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So Many Parts...
Sure, the title above is a nod to the Industry Sector Report (ISR) on Medical Equipment Parts. It is also a reference to all the news you’ll find in this month’s issue of DOTmed Business News.

This month, we have the privilege of publishing some thoughts from healthcare industry veteran Ken Poteete (see page 10) as he shares some history dating back to the advent of Medicare. We also interviewed professionals who deal with a challenge that has been in the news quite a bit recently – providing medical services and care during and immediately following major disasters.

For hospitals and healthcare centers interested in gaining MRI Accreditation, the information provided in the ACR MRI Accreditation article will prove invaluable. DOTmed Certification is also explained in detail for those looking to become certified or for those wanting to find out more about what it means and the benefits of purchasing from a DOTmed user with that appellation.

This issue also features ISRs with focuses on Anesthesiology, Injectors and Linear Accelerator and Simulators Sales and Services. If you’re involved in any way with these machines, these reports are must-reads. Of course, our regular sections like “Old Into Gold,” “Blue Book Price Guide” and “Marketplace & Classifieds,” are here as well. Each offers a point of reference and serves as an information source for your healthcare needs and knowledge.

Finally, this issue introduces the first “Feedback Question.” The question can be found on page four. Readers can visit us online to answer or you can write-in to share your thoughts. Responses will be published in the following month’s issue. As always, readers are welcome to send feedback on other topics to me at sruck@dotmed.com. Your requests to cover certain topics, responses to past articles or other commentary are all used to make the magazine better and your interaction with it more enjoyable.

Until next month!

Sean Ruck
Editor-in-Chief
DOTmed Business News

Call for Submissions and White Papers

DOTmed Business News invites all medical industry professionals who have unique experience or knowledge in any clinical or business area of healthcare to submit an article for publication.

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A stark look at things
It is about time that these regulations get defined and they hopefully stop the abuse. In this article it is not clear if the new “loophole” that some physician specialty groups are using for self referral to go around the Stark Law is defined. Here in Florida, for example, the new trend has many neurology groups, ENT groups and some orthopedic groups now buying their own Cat Scans, MRIs, or Pet Scans. They self refer, provide the service with “their equipment,” and bill for same. Isn’t it obvious that is the abuse that needs to be stopped? I personally believe that this is the worst case of Stark law violations yet it is not addressed. Via these groups, all of the group physicians are enriched by self-referring – exactly what the Stark Law intended to stop.

Sincerely,
Juan Puig

FEEDBACK QUESTION FOR NOVEMBER
In the September issue of DOTmed Business News we reported on the health care initiatives proposed by Senator McCain and Senator Obama. Do you believe that the health care industry will really be affected if one of these presidential hopefuls gets into office?

Submit responses to news-comments@dotmed.com

Do you have a comment about a DOTmed Business News article?
Submit letters to the editor to: news-comments@dotmed.com

Letters may be edited for space, grammar and clarity.

Corrections:
Judy Engle, the of Owner of Frontier Medical, Inc, Wheat Ridge, CO, and a DOTmed Certified user, was inadvertently left off to last month’s Respiratory Equipment Services Directory.

In the September issue of DOTmed Business News it was reported that John Wittenberg, owner of Inventory Solutions has won VA contracts, hospice contracts and managed care contracts. Wittenberg only works through distributors and customer who bid on those contracts, he does not, in fact, bid on those himself.
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Quantum Medical Imaging Installs DiRex Digital System at the State of Franklin Healthcare

Medical equipment manufacturer, Quantum Medical Imaging has installed their DiRex Digital System, which includes a Digitally integrated Quantum Radiographic system and AGFA DX-S CR system at the State of Franklin Healthcare, located in Johnson City, TN. The sale and installation was facilitated by Digital X-Ray Specialists, a Quantum Medical Imaging “Gold-Star” Dealer in the USA.

The Quantum DiRex system uses a ceiling mounted tube stand providing flexibility for unlimited imaging procedures. The DX-S CR scanning system utilizes exclusive technology to consistently produce images of remarkable quality, enhancing diagnostic confidence providing the potential to substantially reduce the patient x-ray dose. Rapid detector scanning reduces wait times and provides faster display of digital images. Through digital integration, a single operator control provides one-step anatomical selection of all x-ray techniques and image processing factors. Quantum’s exclusive TechVision tube-side display allows control of all x-ray parameters and also provides image preview increasing the technologist’s proficiency.

3T MRI Is Better at Detecting Focal Epilepsy

3T MRI is better at detecting and characterizing structural brain abnormalities in patients with focal epilepsy than 1.5T MRI, leading to a better diagnosis and safer treatment of patients, according to a recent study conducted at the Oregon Health and Science University in Portland, OR.

“Patients with focal epilepsy have recurrent seizures that result from a specific area of their brain, usually due to a structural brain abnormality,” said Bronwyn E. Hamilton, MD, senior author of the study.

3T MRI detected 65 of 74 cases, compared to 55 of 74 cases detected by 1.5T MRI; lesions were accurately characterized in 63 of 74 cases using 3T MRI, compared to 51 of 74 cases using 1.5T MRI. “Detection refers to lesions that were found and characterization refers to how accurately we were able to determine what type of abnormality the lesion was, such as tumor versus vascular malformation versus congenital deformity,” said Dr. Hamilton.

“I, and most of my radiology colleagues, in conjunction with the neurologists who specialize in epilepsy at our institution, feel that a patient with focal epilepsy is incompletely assessed without a 3T MRI, and will re-image patients with prior negative 1.5T MRI in order to feel more certain an abnormality has not been missed. We have had a number of patients who had gone undiagnosed with prior negative MRI scans who later underwent 3T MRI at our institution that either disclosed a structural brain abnormality or better characterized it for the surgeon,” said Dr. Hamilton.

Defibrillators Save Lives, Don’t Diminish Quality of Life

Duke University Medical Center Researchers say that implantable cardioverter-defibrillators (ICDs) reduce the risk of death from sudden cardiac arrest (SCA) among patients with heart failure, and the devices work without significantly altering a person’s quality of life.

The conclusions result from the longest and most comprehensive study to date of ICD use to prevent SCA. It is hoped that the findings will alleviate physician and patient concerns over the ICD side effects.

“Basically, we wanted to find out if ICD therapy improves longevity but only at the cost of worse quality of life,” says Dr. Daniel Mark, a cardiologist at Duke and the lead author of the study appearing in the September 4 issue of the New England Journal of Medicine.

Mark and colleagues prospectively studied 2,521 patients enrolled from 1997 to 2001 in the Sudden Cardiac Death in Heart Failure Trial. The participants received state-of-the-art medical therapy for heart failure. Patients were randomly assigned to receive an ICD, or...
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the anti-arrhythmia drug amiodarone, or an amiodarone placebo.

Researchers interviewed each participant four times over a 30-month period to assess disease status, physical and social activity levels, psychological well-being, and ability to perform routine daily tasks.

Participants of all groups had essentially the same scores on psychological well-being at the beginning of the study. However, patients with the ICDs actually had somewhat higher quality of life scores at three and 12 months, when compared to those in the other groups.

“Interestingly, we found that patients who happened to experience a shock from the ICD within 30 days before their quality of life interview reported a significant decline in their assessment of their overall physical and emotional health,” says Mark. “And those who were shocked within two months reported much the same, but with a somewhat diminished magnitude. But after one year, in comparing the 100 who had been shocked with the 638 who were not shocked, we found no significant differences in measures reflecting overall satisfaction with their quality of life.”

Online: dotmed.com/dm6954

NCPA’s Goodman Offers Strategic Medicare Solution

Although federal agencies are warning of skyrocketing Medicare costs, a new study says that with appropriate reforms, 50 years from now Medicare will cost no more than it does today as a percent of national income.

“Health care is the country’s most serious domestic policy problem, and Medicare is the most important component of that problem,” said NCPA President and study author John Goodman. The study advocates three reforms:

• Workers and their employers would be free to repackage and reprice their services in order to reduce costs and increase the quality of care.

Goodman said that without reform, the Medicare program will more than triple in size (relative to national income) over the next 75 years. To avert that outcome, Goodman said, “we need a new system under which each generation saves and invests and pays its own way.”

“Reform is inevitable,” he added. “The only question is how painful the reform will have to be. The more quickly we act, the easier will be the transition to a new system.”

Online: dotmed.com/dm6979

ASCO Highlights Important Research in Studying Breast Cancer

During the 2008 Breast Cancer Symposium information was released on new research regarding breast cancer treatment, detection and disparities in care.

• Doctors and hospitals would be free to repackage and reprice their services in order to reduce costs and increase the quality of care.

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“Reform is inevitable,” he added. “The only question is how painful the reform will have to be. The more quickly we act, the easier will be the transition to a new system.”

Online: dotmed.com/dm6950

Retail Medical Clinics for Easy-to-Treat Illnesses

Retail medical clinics located in pharmacies and other stores typically attract insured and uninsured patients who are seeking help for a small group of easy-to-treat illnesses or preventive care and do not otherwise have a regular health care provider, according to a new RAND Corporation study.

“These clinics appear to attract patients who are not routine users of the current health care system,” said lead author Dr. Ateev Mehrotra, a professor at the University of Pittsburgh School of Medicine and a researcher at RAND, a nonprofit research organization. “For these patients, the convenience offered by retail clinics may be more important than the continuity provided by a personal physician.”

Researchers analyzed details about more than 1.3 million visits to retail clinics from 2000 to 2007. The information was obtained from eight retail clinic operators that accounted for three-quarters of the clinics in operation as of July 2007. Information from that analysis was compared to national data on visits to both emergency departments and primary care physician offices.

The RAND study did not assess the quality of care provided by retail clinics. Among the concerns expressed about the clinics is that they may disrupt relationships with primary care physicians.
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Staten Island University Hospital to Pay the U.S. $74 Million to Settle Claims of Defrauding Federal Health Care Programs

Staten Island University Hospital (SIUH) has agreed to pay the United States $74,032,565 to settle claims that the hospital defrauded Medicare, Medicaid and the military’s health insurance program, TRICARE, announced Benton J. Campbell, U.S. Attorney for the Eastern District of New York and Gregory G. Katsas, Assistant Attorney General for the Justice Department’s Civil Division. In addition, the hospital will pay the State of New York $14,883,883 representing damages sustained by the state’s Medicaid Program. In total, SIUH will pay $88,916,448.

The government’s investigation established that, during the period July 1, 1994 through June 30, 2000, SIUH submitted claims for payment for detoxification treatment provided to patients in beds for which SIUH had received no certificate of operation from the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

Although SIUH was authorized to provide inpatient detoxification care to patients in 56 beds, it administered treatment in 12 additional beds located in a locked, separate wing and concealed the existence of the wing from OASAS.

“The resolution of these claims against SIUH demonstrates the federal government’s continuing commitment to protect federally-funded health care programs from any and all attempts by those who would knowingly seek improper payments,” said Gregory G. Katsas, Assistant Attorney General for the Justice Department’s Civil Division.

Healthcare Chronicles – A look at a law that changed everything.

By Ken Poteete

Being involved in healthcare for more than four decades has some advantages. For one, I didn’t need to adjust to a new career every five or six years like the younger generation of workers seems prone to do. More than that though, I have had the pleasure of seeing where healthcare was, where it is and hopefully, where it’s headed.

I began my career as an army medical service corp. officer during the Vietnam era. When I completed my service commitment, I attended graduate school in hospital management and have been enjoying that career ever since. This dates back to the mid 1960s, which was a time of major changes in the industry.

It was during that time that Lyndon B. Johnson signed the Medicare Bill into law. The bill finally realized the hopes of a number of Presidents before; notably, Franklin Roosevelt, John F. Kennedy and Harry Truman. It was Truman in particular who had said after his presidency that his failure to institute national health insurance was his biggest regret. That’s why Johnson travelled to the Truman library in Independence, Missouri on July 30, 1965, to sign Medicare into law. He also presented the first two Medicare cards to President Truman and his wife, Elizabeth. Medicare was one big piece of Johnson’s “Great Society” effort.

With that law introduced, everything changed for the health care industry. Like many Americans reaching adulthood in the ‘60s, I had seen firsthand the difficulties US citizens over 65 encountered when it came to healthcare. So many weren’t able to afford health insurance and if they didn’t have insurance, they didn’t go to the doctor. My own grandparents had this problem and it was upsetting to see people who had worked hard all their lives not being able to get the care they needed when they decided to retire. Needless to say, Medicare was a welcome addition.

With more Americans able to afford and seek health care, hospitals benefited as well. I worked with Georgetown Hospital in Texas and shortly after Medicare was created the hospital began to expand. I was given the opportunity to become the administrator at Georgetown and I’ve now spent more than 36 years helping to grow and expand the healthcare system.

