td>
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<tr>
<td>When it’s time to transport sensitive electronic equipment, count on Atlas to handle it safely &amp; efficiently. Call Rob Robinson for a free quote – 614-851-4220 or email: <a href="mailto:rrobinson@executivetransfer.com">rrobinson@executivetransfer.com</a></td>
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<th>TRANSPORTATION SERVICES</th>
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<tr>
<td><strong>R-Tech Solutions, Inc.</strong></td>
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<tr>
<td>Install and Deinstall all imaging equipment. Equipment relocation, crating and transportation, after hours &amp; weekend service. 20 years experience.(574) 278-7191 <a href="http://www.r-techsolutions.net">www.r-techsolutions.net</a></td>
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<th>EQUIPMENT FOR SALE</th>
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<td><strong>BIOSOUND Megas Portable Cardiac – Vascular</strong></td>
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<td><strong>MARQUETTE MAX 1 Stress Test</strong></td>
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<td><strong>CTI ECAT EXACT 47 PET Camera/Scanner</strong></td>
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<tr>
<td>2001 System in Excellent Condition, Available now! Full warranty and installation service available. Also lease. Joseph Sciarra, Marquis Medical 732-677-31596</td>
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<tr>
<td><strong>PENOX Technologies Penox/Invacare Liquid Oxygen System</strong></td>
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<td>USED 60-100 New style Penox or Invacare 40/L bases, units must be PB compatible. Lloyd Barnes, Healthcare Dynamics 770 817-0388 DOTmed Certified</td>
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<tr>
<td><strong>KANGAROO 324 Feeding Pump</strong></td>
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<tr>
<td>Need a quantity of 20 kangaroo 324 pumps, in working condition. If less than 20, let me know your asking price. Frank Bleischmidt, Artec Group Services 305-884-4533 DOTmed Certified</td>
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<tr>
<td><strong>STORZ 11277AU Cystoscope</strong></td>
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<td>Flexible Cystoscope. Please state exact condition and best price. In need of minor repairs is OK Adam Rudinger, Lex-Tech 518-692-1115</td>
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<th>EQUIPMENT WANTED</th>
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<tr>
<td><strong>Vision Systems</strong></td>
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<td><a href="http://www.patternless.com">www.patternless.com</a> #1 supplier of reconditioned optical &amp; ophthalmic equipment, exam lane, pre-test, diagnostic &amp; lab. 866-934-1030 DOTmed Certified</td>
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<tr>
<td><strong>T.H.E. Medical Systems, Inc.</strong></td>
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<tr>
<td>Specialists in MRI, Mobiles, CT, Nuclear, PET, &amp; Clinic Partnerships, Contact us today at: 877-496-8272. Visit us at: <a href="http://www.themedicalsystems.com">www.themedicalsystems.com</a></td>
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<th>EMPLOYMENT OPPORTUNITIES</th>
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<td><strong>MRI &amp; CT Service Engineer Positions Available</strong></td>
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<tr>
<td>Location: IL, MO, MI, IN, FL, USA</td>
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<tr>
<td>Field Service engineer with GE/Siemens MRI or CT experience. 2 plus years experience. Join the industries’ leading sales and service organization. Full benefits including Health, dental, Life, 401K. Multiple locations available. Craig Palmquist, Genesis Medical Imaging 847-961-5802</td>
</tr>
<tr>
<td><strong>Radiology Service Engineer</strong></td>
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<tr>
<td>Location: MA, NH, ME, VT, CT, RI, USA</td>
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<tr>
<td>Field Service Engineer positions available with rapidly growing and progressive full service radiology imaging company. Jason Olenio, Associated X-Ray Imaging 800-356-3388</td>
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Recent equipment and parts auctions on DOTmed with actual for-sale prices.