Training programs for hospital administrators and other healthcare personnel expanded across the country. More people were seeking care and had the ability to pay for it. The field became an excellent career choice. We’ve been working with Medicare for more than 40 years now and the healthcare industry is one of the top industries we have. It’s also one in which America is truly a standout. I feel Johnson truly made a step forward with his idea of a “Great Society.” But, we do continue to have plenty to work on as a country in regards to healthcare. We have more than 40 million people uninsured or underinsured. We are spending over 15% of our GDP on healthcare and it is growing. I hope in the not too distant future we resolve many of these major issues regarding healthcare problems to the benefit of everyone.

About: Ken Poteete retired in 2007 from St. David’s Georgetown Hospital. He is currently CEO of Georgetown Healthcare System/Foundation. Mr. Poteete serves on the Board of Directors for the Texas Hospital Insurance Exchange and as a Trustee for the THA Retirement Plan for Member Hospitals.
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Not too long ago, business deals might have been made by phone, with contracts, payments and agreements needing to be mailed or faxed. There is no denying that technology has changed the face of today’s business dealings. Now, individuals can conduct business without ever meeting face-to-face or even having spoken by phone. While the ease of business increased, so did the risks. That’s one reason DOTmed.com created the DOTmed Certified program.

Although online marketplaces existed prior to DOTmed, medical equipment was largely overlooked or grouped in with other products. Realizing this, Phil Jacobus, CEO of DOTmed, founded the company in 1999 to link sellers of medical equipment with buyers. The site isn’t muddied by non-medical listings and this allowed buyers to quickly locate what they need.

DOTmed users have the ability to leave feedback for buyers and sellers. This feedback helps lend some assurance to those wishing to do business with each other. Companies and individuals who sell on DOTmed also have the option to become DOTmed Certified. The certification was created as a good-will service gesture. To become certified, a seller must agree to abide by a code of ethics, agree to arbitration in the case of a dispute and provide three written letters of recommendation from people who have done business with them for more than a year.

Created in mid-November 2003, DOTmed Certified currently has roughly 360 companies enjoying this elevated recognition. While DOTmed Certified does not necessarily signify that one company is better than another, it does serve as an introduction of sorts. No matter if a buyer is trying to locate a thousand dollar or million dollar piece of equipment, he or she wants to work with someone reputable. Certification is one way companies can benefit from a healthy reputation.

DOTmed.com also actively polices seller listings and has established a “Blacklist” of companies it will not allow to do business on the site. This Blacklist is available for all users to see, offering further protection for users. Even with these features, it is a good idea when doing business with a new company to ask for references. An easy way to ask for references is to post a request on the “Honest/Dishonest Forum” located on the DOTmed.com web site. This forum, DOTmed Certification, user feedback and the Blacklist are just some of the tools used to ensure a beneficial experience for all users.

Even though those business lunches and face-to-face meetings may not occur as much as they had in the past, DOTmed helps to provide familiarity between buyers and sellers and will continue to do so as long as business needs to be done.

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HHS Provides Prescription Drug and Durable Medical Equipment Assistance for Uninsured Texas Victims of Hurricane Ike

HHS Secretary Mike Leavitt announced up to $2 million in individual assistance for victims of Hurricane Ike from affected counties in Texas, through a new Emergency Prescription Assistance Program (EPAP) administrated by the Centers for Medicare and Medicaid Services (CMS).

The program, which has begun providing benefits, is an efficient way for pharmacies to process claims for prescription medications and certain durable medical equipment items for individuals who do not have any form of health insurance coverage and who are from the Texas emergency area declared by the President.

“This program is an example of the public and private sector working together to improve our nation’s ability to respond to emergencies,” Secretary Leavitt said. “People without health insurance affected by this storm will be able to more easily get their needed prescriptions no matter where they evacuate to.”

Online: dotmed.com/dm6981

Painkillers Lower Level of Prostate Cancer Biomarker

Common painkillers like aspirin and ibuprofen appear to lower a man’s PSA level—the blood biomarker widely used by physicians to help gauge whether a man is at risk of prostate cancer.

But the authors of the study, which appeared online Sept. 8 in the journal Cancer, caution that men shouldn’t take the painkillers in an effort to prevent prostate cancer just yet.

“We showed that men who regularly took certain medications like aspirin and other non-steroidal anti-inflammatory drugs, or NSAIDS, had a lower serum PSA level,” said first author Eric A. Singer, M.D., M.A., a urology resident at the University of Rochester Medical Center. “But there’s not enough data to say that men who took the medications were less likely to get prostate cancer. This was a limited study, and we do not know how many of those men actually got prostate cancer.”

Singer’s team studied the records of 1319 men over the age of 40 who took part in the 2001-2002 National Health and Nutrition Examination Survey (NHANES), a health census conducted by the Centers for Disease Control and Prevention. The team looked at the men’s use of NSAIDs such as aspirin and ibuprofen, as well as the painkiller acetaminophen, and at their PSA levels.

The team found that men who used NSAIDs regularly had PSA levels about 10 percent lower compared to men who did not. The team made a similar observation with acetaminophen, but the result was not statistically significant due to the lower number of men in the study taking the medication.

“While our results are consistent with other research that indicates that certain painkillers may reduce a man’s risk of getting prostate cancer, the new findings are preliminary and don’t prove a link,” said corresponding author Edwin van Wijngaarden, Ph.D., assistant professor in the Department of Community and Preventive Medicine.

Singer said that a man’s PSA level can be elevated for reasons unrelated to cancer. Sometimes, for instance, while inflammation is part of a cancer process, sometimes it is not, and so it’s possible that a lowered PSA reflects reduced inflammation without affecting a man’s risk of prostate cancer. Another possibility is that a PSA level lowered by NSAIDs might artificially mask a man’s risk of getting prostate cancer: The medications might lower the PSA, but a man’s risk might stay precisely the same.

“These findings underscore the importance for doctors to know what medications their patients are on,” said Singer, who is chief Urology resident at the University of Rochester Medical Center. “For instance, there are medications commonly used to treat an enlarged prostate that can result in a decreased PSA, and most physicians know that. Doctors should also be asking about patients’ use of NSAIDs such as aspirin and ibuprofen.

Online: dotmed.com/dm6920
Pivotal National Trial Uses Newest Interventional Radiology Treatment

ATTRACT—the first major national trial of a catheter-based treatment for deep vein thrombosis (DVT)—will evaluate the use of clot-dissolving drugs in combination with clot removal devices to prevent post-thrombotic syndrome (PTS) in patients with DVT. About 25-50 percent of DVT patients develop PTS when treated with blood thinners alone. While early treatment with blood thinners is important to prevent a life-threatening pulmonary embolism, blood thinners alone do not dissolve the existing clot, which remains in the leg. Preliminary studies have shown that interventional clot-busting treatments can unlike standard DVT therapy- remove clots and have strong potential to prevent PTS. The outcomes of this pivotal multicenter trial-to be funded at more than $10 million by the National Institutes of Health’s National Heart, Lung and Blood Institute (NHLBI)—are likely to change the way DVT is treated in the United States.

“The ATTRACT trial could fundamentally shift the 50-year-old DVT treatment paradigm to one that includes interventional clot removal as an essential element of standard DVT care,” said interventional radiologist Suresh Vedantham, M.D., who will lead the trial. “By funding this study, the NHLBI has clearly recognized the strong potential of interventional radiology clot removal treatments for DVT to improve public health,” added the associate professor at the Washington University School of Medicine’s Mallinckrodt Institute of Radiology in St. Louis, MO.

ATTRACT (Acute Venous Thrombosis: Thrombus Removal With Adjunctive Catheter-Directed Thrombolysis) is a multicenter, randomized trial “that will definitively determine if the newest clot-busting treatment (pharmacomechanical catheter-directed thrombolysis or PCDT) prevents post-thrombotic syndrome in patients with DVT,” said Vedanthan. PCDT combines the use of a clot-dissolving drug with a catheter-mounted miniature clot removal device, allowing an interventional radiologist to break up the clot and remove it from the vein, restoring blood flow. “PTS is a serious complication of DVT that is under recognized and potentially preventable if we are able to dissolve the clots early, before permanent damage to the vein occurs,” he noted. “Established PTS is a lifelong, irreversible condition for which there are no consistently effective treatments. Its prevention is extremely important; however, physicians have historically neglected the prevention of PTS,” said Vedantham. “The groundbreaking combination of clot-busting drugs with innovative device technology-pioneered by interventional radiologists now enables clot removal in a safer and more efficient manner, often in a single procedure session. These advances will greatly increase the use of interventional DVT treatments,” added Vedantham.

Online: dotmed.com/dm6966
**Nurse-Invented Product Increases Patient Safety and Care Giver Satisfaction**

Lenore Henning, a registered nurse, invented a product to hold and organize medical tubing. The device, named The Beata Clasp, keeps tubing in place and also helps patients to become involved in their care.

"Bringing Safety Back to the Bedside." stated an Intensive Care Unit Nurse. Patient safety is the utmost goal of all involved with a patient’s care. With patient safety in mind, Lenore Henning, the inventor and bedside nurse of 35 years, developed the product with her daughter, Anne Henning, who is also an RN. The product’s slogan reads: "I am able to focus on my patient’s needs each time I enter the room and spend less time untangling tubing at the bedside,”

This is a patient safety device that organizes the multitude of lines every patient has during their hospital stay. This single-patient use device is manufactured in Illinois and is recyclable. A version with a larger diameter is due to be released as early as mid-2009, which will accommodate wider bedrails.

**Advanced CT from Toshiba Installed in ER**

Greater Cincinnati area residents and patients of St. Elizabeth Medical Center will soon have access to the latest medical imaging technology available, the Aquilion ONE™ from Toshiba America Medical Systems, Inc. The Aquilion ONE, the world’s first dynamic volume CT system, can help doctors diagnose stroke and heart disease in mere minutes, rather than in hours or days. St. Elizabeth, which serves more than 300 stroke patients annually, is the first community hospital in the U.S. to install this revolutionary technology in an ER setting.

"As a facility that serves hundreds of stroke patients each year, we knew the Aquilion ONE’s advanced applications would make a positive impact on our community,” said Lloyd Gil, director of radiology, St. Elizabeth Medical Center. “No other facility in the area has the ability to diagnose stroke patients in minutes using dynamic volume CT technology.”

Toshiba’s Aquilion ONE dynamic volume CT system utilizes 320 ultra-high resolution detector rows (0.5 mm in width) to image an entire organ in a single gantry rotation. The result is unparalleled in diagnostic imaging today and produces a 4D clinical video showing up to 16 cm of anatomical coverage, enough to capture the entire brain or heart, and show its movement such as blood flow.

“The Aquilion ONE installation at St. Elizabeth Medical Center will further improve the exceptional quality of care they provide to their patients,” said Doug Ryan, senior director, CT Business Unit, Toshiba. “Using the Aquilion ONE CT, healthcare facilities can now provide patients with a quick and accurate diagnosis and address their immediate needs in a way not previously possible.”

**Travel and Research Awards for Print, Broadcast and Online Journalists Interested in Reporting on Global Health Issues**

The Kaiser Family Foundation, through its Media Fellowships Program, is seeking applications for its mini-fellowships for global health reporting. The 2009 Kaiser Mini-Fellowships Program for Global Health Reporting will award travel and project support to print, radio, television, and online journalists (including freelancers) to research and report on global health issues, with a particular focus on issues related to HIV/AIDS, TB, and malaria. The purpose is to encourage in-depth reporting on the health, social, economic, political and cultural implications of major public health issues and on the response to these challenges. Awards of up to $10,000 will be given to journalists to cover travel and research expenses relating to a specific project of their choice for publication or broadcast.

This program is for journalists working for English-language news organizations with target audiences in North America and/or Europe. Priority will be given to projects otherwise unlikely to be undertaken or completed, focusing on issues that have not been reported or are under-reported, and which have a high likelihood of being published/aired/posted and of reaching a mass audience. Reporting projects can be local or international in scope, but should focus on public health concerns - or responses - that are of global relevance. Awards will be announced in early 2009.

Applicants should submit - by October 23, 2008 - a summary of their project; a budget outline and estimated time-frame; a resume; examples of recent work; and letters of support from a supervising editor/news director.

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**Online: dotmed.com/dm6974**
FDA Approves Software Update That Identifies Potential Defibrillator Lead Fractures
The U.S. Food and Drug Administration announced approval of a software update from Medtronic that will help detect fractures of the company’s Sprint Fidelis cardiac defibrillator lead. The new software package alerts patients and physicians of a potential lead fracture. This allows early intervention and lowers the risk of serious complications.

“This new software modification will provide Sprint Fidelis patients with the reassurance that their defibrillator is being monitored around the clock,” said Daniel Schultz, M.D., director of the Center for Devices and Radiological Health, FDA. “While the software doesn’t fix the fracture itself, it may help identify the fracture earlier, allowing patients to see their physicians sooner.”

The Sprint Fidelis lead was prone to fracture in a small number of patients, potentially causing the lead to deliver unnecessary shocks or not operate at all. Most of the patients with the Sprint Fidelis lead still have the device implanted because of the surgical risk associated with removal, and are being monitored by their health care providers for potential fracture.

Medtronic’s new software feature, called the Lead Integrity Alert, issues an audible alert once it detects signals that could indicate that the lead has fractured, and then repeats the alert every four hours until a physician can reset the defibrillator. In addition to an audible alert, the new software also modifies the device settings so the defibrillator has more time to consider whether a lead fracture or an abnormal heart rhythm has occurred, a change intended to reduce the number of inappropriate defibrillator shocks.

The physician can download the Lead Integrity Alert feature onto Medtronic implantable cardioverter defibrillators and cardiac resynchronization therapy defibrillators.

Medtronic has agreed to actively monitor the performance of the new software feature in actual use, which will allow both the company and FDA to ensure that the device is protecting patients as intended.

Online: dotmed.com/dm6931

$750,000 Awarded to HRSA to Create Health Workforce Assistance Center
The Health Resources and Services Administration awarded $750,000 to the University of North Dakota to establish a Health Workforce Assistance Center.

“The nation’s health care system faces major challenges as a result of workforce shortages and technological advances,” says HRSA Administrator Elizabeth Duke. “In response, HRSA will support the university’s ‘one-stop shop’ for health professionals, employers, government agencies, researchers, policymakers and anyone who needs up-to-date information on health workforce topics and trends.”

The new center’s Web site and electronic mailing lists will provide information on:
- health workforce programs and funding sources;
- workforce data, research and policy;
- educational opportunities and models; and
- best practices and related news and events.

Online: dotmed.com/dm6968
Today, many buyers of radiology equipment are interested in Life-Cycle Cost Management programs due to increasing financial pressure. While managing the Life-Cycle Costs of radiology equipment may sound complex, in reality it isn’t.

Life Cycle Cost Management is similar whether you’re buying an MRI or a TV. The major components are the acquisition, operation and disposal costs. These components are in turn broken into smaller units. For almost any hardware you buy however, the process remains the same. Life Cycle Cost Management becomes unnecessarily complex as prices increase.

Purchasing a major capital item is an emotional process. Knowing this, vendors market their products to appeal to emotion rather than logic. This means buyers need to plan properly and ignore emotional cues when purchasing. Planning will aid in managing the cost of acquiring and owning a piece of hardware. Vendors rely on buyers to make emotional decisions about service and parts. Emotional decisions are a lucrative part of their business.

It requires discipline for logic to drive the buying process in a direction favorable to the buyer. This can be managed and will help shape the purchasing and operating costs if a requirement is prepared before a search for new equipment has begun. The requirement starts with a definition of the business or clinical need. The definition is developed by identifying the applications and forecasting the market demand. The buyer can use this information to help define the equipment performance specification. Although vendors frequently offer several versions of the same device, requirement and specification can fine-tune the purchase.

Medical equipment operating costs are facility and service related. Requirements and forecasts for useful life of the equipment will assist in making decisions affecting the daily operation costs. Buyers may fear that an independent service organization, although usually less costly, will not be as responsive or able to readily secure parts. This isn’t generally the case.

The message to take home is simple. When acquiring radiology equipment, treat the process similar to a home purchase. Determine the requirement and forecast market demand carefully. Do your homework before visiting with sellers. Make the decisions analytically and limit the emotional response. In short, logical planning means getting the biggest bang for the buck.

Wayne Webster is a consultant in Medical Imaging Business Development. You can send your comments or questions to W.Webster@Proactics.net.
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Hologic, Inc. Receives U.S. FDA Clearance to Incorporate WHO FRAX 10-Year Fracture Risk Calculator Into Bone Densitometer System

Hologic, Inc. is the first diagnostic medical device manufacturer to receive U.S. Food and Drug Administration clearance to incorporate the World Health Organization (WHO) FRAX™ 10-year fracture risk calculator into its bone densitometer systems.

While the T-score remains the standard for diagnosing osteoporosis, FRAX breaks new ground enabling healthcare providers to identify patients with a high risk of experiencing bone fractures within a period of 10 years. By combining eleven of the highest risk factors, including age, personal history of fractures, and family history of fractures, plus country-specific life expectancy and country-specific fracture data, FRAX identifies patients who are at high risk of fracture but would not be candidates for preventative therapy using the traditional T-score.

“The prompt integration of the FRAX calculator into our products exemplifies Hologic’s on-going commitment to provide the most up-to-date technology combating osteoporosis, a critical women’s health issue,” said Kevin Wilson, PhD, Scientific Director at Hologic. “By incorporating the FRAX calculator into our bone densitometer systems, we dramatically alter and improve the way patients are evaluated and treated for potential bone fractures. In the United States, the National Osteoporosis Foundation in collaboration with many other physician groups has issued guidelines recommending that a patient’s 10-year fracture risk calculated with FRAX be used by physicians to determine whether pharmacological treatment is indicated for prevention of bone fractures.”

Online: dotmed.com/dm6929

Edwards Lifesciences Corporation Receives Approval for Heart Valve

Edwards Lifesciences Corporation, the world leader in the science of heart valves, has received approval from the U.S. Food and Drug Administration (FDA) for the Carpentier-
Edwards PERIMOUNT Magna mitral heart valve.

The PERIMOUNT Magna mitral heart valve was launched in Europe in September 2005. It incorporates features of the Carpentier-Edwards PERIMOUNT mitral valve—which has demonstrated 16 years of durability—including the treatment of the bovine pericardial tissue leaflets with the Carpentier-Edwards TheraFix process. This anti-calcification technology was developed to help mitigate tissue heart valve leaflet calcification, which is one of the primary causes of tissue valve deterioration.

**Online:** dotmed.com/dm6908

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**Arthrosurface HemiCAP(R) Receives FDA Approval Related to Focal Knee Resurfacing Implant**

Arthrosurface, Inc., the developer of less-invasive joint resurfacing systems, has received approval from the U.S. FDA to begin its pivotal investigation for its line of focal knee resurfacing implants. Arthrosurface has been evaluating the safety and efficacy of its HemiCAP® implants for focal femoral condyle defects under an ongoing U.S. FDA IDE investigation.

With the HemiCAP® knee implant, the company is targeting a subgroup of knee patients, typically between the ages of 40 and 60 years, who have focal condylar defects and are likely to undergo knee replacement surgery in the future. HemiCAP® resurfacing is intended to bridge the gap between biologic procedures and conventional joint replacement. Arthrosurface’s minimally invasive resurfacing system allows for preservation of healthy tissue and joint structures by limiting treatment to localized defects using a shallow inlay implant that is matched to the patient’s own unique joint surface anatomy.

**Online:** dotmed.com/dm6924

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**GE Healthcare IT Unveils Company’s Next Generation Centricity PACS-IW**

GE Healthcare IT, recently introduced Centricity® PACS-IW version 3.7.1., the first major solution to derive from GE’s Dynamic Imaging. Providing an intuitive platform for radiologists, the solution has made significant strides to improve performance, interface navigation and ergonomic design.

The recent installment of GE’s Centricity PACS-IW expands Web-based PACS technology and delivers additional innovative tools aimed to sustain flexible IT models for outpatient imaging centers, virtual radiology practices, physician offices, and hospitals.

“The performance we’ve experienced with 3.7.1 has been impressive. The software ‘screams’ with speed, and our upgrade occurred with no downtime due to a partnership with GE’s service engineers,” said Jesse Salen, Vice President of Sales and Technology, Online Radiology Medical Group.

“3.7.1 represents a major milestone for Centricity PACS-IW,” said Khal Rai, general manager, Dynamic Imaging Solutions, GE Healthcare IT. “The new offering delivers innovative new functionality for key performance areas to effectively manage and stay ahead of the growing volume of imaging studies. We’re proud to bring such exciting technology to our customers worldwide.”

**Online:** dotmed.com/dm6982

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**Cornell University’s Gannett Health Services Implements Carestream Health’s Digital Imaging and Information Solution**

Students at Cornell University in Ithaca, N.Y., are experiencing more efficient radiologic services and faster diagnoses because the school’s Gannett Health Services implemented a state-of-the-art, all-digital solution for x-ray imaging studies. Gannett purchased both a digital radiography system for capturing digital x-ray images and a RIS/PACS solution for managing medical images and information from Carestream Health, Inc., and its authorized dealer Sywest Medical Technologies.

The new KODAK DIRECTVIEW DR 3500 System from Carestream Health captures radiology images in fewer than 10 seconds. After an exam is completed, the images can be viewed in minutes by on-site clinicians thanks to the clinic’s new KODAK Caresstream RIS/PACS system. The RIS is interfaced to Gannett Health Service’s medical information system so the status of radiology exams and reports are available there as well. Additionally, patient demographic data and exam order information is downloaded from the RIS to streamline data entry and eliminate redundant manual entry.

In the past, radiologists traveled to campus once a day to read exams, so it could take a day or more for a student to receive a final diagnosis. Now the ordering clinician and off-campus radiologist can simultaneously access the digital image from the PACS, send files back and forth with questions and comments, and consult in real time.

**Online:** dotmed.com/dm6976

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**GE Healthcare and Varian, Inc. Establish Collaboration**

GE Healthcare and Varian, Inc. will begin a collaboration to develop a new pre-clinical 7T magnetic resonance (MR) imaging system.

Under the agreement, initial development and integration will be a joint effort between the two companies. Once development is complete, Varian will offer customers a fully integrated 7T System combining GE Healthcare’s state of the art electronics, user interface, pulse-sequences and applications with the magnet, gradients, positioning devices and RF coils provided by Varian.

“This is an example of the terrific working relationship GE and Varian have established,” said Jim Davis, general manager of the global MR business for GE Healthcare. “We are combining the best of our technology with the best of Varian’s technology to create a very advanced 7T MR system for research purposes.”

Garry Rogerson, President and CEO, Varian, Inc. added, “Pre-clinical imaging is a key area of growth for Varian. We are very pleased to be entering into this collaboration with GE. Our established MRI product range is highly regarded by the MR scientific community, and this new system enables us to reach beyond our traditional customers.”

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INTERNATIONAL SPOTLIGHT

China International Medical Equipment Fair will be held October 29-November 1, 2008 at the Suzhou International Expo Center, in Suzhou, China.

The show is not only the largest medical device event in China, but also in Asia. It takes place bi-annually in the spring and autumn and showcases the widest collection of international and local manufacturers of medical devices for hospitals. It is the only event that is fully representative of the China medical devices manufacturing market.

The spring show had over 50,000 visitors, with over 3,000 from 105 different regions and countries. Country pavilions included Canada, France, Germany, Ireland, Japan, Korea, Spain, Singapore, the United Kingdom and the United States.

Constantly moving with the industry and technology to discover and explore the winning strategies and formula of China’s IVD (in vitro diagnosis) Market, CMEF has been applying strategic focus to the IVD sector. This year’s show will feature more IVD content, including high-profile conferences and industry-leading seminars featuring topics like, “How China IVD Industry Responds to Globalization,” and “Interfacing Between the IVD Industry and Clinical Lab.”

The Chinese market for medical equipment and supplies was estimated at $2.6 billion in 2005. The market continues to boom, with ongoing investment from overseas along with substantial domestic production. For more information about the exhibition, please visit http://en.cmef.com.cn.

NATIONAL SPOTLIGHT

The Only Medical Equipment Trade Show You Will Need

MEDTRADE 2008 will be held October 27-30 at the Georgia World Congress Center in Atlanta. MEDTRADE is the premier event in the Home Healthcare Industry offering over 100 educational conferences—the latest innovations in technology in home healthcare and the opportunity to meet company representatives face-to-face to find out what’s new regarding their products and services.

The show will offer more than 725 exhibit booths, 240,000 square feet of exhibit space and thousands of industry professional attendees. It features top industry speakers from across the United States and the world, MEDTRADE 2008 offers the one show that is dedicated to home healthcare medical business needs. It provides revolutionary products, trends and techniques that offer a look at the future of home healthcare.

For more information about the show or to find out how to attend, visit www.medtrade.com
Does a patient who requires anesthesia for a surgical procedure worry about anesthesia equipment malfunction? Probably not... as he should, he expects the equipment to work dependably. Whether equipment is new or refurbished, the primary concern for patient safety is evidenced through trends in the anesthesiology equipment industry.