Radiology

USI C-Arm Table, Model 9650 MV $3500.00
GE Rad Room Silhouette, manufactured 2001 NEVER INSTALLED. Includes Silhouette VR Table/4 Way Float Top Model Number 2226517 GE Transformer 9T23B8305VR, Control Panel 22226519, Collimator MS-183 Varian Medical Products Tube Rad 12 Silhouette High Frequency VR PDU Generator 220-0102 Left Handed Vertical Wall Bucky 600-0200 Tube Stand Pivots $12000.00
OEC-9000 C-arm. DOM 6/1991 2 monitor cart. Includes Expanded Surgical Package and Vascular or Neurological Module $7,000.00

SIEMENS CT Scanner Somatom Emotion 6 Good working and cosmetic condition. The phantoms are in good condition and are in the original boxes. All system software. Install technical service manual included. Also included In Room CT Fluoro. new board. Numerous Upgrades/Updates/Licenses $120,000.00


Nuclear Medicine

TOSHIBA Nuclear Gamma Camera GCA-7100A in excellent condition. Single Head 360 Field of View Camera. Sun Ultra 1 Creator with 5.0 software. 21” Monitor. MO Drive and GQS SPECT, Planar, Whole Body. LEHR Collimator and Collimator Cart. De-installed by Toshiba FSE’s. $12000.00

ADAC Cardio Nuclear Gamma Camera Epic, manufactured 1998. System Includes Generator/Model Number 2152-3000A Pegasys Work Station Dual Monitors Processing Terminal Adac Power Supply Collimator cart Standard table 4 Columinators: VXGP DET 1, VXGP DET 2, LEHR 1, LEHR 2 $6,000.00

Ultrasound

TOSHIBA Shared Service SSSA-270A Ultrasound system with 3 probes: 1) PLF-703ST 7.5MHZ 2) PVF-575MT 5MHZ 3) PSF-37CT 3.75MHZ. Manufactured in 1993. Upgrades include the Cardiac pkg. and factory Y2K upgrade 2000. Panasoninc VHS video cassette recorder model AG-7350-P. International Imaging Electronics printer model 460-R. All cables and documentation. $2,500.00

ATL Ultramark U400 OB/GYN Ultrasounds Two units sold together as parts. Included: 1 Sony Printer 1 Panasonic AG S10 10 Video Recorder 2 ECG 6.5 Probe 1 3.5 MHZ $500.00

ATL Shared Service Ultramark 9 HDI UM9 with color printer and 3.5MHZ transducer. It is cardiac capable. The machine frame identifies it as a 1998 manufacture. $1500.00

SIEMENS Elegra Ultrasound Transducer 2.5PL20 Condition: Used-Working Cosmetic: Excellent $2,400.00

ATL Shared Service UM9 HDI Ultramark UM 9. Unit will power up but not completely boot. Printer and transducers are fine. Printer - Sony Magivraph. UP5600MD Transducers - C4-2 Curved Array & P3.5 28mm Phased Array $1,500.00

MRI Equipment

GE MRI Scanner Signa 1.5T LX EchoSpeed Octane still installed and is still under service. The CX K4 active shield Short Bore magnet was new in 2003. The balance of the system is a GE GoldSeal PreOwned system. It comes with a Medrad Spectrisc MRI Injection System and a Medrad 3006 MR Music System. Octane computer. 9.1 level system software. Coils $280,000.00

Endoscopy

STORZ Video Endoscopy Camera surgical model 202221 20, Insulultator $264305.20, Light Source $201331.20, Karl Storz SNID041590-H Camera (Camera Head Tricam Autolave), SmartKart Monitor 9620SK. Cables includes: cables/plugs that communicate between devices. $7500.00

Imaging Accessories

AGFA Dry Camera Dryster 3000 $2,000.00
KODAK PACS/RIS THREE (3) Kodak Key Pads $1 Model 9410 / Manufactured 2001 2 Model STD-MIS / Manufactured 2000 $ 250.00
FUJI Laser Camera Accessories Digitizer FOUR (4) Fuji Digital to Dicom Boxes AAM-CDFU FOUR (4) Fuji Key Pads $1,200.00
O/R – Surgical

CASTLE O/R Light Selectra $600.00
CHICK O/R Light Professional Medical. There are two heads with this light $200.00
SKYTRON O/R Table in very good condition. Complete with hand controls and head and arm board. $2800
AMSCO O/R Surgical Table 1080 (2 units)/ $300.00
AMSCO O/R Table 2080 L with Pads $1600.00
STORZ O/R Camera SNID041590-H (Camera Head Tricam Autolave) $ 1,500.00