Pioneers of anesthesiology were physicians who created the first machines to use directly on their patients; so, naturally they focused on patient immobility and reducing pain. As the anesthetic vanguard advanced, a cycle began: medical science improved, more elaborate anesthesia delivery was needed, demand for equipment outweighed supply, and manufacturers realized the opportunity.

Instead of physicians, manufacturers employed engineers who thought systematically. Their methodical approach in-
volved ergonomics, fault-tree analysis, backup systems and cost containment—all directly influencing patient safety—providing an opportunity for metrics that could determine how and where a fault would lie. The industry was moving closer to zero-defect.

Assessing the risk

Refinements in equipment and collaboration between manufacturers and medical professionals have significantly lessened the risk for patients. Insurance claims offer information to illustrate that improvement.

According to insurance claim statistics reported by the American Society of Anesthesiologists (ASA), patient death from equipment defect fell from approximately 35% in the 1980’s to less than 25% in the 1990s with equipment failure or misuse comprising the smallest portion of that 25%.

Aaron Frye, owner of Doctors Depot, Inc., whose parent company has been in the anesthesiology equipment business for 43 years, said, “We sell GE, Datex-Ohmeda (GE), Datascope and Drager anesthesiology equipment to hospitals, surgical centers and plastic surgeons in the U.S. and Europe. We install and service what we sell, and our technicians are well-versed in our equipment. We have never had any safety issues”

Thomas Green is president of Paragon Service, which markets to approximately 40% of the hospitals and surgical centers in Michigan. His company also manufactures equipment. “Our sales are split equally between new and top brands of refurbished anesthesia machines, and we also install and service every product we sell. Obviously, new equipment costs more but has current technology and a longer life”

Green started his career in 1981 with Drager, and in addition to Paragon Service equipment, he sells Drager. “I do not favor any brand, and I am not concerned about the quality of Paragon Service anesthesia machines. However, I would caution consumers to use due diligence when researching the purchase of refurbished anesthesia machines. The purchase of life support equipment requires a smart choice, not just a low bid.”

Patients can die from anesthesia because of deprivation of oxygen, improper ventilation of gases, circulatory failure, allergic reactions, malignant hyperthermia, muscle diseases, elevated potassium after administration of succinylcholine, mechanical problems and human factors.

In 1987, the FDA published a report called Anesthesia Apparatus Checkout Recommendations that included checking equipment for 24 specific processes to be accomplished daily, prior to use and 11 evaluations to be performed between applications. Today, checklists are widely implemented, and bearing in mind the low instance of equipment malfunction, any checks performed could only assure a tighter grip on the zero-defect baseline.

Trends as solutions

Despite enormous effort, barriers to checklists do occur. They not only point to problems but give impetus to trends.

Currently, manufacturers are looking more closely at the issue of ventilation. To ventilate adequately, the clinician must try to secure a balance in obtaining acceptable ventilation and oxygenation parameters and the consequences of the needed support on the patient’s lung parenchyma. Mechanical ventilation decisions are based on the patient’s spontaneous breathing patterns; therefore, for patients with severe respiratory deficiencies, ventilation may be compromised.

“Pressure Support Ventilation (PSV) is a fairly new ventilation mode for anesthesia. I find that many anesthesia providers do not completely understand how PSV works. We explain to them how the patient initiates a breath, but that the ventilator completes the cycle. Older anesthesia systems require the anesthesia provider to manually complete the breath by squeezing the bag. PSV is completely automated,” Green said.

Industry leaders approach issues differently. For example, GE Healthcare recently acquired Datex-Ohmeda and includes the Anesthesia Delivery Unit Plus Carestation® in its offerings. The purchase gave the company the flexibility to offer customers wider selections with more cost considerations. GE’s Aliseo Anesthesia
Machine is designed to work with Datex-Ohmeda patient monitors. It allows for independent use of some modules.

Drager is trending toward more specialized delivery systems for anesthesia with a focus on patient care. The company has recently received approval from the FDA for its Fabius MRI anesthesia machine designed specifically to support requirements for the Magnetic Resonance Imaging environment.

Another trend takes into account how well an anesthesiology machines integrates with existing delivery systems and with the technologies of hospitals and surgical centers. Aside from computer electronic fluency, vapor monitoring is vital to prevent misconnects and disconnects in circuitry. There also needs to be a method to detect leakage.

“Our new anesthesia machine, the Paragon Service Platinum SC430, integrates electronically with other systems,” said Green. The machine features a pressure support mode.

In selling refurbished equipment, trends align with customer relationships. Prompt service and finding ways to say “yes” to customer requests are meaningful.

Ken Kirby, CEO/Aneserve Medical, Inc., reports that his company offers same day service. “We market to surgical centers and small hospitals, selling and servicing all types of biomedical equipment, basically anything that a surgery center uses. We have a base of customers that we can service the day they call. We do it ourselves that day, and that is very important when a room is down.”

Aneserve also offers to paint its machines with a customized color selected by the physicians who will use them. Kirby said, “We have painted machines in doctor’s favorite colors or school colors. We can paint a machine any color, and we have painted all white a couple of times.”

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**Human impact**

The impact of people is probably the most unpredictable factor in patient safety.

Twelve years of education are necessary to earn a requisite Doctor of Medicine degree, and another four years of training are required in an accredited anesthesia residency program. After that, the anesthesiologist may choose a subspecialty, which requires another one or two years of study. Obviously, life support is a serious business.

How then, do the education and skill set of the clinician performing anesthesiology influence patient safety? Perhaps safety depends on consistent environment, thoroughness and precision with the checklist and full patient information disclosure. Considering the comprehensive preparation, along with the aspect of human imperfections there remain unknown factors. Zero-defect cannot apply to people.
Anesthesia awareness

Though not caused directly by equipment failure, anesthesia awareness affects patient safety. The term refers to a wakeful state during a procedure when, because immobile, a patient may feel pain or experience trauma and be unable to communicate this state to the physician or anesthesiologist.

Hospitals may choose not to discuss the subject due to liabilities, but the movie industry has capitalized on the topic and created a recently released thriller. Too, talk shows have explored individual cases of anesthesia awareness to a rapt audience.

Nothing currently marketed in the industry is foolproof for dealing with this adverse event, but a device touting prevention of anesthesia awareness has been publicized as under investigation. Some industry professionals, however, feel the device is unwarranted.

“The jury is still out on the necessity of a device, and recent published studies have contradicted some claims made by the manufacturers,” said Green.

Future growth

What economics make a difference in the anesthesiology equipment sector? Industry leaders appear to be growing through acquisition. GE purchased Datex-Ohmeda. Mindray Medical International, Limited, a China-based company, recently purchased Datascope, adding its products to an existing line of patient monitoring and life support products, in-vitro diagnostic products and medical imaging systems.

Green predicts new equipment sales will outshine refurbished. “I believe new anesthesia system sales will increase even more as new technologies emerge,” he said.

Despite economic strain in the United States, those who deal in refurbished anesthesiology equipment also predict sales will remain strong.

Kirby thinks the future looks bright for Aneserve Medical, Inc. “I believe the U.S. market will grow by 200% in the next three-to-five years,” he said.

Doctors Depot, Inc., Frye’s company, sells about 10% to Europe, particularly Italy, France and Germany. He speculated that international sales increased due to a drop in value of the dollar and an appreciation of the Euro causing European countries to import U.S. branded machinery, which was cheaper than their domestic goods. When the Euro waned, sales of U.S. goods decreased.

Frye reports that the only area where he’s seen a decline is with plastic surgeons. “People do less elective surgery in a down economy,” he said.

“We’ve seen an increase, however, in medical professionals realizing that buying refurbished equipment offers such a savings over new—including a warranty—for about 40-50% less cost,” Frye continued. “Everything we sell has at least a one-year warranty. We emphasize the warranty and the greater cost savings.”

Certainly, improvements in the use of new or refurbished equipment regarding patient safety have advanced, and continue to improve, with discoveries and innovations in science and technology. The more manufacturers understand, coupled with breakthroughs in technology and science, the more responsive they can be to requirements in the industry and needs of the patient.

For more information on Mindray’s purchase of Datascope, Drager’s Fabius MRI, or for more information on education by the ASA on safe use of anesthesiology equipment, search DOTmed.com news articles using keywords.

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DOTmed Industry Sector Report: Contrast Injectors

The key support equipment for MRI and CT Diagnosis

By Astrid Fiano
Many facets of the medical equipment industry are the “standards” that plug along without fanfare, in the shadow of equipment superstars. Contrast injector systems—the machines that introduce contrast dye materials into a patient’s system for CT, MRI or angioplasty diagnosis—are a good example of such a standard. Contrast injectors have been in use for decades, supporting the growing use of imaging in medicine and offering a steady if unsung market. Manufacturers such as GE, MEDRAD, Liebel Flarsheim, Bracco/ACIST (formally EZEM) and Swiss Medical Care, have all been working to improve technology and patient safety for their injector products.

Contrast injectors comprise about ten to fifteen percent of sales and service business for the company Integrity Medical in Ft. Myers, FL. Mr. David Denholtz, CEO, finds the sales for the injectors to hospitals and medical centers to be growing in increments nationally and also growing internationally—not spectacularly but still providing reliable revenue. Denholtz says that pre-owned injectors cost around $3000 to $8000 dollars, and may save a facility 40 to 60 percent compared to new equipment.

Mr. Carlos Sanchez, broker for ION, LLC in Mission, TX says about 80% of his business (in Texas and Mexico) deals with the sales of pre-owned contrast injectors to hospitals and independent medical centers, with the typical price range for pre-owned equipment to be $5,000 to $15,000, offering a savings of at least 50% compared to buying new. Scott Scofield, Chief Executive Officer of Vivid Imaging in Las Vegas, NV, offers new and pre-owned equipment costing $1,500 to $21,000. ViVid sells and services internationally to hospitals, standalone imaging centers and occasionally research labs.

**Maintenance of the machines—no crying over spilled contrast**

One of the biggest concerns for facilities using contrast injectors is the life cycle of a machine. Denholtz and Sanchez estimate a well-maintained contrast injector system can last at least three to five years. If a machine is very well-maintained, they may even last 10 to 15 years.

Scofield explains the vagaries of the machines: “In the past, earlier models of the equipment were real workhorses, a combination of being both mechanically and software-driven. While safety has improved in the newer models, in the older models a failure was easy to take care of in-house.”

Sanchez strives hard for ION’s services to stand out in the market. “I try to provide the best quality injector for the price,” Sanchez explains, and that means carefully inspecting the machines for the major mechanical problem with the systems—leakage of the contrasting agent. “[The agent affects] the cosmetic appearance and the functioning of the injectors, the boards—the computerized part. Leakage can even affect the pistons, because the contrast leaks in and gets hardened.”

Vivid’s service calls handle a host of operator errors: some drastic, others not so much, and many involve spilled contrast. “You can seal and seal all you want,” Scofield says, “but it will infiltrate into the motor or a board, and most people are using the machines in a hurry. When you get into a site it might be completely caked in contrast.” Further damage occurs in trying to clean
the contrast by soaking the unit with water, causing more infiltration, rather than using a damp cloth. “Power surges are another issue,” Scofield continues. Spikes and brownouts can also cause major problems, but manufacturers are taking steps such as incorporating built-in surge protectors.

What else goes wrong with contrast injectors? “The heating elements fail, or injection speed flow gets out of whack and needs to be calibrated,” Denholtz says. In the process of refurbishing, Denholtz states that the machine needs to be completely dissembled. “It needs to be recalibrated, the heating units tested and replaced, basically the system goes through a regular calibration that would be performed at a hospital shortly before usage.”

Vivid will become ISO Certified in October. “For us,” Scofield notes, “when we talk about refurbishing, we like to put our name behind the quality following the process, not just cleaning it out and it’s good to go. We use OEM or OPM parts only, and back it up with a one-year warranty.”

**Technology and innovation create new markets for injectors**

“It is the changes in technology—the same changes that make equipment obsolete or create innovations that contribute to the life of a machine,” Scofield says. “OEMs, and rightfully so, are moving software calibration and maintenance. The systems now need an interface, which takes away from the end user performing service on the systems. The potential problems develop from the computer-related issues of power surges, or contrast infiltration into the electronic system. This causes more of an event. The new software-driven equipment is more costly, but it is the natural phase with any technology.”

Sanchez says the problems facing the U.S. economy have naturally had an effect on the contrast injector market, resulting in about 20% fewer sales. The medical facilities process fewer patients and therefore have less of a budget to work with. “There has been some local downward effect in terms of acquisition [of equipment],” Scofield agrees.

However, the experts in the industry feel the technology and expansion of the uses for contrast injectors will have the market soon looking up. A sign of the evolution in technology is the move into dual-head injectors and the expanded market for injectors. “MR injections have increased in popularity, the market used to just be CT and angio.” Denholtz notes. The most important technological advance has been the dual flow, which means a technician can mix the contrast with saline for enhancement of a certain area. Currently, the dual-head is mostly used for cardiac diagnosis. Sanchez sees the market as still pretty stable, and the equipment will continue to sell well due to the need for CT and cardiac usage in general as a diagnostic tool, especially with the dual being used more often. Dual-head and multi-head injectors allow for lower pressure, less contrast agent and reduce the waste of contrast.

Scofield also sees expansion as the key factor that points to a better market in the future: “There have been questions about the safety of the contrast agents which are injected into the patient for illumination of soft tissue. Foreign items in the body always raise questions. But the expansion of the CT market has led to introducing saline into the injector, which delivers a tighter bolus in the body, opens the vein up faster, and helps clean out of the kidneys faster. Everyone is trending to the dual-head injector, and that is creating the new market. We can use a procedure with a 130 ml of contrast or even 100 or 80, with better imagery, and more use for cardiac patients. Everyone is changing over to saline,” says Scofield.

Another advance in the market, Scofield points out, is the use of a coronary CTA instead of a coronary angio-gram. The CTA uses an iodine-containing contrast dye, making the procedure safer for younger or geriatric patients as it is causes less pressure and is less invasive. In addition, it offers a better
image on the heart with a blending or dilution of contrast at a specific time. People look for efficiency in injectors; a lot of time is spent loading a syringe. The Nemoto line allows a technician to hand-fill the injectors in advance, improving patient set up. Scofield says, “Loading away from the head speeds time and reduces the need for repairs.”

**Safety issues remain the primary concern**

The systems have not really changed much in terms of safety for the patient, although OEMs are continually working on improvements to avoid the primary concerns: air bubbles, extravasations and tracking of the contrast. Air bubbles are usually determined by loss of pressure. While air bubbles are rare, they can still occur so manufacturers are working on improving detection. ViVid is distributor for Swiss Medical’s CT Exprés III, equipped with air detectors to prevent any risk of air injection into the patient. The cassette-based closed system, without syringes, also limits the pressure needed to inject into the patient.

Scofield feels within the next couple of years, preventing extravasation will be a selling point and that more studies will advance mixing and dilution of contrast for better and safer effect.

Another driving force in the industry is how to contain and monitor contrast. Large containers of contrast are often used; where does the leftover agent go and how does it stay secure? Scofield explains there is a demand for smaller bottles that can be completed with one use—log the lot number and be disposed. Prefilled syringes may also be a solution for accountability.

Industry insiders such as Scofield believe the future lies in integrating the injector system with the CT. These type of systems, known as CAN (controller area network) open, will allow the CT itself to program when to start the infusion into the patient, when to finish, analyze the contrast viscosity, know what procedure to perform and the best method to perform it, and so on. An integrated system will improve synchronization, accuracy of the timing, and greatly simplify the technician’s job. Major manufacturers continue to develop an integrated system. MEDRAD has already introduced its Stellant CT Injection System, featuring the DualFlow simultaneous injection and scanner-injector interface technology, as well as two new additions: CardiacFlow powered by P3TTM and XDSTM Extravagation Detector.

As with so many areas of the imaging industry, the market can only expect more growth with the aging baby-boomer demographic and their continuing demand for more sophisticated care. This means contrast injector systems will continue to be the sidekick to the imaging superheroes.

**Online: dotmed.com/dm7009**

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**DOTmed Registered Contrast Injectors Sales and Service Companies**

For convenient links to these companies’ DOTmed Services Directory listings, go to www.dotmed.com and enter [DM 7009]

*Names in boldface are Premium Listings.*

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Saving Time and Money with your Accreditation

By Catherine Carroll, C.M., B.S., R.T.(R, MR), R.N.,
Advanced MRI Consulting, Inc., Evergreen Park, Illinois,
Todd Parrish, T.B., Ph.D.,
Department of Radiology, Northwestern University, Chicago, Illinois
Lars Andersson, L.A, B.S, Sapheneia Commercial Products AB, Link’ping, Sweden
You’ve just received a call from one of your MRI sites; they’ve failed the American College of Radiology (ACR) accreditation submission process; and now this becomes your problem – fast! Does this scenario sound familiar? Where do you begin? Typically there are some suspicions that your system isn’t performing up to manufacturer’s specifications (specs). The ACR accreditation process is demanding and costly due to applications fees and lost scanner time. A well-informed service organization can minimize the stress and even gain some brownie points by supporting the site with little extra time invested.

There is a simple reason why OEM service or ISO is not usually involved directly with this process: there are too many variables that determine if a site passes and many of them are not reflected in day-to-day clinical operation so the scanner’s operating status is not obvious prior to the start of the process. Even though accreditation is now mandated in certain states and required for some major insurance companies to reimburse; this is a sensitive area because MRI system service agreements usually only cover maintenance of equipment according to manufacturer performance specs for overall system performance. Although the manufacturer specs and the ACR’s minimum requirements often overlap, there can be differences between testing methods and evaluation tools which may result in the data falling outside the ACR’s requirements for passing while remaining within a manufacturer’s guidelines. However, the proper engagement of service can guarantee a successful ACR process. There is good news; there is an effective means to support your site without being directly involved and/or responsible for the ultimate success of their accreditation submission. A little information will go a long way to help the Field Service Engineer (FSE), the service provider, as well as the MRI facility administrator, understand just how service can play a supportive role without expecting them to carry the responsibility of final accreditation.

How Does It Work and Who Does What?
In order to navigate the ACR accreditation process, it is important to first understand the process and the timing of the submission. The initial application includes non-modality specific information such as the site’s disclosure of its corporate ownership, affiliated supervising physicians, staff and their credentials. Modality specific information includes the MRI equipment make, model, field strength, software, and most recent site evaluation or maintenance. At the same time of the initial application, each site must order a modality specific phantom designed exclusively for ACR accreditation submission and ongoing quality assurance (QA). Once site information and fees have been processed by the ACR, a full submission packet is sent to the site within approximately thirty days. Inside the packet are specific instructions, labels and data collection criteria along with a submission due date which is forty-five days from packet mailing. Each site must submit specific scans acquired with the ACR phantom, using parameters set by the ACR to fulfill their phantom data submission requirement. They must also submit four specific clinical cases using their own clinical protocols and parameters to fulfill the clinical data submission requirement. Each site must submit an annual system performance evaluation with written report supplied by an MR physicist (Ph.D. or M.S. level with supporting credentials) to fulfill their Annual Performance Evaluation (APE) requirement. They must have initiated weekly QA in accordance with the ACR and submit recorded data. A QA questionnaire that specifies each site’s current practices with regard to policies, contrast agent, sedatives, safety, case follow-up, complaints, monitoring, radiologist peer review and preventative maintenance (PMs) is also part of the application submission. All the materials are evaluated for minimum site practice guidelines, the phantom data are sent to an MR scientist and evaluated for hardware performance and image quality. The clinical data are sent separately to two radiologists and reviewed for imaging parameter compliance, proper scan annotation, slice coverage, diagnostic value, artifacts, and overall image quality. The total submission review process can take anywhere from three to five months. Along with satisfying all the site practice guidelines and QA, the site must also pass all the clinical requirements for each exam and the quantitative phantom study. The site will not receive its accreditation until it passes all administrative, QA, clinical and phantom portions. If one or more of these are failing, the site must resubmit that portion with an additional fee. Subsequent failure will trigger a site visit by an ACR panel at the site's expense.

The ACR accreditation process is a complicated maze of paper work, phantom studies and clinical data that is a race against the clock once the ACR packet has arrived. A successful ACR accreditation requires the site to designate a person to oversee the process. He or she should be very detail oriented, understand the ACR
requirements including the subtle subjective components of the clinical review, and have a strong working knowledge of MR physics and pulse sequence design to make the appropriate choices for a successful application. All of these skills are put to the test when the MR system is functioning at its top performance level. All bets are off when the scanner or the site’s environment is compromised. Knowing how to make protocol adjustments to improve the images or determining if the problem is with the site or scanner can really save time and aggravation for all the people involved. The key point to remember is that the scanner can be operating at SPEC but be below ACR minimum requirements. Most Radiologists can make a clinical diagnosis when artifacts are present or the image quality seems to be declining over time. It’s also important to keep in mind, that a site that falls below ACR minimum criteria on the PD may not necessarily have any indication of such on routine clinical images. It takes a knowledgeable individual to know when it is time to call service.

**How Does This Affect the FSE?**

Most FSE’s have a variety of components (software, hardware, networks, cameras, and PACS) to manage in order for the MRI system to function properly on a daily basis. It is possible that certain aspects specific to the ACR’s evaluation can fall below spec over time. This happens to every MR scanner and is the reason there are regularly scheduled PMs. As outlined above, the ACR accreditation process is a race against time. If the next PM is not scheduled within this narrow window, it is likely the site will fail and the accusations will fly. It is critical for the FSE to inquiry regularly with the site about ACR accreditation. Just by shifting the PM to a date just after the initial submission of information to the ACR could avoid all kinds of problems. Furthermore, by working with the site and coordinating with the annual physics review and phantom data collection to be on site, would go a long way towards helping the site obtain accreditation. Support like this will be looked upon favorably. More importantly, if there is a problem identified with the system there is plenty of time to get parts and verify that the problem is solved.

The evaluation for purposes of an APE will usually uncover any areas of hardware performance falling below ACR criteria. The timing of this APE with the FSE PM and or evaluation is important. However, some sites obtain their APE months in advance from their PD collection, as the PD doesn’t have to be acquired at the same time or by the same person. Therefore an FSE’s knowledge of who is coming to do what and when will only help to make the FSE’s job easier. Even though the FSE PM SPECs show the system within tolerance according to the manufacturer, there may be a component that needs a slight additional adjustment to pass the ACR. That doesn’t mean the system isn’t routinely being serviced properly or that the system is functioning below standards. It means that there is a slightly different and more targeted evaluation of the system components by the ACR. Also, the tools and techniques used to establish minimum specs often differ and may not be performed as part of an MRI unit’s entire routine quarterly or monthly maintenance. Once the ACR QA process has been established at the site, the FSE should review the data regularly to monitor the system’s performance and to focus on particular sub-systems during their next PM. The weekly QA information will help the FSE understand how the MR system is changing over time.

**How Can an FSE Help?**

Working together and opening up a dialogue between ACR data collector/evaluator and the FSE prior to the ACR submission can help the FSE short circuit any potential problems by preparing the system and the site for the rigorous testing. During the testing process the shared information will help pinpoint which sub-systems might be falling short of passing. Once an FSE is notified that one of his/her sites is planning on applying for MRI ACR accreditation, the following tips can ensure an FSE is giving their maximum allowable support as part of their general service agreement.

**TIPs for FSE’s**

1. Schedule an immediate PM to allow sufficient time to order any necessary replacement parts and also to secure time on the system.
2. Ask the administrator the estimated date the PD and APE person will be on site to collect ACR data to allow for a follow-up PM or “quick check” just prior to ensure performance consistency. (This is a sensitive area as additional
time on site by the FSE may involve additional costs depending on service agreement). This “quick check” does not have to be exhaustive but should be used to make sure the system is performing at the best level the FSE has established.

3. As part of the FSE PM and in addition to the routine system evaluation, pay close attention to the following areas that can contribute to successful submission:

- Check the Head Coil signal for strength and homogeneity, (common cause of failure on image intensity uniformity or low contrast object detection) This will also ensure maximum signal to noise ratio (SNR) for clinical exams.
- Ensure Neck, Spine, and Knee coils are at maximum signal amplitude for SNR on clinic exams.
- Check Central Frequency and Magnetic Field Homogeneity for X,Y,Z
- Check Gradient Stability in X, Y, Z planes and Eddy Current compensation, (common cause of distortion and ghosting failures).
- Check Gradient Calibration - very important to use large enough phantom and FOV for this test in order to be comparable to the ACR evaluation, (common cause of failure on geometric accuracy and slice thickness accuracy).
- Ensure the patient table is tightly secured, (can cause blurring and/or ghosting contributing to failure of ghosting or high contrast spatial resolution evaluation).
- Ensure Positioning alignment light accuracy to isocenter, (creates problems with proper positioning and creates unnecessary set-up delays)
- Adjust the room temperature on the lower operable range (slightly cooler) without creating too much condensation in computer room, especially for open magnets, (this prevents overheating of gradients creating artifacts and field inhomogeneity creating distortion and affecting geometric accuracy or high contrast spatial resolution).
- Check console monitor calibration is synchronized with camera, if camera is available for filming of Anything less than perfect is not good enough.