Sterilizers

STERIS Sterilizer System 1 $950.00
STERIS Sterilizer System 1 removed from a hospital in fine working order. $800.00
STERIS Sterilizer Model 3017 EO $1300.00

Incubators

AIR SHIELDS Infant Incubator C-300 $100

O/H Infant warmer System 7810: SEVEN (7) units $250.00

Monitors

DATASCOPE M/D3A Portable monitor/defibrillator/recorder. The patient ECG signal is shown on 5” display. This item powers up and it appears that the it is in good condition. The support module shows that the battery charge indicators are responding. As-is. $510.00

Anesthesia

OHMEDA Anesthesia Machines Modules CD Qty: 4. Part Number 1204-8001-000 Includes Ventillator 7850, Control Module Assembly, 1500-8005-000, Oximeter Mdue, Dnmap NIBP Module Absorber 309-0170-800 $1,500.00

OHMEDA Anesthesia Machine Modules II 397-2012-0170-800 $1,500.00

OHMEDA Anesthesia Machines Modules CD Qty: 2. Part Number 1204-8001-000 Includes Ventillator 7850, Control Module Assembly, 1500-8005-000, Oximeter Mdue, Dnmap NIBP Module Absorber 309-0170-800 $1,500.00

Respiratory

BEAR Ventilator 1000 THREE (3) units $300.00

RESPONICORS CRAP/BIPAP 1005960 REMstar Plus

Domestic unit. used (84.3 hours shown on the unit’s timer), Includes manual, hoses, and carry case, very clean and in excellent condition. $225.00

Cardiology

MEDISON Cardiac - Vascular Lot of 3: MySono 201. Unit 1: Probe CE IPX 7 L4-7CD. Especially suited for breast and thyroid. Includes power cord and carrying case. Item ID # 061120-5318-02. Unit 2:Probe CE IPX 7 L4-7CD. Especially suited for Thyroid and breast imaging. Good working condition, includes power cord, manuals and carrying case. Item ID # 061120-5318-03. Unit 3 includes Probe CE IPX 7 L5-9CD. Especially suited for small parts. This unit has a display problem. Includes power cord manual and carrying case. Item $2,400.00

BURDICK EKG EX10 Single channel, Non-Interpretable Electrocardiograph with 10-lead patient cable, electrode sensors, adapter clips, thermal paper and mounting paper. No manual. $700.00

VASOMEDICAL EECP Unit EECP TS3 (Enhanced External Counterpulsion) DOM is 2-19-02. 2,157.1 hours on it. OEM service contract since purchase with regular PM and check ups. $10,000.00

Lasers

CANDELA Laser - Pulsed Dye CCD 1 Manufactured 1998. Includes: Laser Fiber Part Number 71120-01 2141 2mm/5mm/Two 7mm/2x7mm/10mm & elliptical handpieces. Footpedal and Eyewear, four separate laser output frequencies; specifically for use with vascular treatments. $ 2,400.00

Ophthalmology


Pumps

BAXTER Pump I/V Infusion Colleague Single Channel Volumetric Infusion Pumps (Qty:45) $1,4625.00
BAXTER Pump I/V Infusion Colleague 3 Channel Volumetric Infusion Pumps (Qty:4) $3,600.00

Monitors


PROTOCOL PROPAG 102 EL multiparameter patient monitor parameters: sp02 (pulse ox), printer, ekg-cardiac monitoring, nibp (blood pressure monitoring), temperature. cables included: 3 lead ecg, spo2 finger sensor, nibp cuff, power supply for unit.$750.00
IMEX Fetal Monitor antepartum/intrapartum monitor. 1994. Used fewer than 100 times; not used in five years; last date of inspection 10/2001. Monitor consists of two modules, the transducer electronics in one module and a printer, a 1.5MHZ ultrasound transducer, a external contraction (Toco) transducer, patient operated event marker transducer, operator’s manual. quick reference guide, paper. $900.00
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