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phantom data. This can also create unnecessary on site hours of filming for clinical cases-if compact disk viewer software is insufficient and filming is required.

- Ensure the Central Frequency and Transmit Gain information is easily accessible to the technologist for the required weekly QA recording.
- Identify the latest shim information for the annual physics review.

4. Have your contact information available to the individual acquiring the submission data in order to answer any questions regarding the equipment or recent PM results. Keep in mind the service logs are usually evaluated as part of the APE in order to provide a thorough site evaluation.

5. Provide a list of the above system checks and results, if possible, for the data collector’s review, so if problems are identified and data fall short of passing, process of elimination regarding suspect hardware can be applied more expediently and allowing for pulse sequence modification to be considered earlier.

Keep in mind that although an FSE is typically focused on ensuring system performance is satisfactory to meet the PD and APE submission requirement; there can be performance related artifacts that affect the passing score of the CD submission. Therefore, checking with a site’s chief technologist and radiologist to ensure there is no visible hardware related artifacts on the clinical images prior to submission, should cover any service related clinical problem. However, most hardware related artifacts affecting clinical images are usually reported to an FSE before any inquiry by an FSE.

Support the Process Indirectly Through Service

An FSE that approaches this process proactively can minimize the unnecessary involvement with the entire submission process and scrutiny with system hardware performance. Providing information to a site with documentation of results of a thorough service “once over”, prior to an APE and PD collection; whether it is part of a routine PM or deeper level of evaluation; can expedite problem solving and the need for modification of pulse sequences or other external factors. Knowing what’s been done recently by the FSE can save precious time during the submission process. By working with the site and being available by phone can minimize finger pointing at an FSE or minimize issues identified as within the role of service. If the ACR accreditation submission fails, the site will look to identify reasons it failed. When the FSE has been forthcoming with support such as availability, information, and service, the responsibility will fall on the decision makers who submitted the phantom or clinical data that was deemed acceptable.

The MRI ACR accreditation process involves orchestrating many parties (FSE, administration, MR physics, MR technologists, and clinical) in order to be successful. Some of these areas are not related to system performance and service but are critical to the applications. Unfortunately, many sites are unfamiliar with the entire ACR process and may stumble with some of these non-technical issues. The knowledge an FSE can share with their site during the submission process by showing their support through efforts such as preparedness, performing detailed checks, sharing results and keeping communication lines open, can not only protect the FSE from unnecessary blame, but can help maintain a positive customer service relationship while contributing to successful ACR accreditation.


- Online: dotmed.com/dm7010
Auctions from Florida Hospital are Hot
DOTmed’s South Florida Regional Manager Joe Gennaro visited Jackson Memorial Hospital in Miami, Florida to introduce its team to DOTmed’s Full Service Auctions. There, he met with Yusupha Kah, Capital Assets Coordinator and Jimmy Jones, Capital Assets Manager.

Speaking with the two, Gennaro learned that Jackson Memorial had more than 30 items to sell. A Virtual Auction House was created allowing for the listing of all their used equipment. In-house Auction Manager David Blumenthal worked with Jackson Memorial to set up the auctions and help market them to interested DOTmed users.

In less than two months, DOTmed has sold 15 pieces of equipment for Jackson totaling more than $50,000 in sales. Three older gamma cameras contributed to that value after DOTmed arranged for deinstallation around the hospital’s schedule and a chemistry analyzer sold for more than $30,000.

Remaining equipment can be viewed in Jackson Memorial’s Virtual Auction House by clicking on the blue Jackson Health System logo on www.dotmed.com.

DOTmed Helps Philips Intera Mobile Unit to Move
Vivian Denson, of Abilene Diagnostic Clinic, registered on DOTmed.com after failing to sell her Philips Mobile MRI. DOTmed Project Manager Evan Burns made the initial contact with Denson and introduced her to Online Auction Specialist Mark Colavecchio.

Colavecchio discussed the process with Denson and she made the decision to place the unit in an online Full-Service Auction, helping her to reach a much larger audience than she had reached on her own.

After the first two runs, the highest bid for Denson’s MRI was $90,000. Colavecchio convinced her to continue the auction knowing that the unit had more value. He was right – the auction concluded with a successful bid of $145,000.

Room to Help the Bottom Line
Randy Taylor, the Director of Radiology at Delaware Valley Hospital, a small rural hospital in Walton, New York contacted DOTmed.com needing assistance with an auction.

Taylor needed to sell a SIEMENS Sireskop CX Rad/Fluoro Room. He was not in a rush to make the sale, so there was time to find a buyer to meet his asking price.

That price was met after five weeks with a high bid of $12,000. The buyer also paid for the deinstall. A DOTmed Top 100 Service Provider was hired to deinstall the system and Mr. Taylor became another satisfied customer.

Picture This: Another Successful DOTmed Auction
DOTmed user Dawn McNeil of Animas Surgical Hospital in Durango, CO upgraded her facility’s imaging equipment and had a KODAK 8900 Dry Camera to sell. DOTmed helped make this happen by connecting her with Salvador Reyes.

Reyes, of Guadalajara, Mexico needed this dry camera to upgrade his equipment to digital x-ray service. He purchased it for $4,000 and DOTmed delivered it to Hidalgo, Texas where Reyes took over the shipping to Mexico.
When the levees broke, we were able to run on generator power until Tuesday, but when the authorities would not allow our vehicles to carry additional supplies of fuel into the city to keep our generators going – the situation quickly became critical.” - Andre Duplessis, Chief Operating Officer, Tulane Medical Center, Member of Command Center Team speaking about the aftermath of Hurricane Katrina hitting Tulane Medical Center in New Orleans.

In North American, there has been an increase in the number and intensity of tropical storms and major hurricanes. Hurricane Gustav recently flooded low lying areas on the Gulf coast, causing major damage to areas of the already beleaguered state of Louisiana, and as of this writing, the damage from Hurricane Ike is still being accessed.

Lessons Learned – Saving City Hospitals

In areas vulnerable to flooding, more attention is paid to disaster plans and evacuation orders, particularly for those hospitals and other institutions that hold custodial responsibility for people. Due to the ramifications of Hurricane Katrina, most major cities hospitals reviewed their emergency response and evacuation plans and have made adjustments to accommodate the special needs that apply following a major natural disaster.

Designated Incident Command Centers are located at Ochsner hospitals in Louisiana to ensure communication remains intact internally and with outside agencies throughout periods of severe weather. They include satellite phones, internal cell phones, exterior cell phones, and HAM radios with operators and 800 MHz radios. The Centers’ emergency plans include stockpiling fuel, food and supplies and drawing water from multiple wells according to Joe Guarisco head of emergency services at Ochsner. Two medical teams have been designated for every service in the hospital – one to ride out the storm and another to remain on call at home. “The hospital is taking no chances this season. Our top priority is the safety of our patients and employees, and we are now prepared for what the future might bring,” says Warner Thomas, President and COO of Ochsner Health System.

Is Your Hospital Prepared?

By Joan Trombetti
Tulane Medical Center (part of HCA’s Delta Division) made major improvements by waterproofing existing generators an additional eight feet higher and increasing their diesel holding capacity from 10,000 to 25,000 gallons. They have cell phones with out-of-state area codes, “brown” phones with direct connections to the phone company and hurricane-proof satellite dishes. “We also installed a water well that is tied to our back-up power supply,” notes Stephen Baldwin, Vice President of Operations.

Andre Duplessis explained that the difference between Hurricane Katrina and Gustav from a planning and preparation perspective was like night and day. “Although Gustav was not as bad as it was expected to be, we had three years to prepare for this type of storm and the upgrades that we have made to our physical plant and improved communication capabilities have really paid off,” he said.

Meanwhile, New Orleans’ Children’s Hospital has also made adjustments. The building is designed to handle up to 14 feet of water on the first floor and evacuation plans call for patients and essential equipment to be pre-positioned or moved on or above the hospital’s second floor, which sits more than 28 feet above sea level – higher than both the river floodwall (23 feet) and lake levee (17 feet). “We’ve learned much from Katrina,” says Doug Mittelstaedt, Vice President of Human Resources. “We know our building is a safe place to be during a powerful storm because it withstood the hurricane with only minor damage. We also learned that we needed to make some improvements before the next hurricane and we’ve done that.” Those improvements include positioning generators on the third floor of the hospital or above, digging its own water well, constructing a helicopter-landing pad and building a pump capable of supporting the roof-based air conditioning system, sewerage and showers on campus even if the city water system fails.

LSU Health System is composed of 10 public hospitals, five of which are below the Interstate 10 Corridor in South Louisiana and are at risk for hurricane damage and flooding. Michael K. Butler, MD, CEO of LSU’s Health Care Services Division, strongly believes that hospitals must rely on their own personnel and resources in times of crisis because depending on outside resources is “too risky” when immediate action is necessary. “You can’t wait on the cavalry to get things done,” says Butler. “If you do, you might end up waiting for assistance that will never show up.”

Following Hurricane Katrina, LSU improved communications, adding satellite phones, Ham radios and 800 MHz radios to their inventory. This communications system helped keep all of the LSU hospitals in contact with each other during Hurricane Gustav. There is also a direct link to vendors in place in the event that fuel, food, water or pharmaceuticals are required. Additionally, there is an advanced electronic medical records system on-board at all LSU hospitals, which is designed to track patient information during the many transfers that may be made during a major catastrophe. Butler says the real heroes during Hurricane Gustav were the system’s 6000 employees. “Our planning and preparation for a storm like this led to taking orderly and timely steps to guarantee the safety of our hospitals, and more importantly, our patients.”

Workers cleaning up flooding at John Sealy Hospital - the central hospital of UTMB’s inpatient care complex.
Nicholas V. Cagliuso, Sr., MPH, Corporate Director of Emergency Management of Continuum Health Partners, Inc. in New York City says that Continuum institutions apply a comprehensive, scalable, all-hands approach to their emergency management efforts to ensure that patients, workforce and facilities are safe regardless of the incidents that affect them. “Given our all-hazards approach to emergency management, we initially manage hurricanes, or any severe weather event, as we do any incident,” says Cagliuso. He explained that this means that using the best available information; Continuum employs their emergency management plans’ hazard-specific events, such as flooding or utilities disruptions due to a hurricane. These appendices outline very clear actions to ensure that the ability to maintain and provide essential services to patients, workforce and communities before, during and after a storm. “In hurricanes for example, this may include the need to shelter-in-place, or to evacuate the facility in whole or part,” says Cagliuso.

Continuum Health Partners is parent company to Beth Israel Medical, St. Luke’s and Roosevelt Hospitals, Long Island College Hospital and New York Eye and Ear Infirmary in New York City. As the Assistant Vice President of Public Affairs/Corporate Communications for Continuum Health Partners, Jim Mandler says that his job in the event of an emergency is to deal with the related issues for the entire system. “I think my role and those in my department is to be sure that we are communicating with the media as to what the impact of the event is on our hospital, ensure that our patients and staff know what the impact is on the hospital and serve as a source of continuity in both of these efforts if, in fact, the event is a prolonged one (lasting more than a few hours).”

Lesson from Hurricane Rita – University of Texas Medical Branch

Hospital’s Team Effort

“It looks like the emergency preparedness plans worked. Thank God we evacuated patients and weren’t in the position of trying to care for really sick people with no power. Our leadership had a plan and stuck to it.” Marsha Canright, Director, Media Relations, University of Texas Medical Branch, Galveston, TX, comment following Hurricane Ike.

What the University of Texas Medical Branch at Galveston (UTBM) learned from Hurricane Rita in 2005 proved to be valuable lessons as emergency plans were put into place to face Hurricane Ike.

Karen Sexton, R.N., Ph.D. FACHE, Interim Executive Vice President and Chief Executive Officer for the UTMB Health System led the team’s efforts to plan for resumption of full services following Ike. She believes that specific factors are crucial for success, including identifying an incident commander with sole authority to make decisions, developing and communicating a set of guiding principles, setting patient safety as a top priority, establishing an incident command center that consolidates vital institution functions, avoiding delays in deciding to evacuate, identifying strategic partners, selecting essential personnel who are not distracted by personal concerns during the emergency and conducting periodic trial runs of emergency preparedness.

“Our clinical activities will be minimal for the next two weeks,” Sexton says. “Many of our emergency generators are running smoothly and our communication systems are coming online one be one.” Sexton also went on to say that UTMB is
The custom built waterproof doors that protect the generator area of Tulane Medical Center

bringing outside crews and an environmental health team to help with the clean up and recovery.

The Disaster Medical Assistance Team (DMAT) is onsite and patient care responsibilities have been turned over them.

Deploying to Help Save Lives

DMAT operates under the auspices of the U.S. Public Health Service’s Office of Emergency Preparedness as an integral part of the federal disaster plan. The National Disaster Medical System is composed of state-based Disaster Medical Assistance Team (DMATs) with volunteers representing different medical disciplines. These teams provide an organized approach to medical disaster management that ranges from primary care to surgical emergencies and from pediatric through geriatric care. They are deployed when a disaster overwhelms local response efforts and resources.

University of California, San Diego campus has a DMAT, sponsored by UC San Diego Medical Center. “DMAT San Diego, CA-4 is now staged in Atlanta preparing for its assignment in response to Hurricane Ike,” says Therese E. Rymer, RN, Deputy Commander, DMAT San Diego, CA-4. Team members are refreshing their skills on the use of electronic medical record equipment specifically designed for use in disaster environments. Additionally, a new patient tracking system will be used to follow the location and movement of evacuated patients. The 35-person team of local medical volunteers is led by Irving “Jake” Jacoby, M.D., Emergency Medicine physician and Medical Director of Emergency Preparedness and Response at UC San Diego Medical Center. “Our team will support medical needs related to disasters including acute medical issues after the storm passes, and for whatever is necessary, when and where a storm hits,” says Jacoby.

By learning from the problems faced in the past, it is hoped that lives will be saved when hospitals are threatened by natural disasters in the future.

• Online: dotmed.com/dm7011

Online: dotmed.com/dm7011
There are Many Parts to this Thriving Medical Business Sector
Take a gander at the auctions around DOTmed.com and it’s pretty easy to understand why the used medical parts industry is a multi-million dollar business. With thousands of brokers, dealers and specialized companies offering parts for just about every piece of equipment, getting a part from a third-party source can be as simple as a click of the mouse. Even the OEMs get in on the act, as evidenced by the multitude of parts that GE has sold over the years by utilizing DOTmed auctions.

While it may seem practical to buy replacement parts from the OEM, often they don’t have what’s needed for their older equipment and the third-party suppliers offer used parts for a fraction of the price that you would pay purchasing a replacement part.

That’s why business is booming for just about every used parts dealer or broker around.

“The advantage is that this is a lower cost way of maintaining equipment, otherwise the expense can be pretty astronomical for some of these things,” says Patrick Helms, Operations Manager for Troff Medical Services. “It’s a cost-saving alternative. With the current economy everyone is feeling the crunch, even the large hospitals, and everyone is in a cost effective frame of mind to trim the fat a little bit. We can help people maintain their equipment at a far more reasonable price.”

The Hendersonville, NC-based Troff Medical Services has over 20,000 parts in inventory in its 17,000 square-foot warehouse and by offering the parts at savings of up to 65 percent from the listed prices of new parts, it has seen its business grow in each of the past few years.

That’s also true for C&G Technologies, Inc., whose parts numbers are on par to beat all of last year’s numbers by the end of September.

“Business has been great,” says Wayne Kramer, VP of customer operations for the Jeffersonville, IN-based company. “Everyone is looking to keep parts costs down and help the health industry and hospitals save money. That’s why the business is so successful.”

Plus, with government cutbacks on reimbursement and the economic crunch hitting so many in the medical field, many hospitals and imaging centers aren’t turning to newer equipment too often these days. By hanging on to their older systems longer, things are more likely to break and replacement parts are needed more often.

“The hospitals and clinics haven’t been buying the new equipment as fast as they used to due to the cuts,” says Jeremy Probst, Operations Manager for the Greenville, WI-based Technical Prospects LLC. “Equipment is holding up longer and holding value for a greater period of time. Facilities won’t have the newer equipment and need a company like ours to keep their equipment up and running.”

**Competition is Fierce**

Even with the significant savings they offer customers, parts suppliers face tough competition in a crowded market. That’s why respect for the customer is key.

“Medical imaging will continue to see companies come and go. Of prime importance to survival is customer service,” says Bruce Smith, VP Multi-Vendor Service for Sonora Medical Systems in Longmont, CO. “Listen to the customer so you provide what the customer needs. This includes making sure you are supplying a top quality part that works when it arrives at the customer site, and providing the technical expertise to trouble shoot to get the customer to the right part or help the customer through any issues with installations.”

Russ Hall, Manager of Technical Operations for TN-based ReMedPar, the world’s largest independent provid-
er of replacement parts for diagnostic imaging equipment, believes that the battle for customers comes down to two things.

“Competitive price and quality of the parts,” he says. “Everyone wants to sell a part, so if you are lucky enough to get the phone call and sell a part, you had better make sure that you are providing the customer with the best service you can.”

Of course, the more companies fighting to sell the same items, the better it can be for potential customers. Prices do come down and customer care does increase.

“When it comes to survival, it really comes down to offering quality,” Helms says. “We spend a lot of time field testing these units before they are removed. We buy from hospitals that we know, brokers that we know. We know how the stuff was used and only buy good quality equipment. We go through a lot to ensure everyone is happy with the transaction and happy with the parts. We’ll follow-up with the end users to make sure that they received it and everything is to their liking. We try to make them happy.”

**Specialization is Key**

When it comes to parts providers, there are some dealers that concentrate all their interests on one particular modality or even one OEM brand of equipment.

C&G Technologies specializes in CT parts for GE and Toshiba systems and have over 10,000 parts in stock for customer needs.

“Way back in the beginning, our company made the decision that instead of trying to do everything and not excel at anything, we decided to stick with a certain product and be the best at it,” Kramer says. “There are a lot of people out there that list out everything—all parts, all modalities—but what happens is they aren’t really familiar with any one piece of equipment in an extreme level of detail. They can’t give 81 things an extreme level of detail. All of our people specialize in CT and that’s made us the best at what we do.”

JDI Solutions does 99 percent of its parts business dealing with Siemens MRI. Their 7,500 square-foot warehouse will be doubled by the end of the year to provide additional inventory space – a good indication as to how healthy sales have been.

“We have seen a dramatic spike returning us to historic highs as we have increased every month since April,” says Clark Wilkins, President of JDI, in Brevard, NC. “We believe it’s because of our confidence and competence levels. We went on a more aggressive advertising campaign and have a great relationship with DOTmed.com.”

Currently with over 2,300 parts for Siemens MRI equipment, JDI puts each one through a strict quality control program, which gives them confidence to offer a six-month warranty on all parts.

“We get the parts up to OEM performance specifications,” Wilkins says. “Our emphasis is to have the phone ring as little as possible with complaints.”

Technical Prospects LLC also focus mainly on Siemens imaging equipment and parts, with Probst’s dad a former 16-year employee with Siemens as a service engineer.

“Specializing in Siemens seems to work for us and I think it helps having a niche market as it identifies who we are,” Probst says. “We don’t have everything, and people know we only have Siemens parts and that gives us a market edge. A lot of companies try to do everything and that’s not our focus at all. I think some other parts companies may get lost because...”
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they do so much and people might forget what they offer. We felt it was better to focus on just Siemens.”

They currently have 8,000 square-feet of inventory but due to robust growth, will soon be moving into a 60,000 square-foot company headquarters, with 20,000 of that designated for parts.

“Our business has been good and we are still increasing,” Probst says. “We had some niche sales last year that made up a certain percentage, but we mainly focus on what we can do best.”

Only in their second fiscal year, the Pompano Beach, FL-based Platinum Medical Parts LLC decided to use their imaging expertise to concentrate solely on GE MRI parts and in the words of company president Jeffrey Fall, “We are booming.”

“My partners and I had been in the imaging business for years and years and we got to the point where we were saving all this stuff and we decided to seriously start acquiring parts and get into the parts business,” Fall says. “We really try to give our customer a higher level of service. We have engineers answer the part calls to make sure they are getting the right parts and can answer any questions that need to be addressed. Unless we find that same expertise for other modalities, we won’t be branching out yet.”

**A Whole Lot of Parts**

For the past seven years, PartsSource has laid claim to being the nation’s only multi-manufacturer, multi-modality alternative parts supplier supporting both imaging and biomedical parts requests for hospital equipment. They further assert that they are the only company to offer parts support for all 2,500 separate makes, models and modalities of hospital equipment.

“PartsSource is unique in that we don’t specialize in one particular modality or manufacturer. As a matter of fact, we like to say our specialty is that we don’t have one,” says Don Hubbard, Senior VP Sales & Marketing. “We sell $50 parts to the technician working on infusion pumps and we sell $50,000 parts to the technician working on an MRI. Because selling parts is all we do, our total focus is on enhancing our ability to deliver high quality parts to our customers faster and at a lower cost than anyone else.”

ReMedPar was founded in 1987 and has spent the past two decades becoming the largest independent provider of medical diagnostic imaging parts in the United States.

“I believe we have thousands of parts with an inventory of $23 million, so we have a pretty large inventory,” says Hall. “We have an extensive business relationship with many suppliers and we can source as well.”

While many of the smaller companies can’t offer quite the same variety, a number of them do try to stock up on anything and everything that they can get their hands on.

“Our parts come from leased equipment that we will remove from a hospital or facility looking to get rid of it,” says Josh Glas, Parts Manager for Brooklyn, NY-based Adam Medical Sales Inc. “We break all equipment down into its components and store individual parts for all modalities.”

Glas recently put all his efforts into creating a real-time data base that lets him tell customers within seconds if he has the part they are looking for. Unlike a lot of other companies, if he doesn’t have it, he won’t get it.

“A lot of companies will do outsourcing if they don’t have it, but I will only sell what I have on my shelves and that saves my customers a lot of money,” he says. “We have 16,000 unique parts and I am devoting myself to acquiring newer equipment to add to the inventory.”

By providing parts for all nuclear medicine and X-ray equipment, Irvine, CA-based NCI has realized double-digit growth year after year.

“NCI is a full service provider of all OEMs Gamma Cameras and we refurbish full systems as well,” says company
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COO Alex Sapp. “We have over 15,000 parts in stock and have a very strong rapport with Siemens, GE and Philips, providing de-installation logistics, multi-vendor parts procurement, and training/technical support to the OEM Field Service Engineers.”

More Than Finding the Part
Many of the companies have significant technical expertise and are able to do extensive testing and repair and refurbish parts. This often gives them a leg up on their competitors because they can offer longer warranties and in most cases, provide service as well.

“Unlike many other parts sellers, we repair most of the parts we sell and have an in-depth knowledge of the service aspects of the CT Scanners,” says Carl Frank, Owner of Chino, CA-based DBRS Medical Systems, which has over $3 million in CT scanner inventory. “We provide service as well as parts. We install, deinstall, and service existing systems. Some replacement parts are no longer available from the manufacturer so we have employed local machine shops to manufacture these parts for us. Typical items are high voltage insulators, motors, and power supplies.”

Some parts companies are huge operations, such as ReMed-Par, considered the supplier to suppliers, providing parts to in-house hospital engineers and ISOs. Currently ReMedPar has 45 Quality Assurance Bays in a 110,000 square-foot facility.

“We build our inventory through systems that break down. We do testing on every part that comes into our test bays and repair them when necessary and then resell them,” Hall says. “Through testing, we can assure that a repaired part is fully functional before it leaves our facility.”

Carl Hoffman, President of the newly named First Call Parts (formerly BRMI) of Salem, VA is offering 6-month warranties on all parts sold.

“Few companies are doing that but we can be that confident because we have systems pre-staged, we have field engineers that can test and properly repair the parts and we spend millions of dollars buying systems and testing equipment so we can really do this correctly,” Hoffman says. “A lot of companies go to deinstall equipment, but that doesn’t mean it is 100 percent functional. There are a lot of parts to these machines and some use 4-5 different functions but the customer may not be using all the functions and it might not work. We feel strongly about testing. We’re doing our best to test as many functions as possible.”

C&G Technologies have eight staging bays in their facility used for system testing and refurbishing, but are in the middle of an expansion that will see that number grow to 20 staging bays.

“We test our parts on complete CT systems and we also have a full inventory that has been tested and are now in a climate control atmosphere, static bagged, protected from dust on custom built shelves,” Kramer says. “Everything is tagged, barcoded and logged through our data base system so we know the test results and any repairs or movement the part has been through.”

There’s no denying that these extra offerings that the parts companies have make them more attractive to hospitals and image centers looking to form solid relationships.

“I believe that the parts harvesters will, in the long haul, have a tough time competing with the companies that have the ability to test and repair parts,” Smith says. “You can only harvest until the crop is gone. By repairing parts Sonora knows we are supplying a top quality part, and can continue to re-plant the crop. A part harvested from a working system may or may not meet the specifications for that part. The ability to know the part meets specifications, not just functions, differentiates the concerned supplier.”

Finding it For You
PartsSource helps its suppliers with an internally developed and patented application called “PartsFinder 2.0.” Through utilization of this system its 200 plus associates can quickly and efficiently capture parts requests online, scan their warehouse inventory for available stock and, if unavailable in-house, go
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Experience You Can Count On
to the best vendors on the open market to secure pricing options for their customers.

Block Imaging International Inc. has access to over 30,000 parts throughout the U.S. and has seen upward growth due to the ability to quickly respond to the market’s needs.

“We begin with a search of our inventory then reach out to our worldwide parts network to ensure customers get competitive pricing and fast response,” says Marketing Manager Krista Kotria. “Our worldwide network allows us to offer a wide variety of complete systems and parts as well as support for even the latest technology.”

A company like Aurora, OH-based Express Systems and Parts Network Inc., functions as both a dealer and broker.

“We have parts at our warehouse but we also source,” says Senior Account Executive Chris Reeder. “If a customer calls us and we don’t have the part they need, we will try to get it from someone else. We source about 30-40 percent of our business right now.”

When they do source a part, they will do all the work for the customer, providing them with pricing, warranty information and make sure they are aware of all the options.

Although companies would love to have every part their customers need, almost all companies will source out a part at some point to keep good relationships with existing customers.

**OEMs Play a Role**

While some OEMs may have a negative attitude towards parts providers, they do realize that third-party sources have a place in the market and even use them themselves from time to time.

After about seven years, the original equipment manufacturers typically discontinue support and parts production for their older equipment yet they still may have service contracts with hospitals covering a broad range of devices, including older machines and those made by competing manufacturers.

“Usually by the fourth year, equipment gets traded in and those parts start to become available,” Hoffman says.

According to Hall, it’s important not to get too comfortable with your inventory and keep an eye on what’s happening throughout the industry if you want to continue to be strong in the parts business.

“It’s all about technology and staying on top of what’s out there,” Hall says. “A lot of things now are moving to X-Ray digital detectors and digital systems and we need to be prepared for that technology.”

“We do work with the OEMs for the multi vendor programs and have good relationships with the OEMs,” Hoffman says. “We sell them support parts they may not have. All the OEMs have multi vendor where they work on the systems of other OEMs so they buy from a lot of different parts companies.”

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

“Our relationship with every OEM is great. Our philosophy is to work with them, not against them,” says Dan Moretti, COO of Chino, CA-based Multi Imaging Systems. “We have seen upward sales trends based on certain moves or changes the OEMs make with regard to the products we sell.”

According to Reeder, Express Systems and Parts Network also have a strong working relationship with several OEMs providing replacement diagnostic imaging parts and equipment, plus deinstallation service.

**Future Happenings**

Except in rare cases, none of the parts companies can get their hands on any of the parts necessary for some of the newer equipment, so the OEMs do have a stranglehold on those items.

“Don’t become obsolete, stay on top of new product offerings and technologies and make informed, intelligent estimates of what future demands will be,” Smith says. “No one can precisely predict the future, but the companies that grow will be the ones that are best at predicting.”

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# Medical Equipment Parts Sales and Service Providers

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Linear Accelerators and Simulators Sales & Service

Cancer patients depend on LINACs and the simulators planning systems that guide them.

By Barbara Kram
Death rates from cancer in the United States have decreased by 18.4 percent among men and by 10.5 percent among women since the early 1990s. That is more than half a million cancer deaths averted in the United States. We all know the benefit of early detection, but that’s only half the story. Effective treatments, including radiation therapy, are the reason that the U.S. is home to 12 million cancer survivors. As the population ages, the demand for cancer treatment technologies is expected to increase. “Cancer incidence is growing and we think that the overall [radiation oncology] market is growing at a low double-digit rate, so the market is very healthy. There is certainly room for three or four strong competitors in the marketplace,” observed Fred Robertson, CEO, TomoTherapy Incorporated, Madison, WI. The company pioneered CT image guided radiation therapy (IGRT).

The U.S. market for linear accelerators is approaching $2 billion, according to DOTmed estimates. In addition to TomoTherapy, other OEMs include market leader Varian, along with Elekta and Siemens. The manufacturers are driving major trends including IGRT and intensity modulated radiation therapy (IMRT). The result is more precise and effective treatment achieved through advancements in imaging, treatment planning/simulation and delivery.

It’s no wonder that the linear accelerator is being used in specialties that might have opted for traditional surgery in the past.

Simulators and Accessories Make the Difference

A broad ballpark estimate for the cost of a new linear accelerator is from $1.5 million for a typical configuration to about $3 million for an advanced system. It’s important to remember that the linear accelerator itself is just a radiation machine for fractionated radiation therapy and radiosurgery. It’s the accessories that enable advanced treatment approaches. For instance, ancillary imaging devices and multi-leaf collimators enable IGRT and IMRT.

In this sense, the technology lends itself well to the aftermarket where the basic LINAC device can be resold and in many cases augmented with high-tech, bolt-on components.

“The basic accelerator has not changed over the last 20 years. Only the external software and hardware have advanced radiation therapy. Unlike diagnostic imaging equipment, most upgrades to linear accelerators are external to the LINAC itself so a lot of aftermarket products can be put on to achieve a similar effect as manufacturers achieve with [integrated] technology,” explained Greg Bare, Sales Director, Radiation Oncology Systems, San Diego, CA.

CT is the imaging technology now widely used in conjunction with software as a treatment planning tool. “The trend in simulation is away from conventional static film simulation to CT and we do see people replacing their old simulators pretty often. They are very rarely replacing an old simulator with a conventional simulator. They will always tend to go for a CT these days,” said Tony Richardson, Marketing Director, Oncology Services International (OSI), Ramsey, NJ.

“Conventional X-ray units had been used for simulation but now CT scanners enhance the ability to locate and pinpoint accurately the target area. CT provides digital images and multiple slices. That can turn into three-dimensional plans for things like respiratory gating,” said Greg Kramer, President, C&G Technologies, Inc., Jeffersonville, IN, specializing in pre-owned GE and Toshiba CT systems. In addition to their use prior to the procedure as a planning tool, some advanced systems have the CT onboard the LINAC or in the treatment room itself as a continual reference guide to revise treatment as the tumor moves or shrinks. Varian offers its On-Board Imager device, for example, which is mounted on the linear accelerator for generating radiographic, fluoroscopic, and cone-beam CT images just prior to treatment. However, Varian Medical Systems told DOTmed Business News that not all models of LINACs are upgradeable to IGRT. If a healthcare provider acquires a LINAC from a third party, Varian may be able to upgrade the system but first they would need to conduct an audit of technology and software to determine if the system meets specifications and is in fact upgradeable. There is a cost associated with the audit. TomoTherapy is another
OEM noted for its integrated systems. Their Hi-Art system includes treatment planning, CT imaging, quality assurance, treatment delivery, and adaptive therapy.

“ar to understand the architecture of our system: We have a linear accelerator, the radiation source, that’s mounted on a CT gantry. So it’s a CT scanner that’s used to both generate diagnostic images as well as during the treatment process,” explained Robertson.

For treatment planning or simulation, typically 4- and 8-slice CT scanners are utilized, but 16-slice systems are not unheard of. Hospitals and cancer centers in the market for pre-owned equipment are looking for newer, late-model technology, like any other aftermarket.

“It seems that almost everyone wants linear accelerators on the refurbished market that have IMRT capabilities with multileaf collimators and image guidance as well,” stressed Kenneth Wolff, President and CEO, RS&A Inc., Rural Hall, NC.

Nevertheless, older systems can play an important role in cancer treatment. Many are resold to small therapy centers in rural areas in the U.S., or exported.

RISMED Oncology Systems, through its sister company OncoAmerica, is bringing used Varian technologies to cancer centers in Venezuela and Mexico. “We like Varian because it

### Service and Support Side of the Story

Top independent service organizations (ISOs) for used equipment provide sales, service, and parts at about 30 to 50% of OEM cost, several organizations have reported to DOTmed Business News. Some ISOs report significantly greater savings—up to 70% off the cost of new equipment.

Typical service and refurbishment requirements might include testing and replacing radiation damaged wiring and water lines and worn mechanical parts such as bearings and slides, as well as sprucing up cosmetics. Power supplies often need replacement. OEM software updates may be required.

The wave guide is the essential component of the LINAC and its failure may require an OEM replacement unit, although, depending on the manufacturer and ISO, the wave guide may be serviceable. Note that industry insiders told DOTmed that several companies in China are producing wave guides and may sell them for around $25,000 in the near future, compared to about $65,000 from the OEM in today’s market.

ISOs that specialize in LINACs often partner with other companies to do the related CT scanner support. Technicians related that service of the CT simulator technology used in conjunction with linear accelerators requires more precise alignment in this radiation oncology application than for other uses.

Apart from discrete fixes, there’s a larger issue related to LINAC service. “One of the things we are seeing is that people integrate technologies. It is becoming more important to train the centers in the workflow and how to use those technologies,” said Tony Richardson, Marketing Director, Oncology Services International, Ramsey, NJ. “Although that’s the traditional strength of the OEM, most centers don’t have one single OEM’s equipment. So having an organization that understands how all these black boxes fit together and can train the workflow is important.”

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is a reliable machine and most of the parts that Varian uses are from manufacturers in the industry. We can buy 90% of the components in the open market. Siemens and Elekta—many of their parts are proprietary—so every time you need a part you have to go back to those companies,” explained Jose A. Rodriguez, President of the Huntsville, Alabama-based companies.

Independent service organizations like RISMED have a competitive yet symbiotic relationship to the OEMs. “We don’t take business from [the OEMs] because whoever buys a machine from us for $100,000 cannot afford to buy a new, $800,000+ machine,” Rodriguez said.

Needs Vary by Practice Setting
In addition to hospitals, more than 2,000 cancer treatment clinics in various networks throughout the U.S. use this equipment.

“More than half of our customers are in the free-standing community and of that about 60% are not individual centers but networks,” said OSI’s Richardson. “Working with those organizations the trend is for them to partner and form alliances with organizations like ours that can control their operating costs over the long haul—not just the initial purchase but for the lifetime of the equipment. That is often more money than the purchase of the equipment in the first place.”

By many accounts, the for-profit clinics can be more high-tech than hospitals.

“Hospitals are slow to upgrade their equipment to the latest technology. I find that the free-standing clinics are usually more on the cutting edge than hospitals in radiation therapy,” said Richard Kimball, President, Acceltek, Rio Rancho, NM. “In hospitals, budgeting is stricter because they know that radiation therapy is their cash cow. So they take all their excess revenue from radiation [oncology services] and apply it to all their negatives. In a free-standing clinic, they upgrade because they don’t have to spend their profits somewhere else.”

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*- Make me an offer! *- Olympus BF-P240 Video Bronchoscope for $2,750. Karen Flynn, Caregivers of the Central Coast

**C-Arm:**
562633 - SHIMADZU WHA-10 C-Arm $3,850
This ia a very nice unit complete with Dual Monitors, MR-512 Video Memory, SF-2...
RALPH CHILDS, G-Tech Medical Services

**CT Scanner:**
553026 - TOSHIBA Asteion M4 CT Scanner $65,000
Now we have one Toshiba Asteion M4 to sell. Li jiong, Li Shouji Co.,Ltd, 03-5640-5677

56640 - PICKER PQ 2000 CT Scanner $7,500
complete pq 2000 deinstalled and available now. Zack Zaremba, Advanced Medical Systems

**Cardiac - Vascular Ultrasound:**
562990 - GE Vivid 3Pro Cardiac - Vascular Ultrasound $16,000
With 1)Adult cardiac Probe 3S and 2) Linear 739L for Immediate sale. LAKSHMI NARAYANA, MAN MACHINE ELECTRONICS

**Cath Lab:**
556277 - GE Advantix LC+ Cath Lab
This is a DLX/DGW system that was manufactured in 1998, with a full upgrade completed in 2002. Guillermo Pinedo, AliCareBiomedServices, 786-285-3577

**Cellulite Reduction:**
562903 - SUDATONIC Wrap Cellulite Reduction $2,300
This is a great stand alone system or add on to any other cellulite service currently offered. MELISSA LUTMAN, Ageless Contours

**Centrifuge:**
562999 - HERAEUS Labofuge 300 Centrifuge $950
The Labofuge® 300 is a small medical centrifuge with swing-out rotor. Ford Royer, Minnesota Medical, Inc.

**Chiropractic Diagnostics:**
563265 - UNKNOWN Interactive Doctor Chiropractic Diagnostics $1,500
Spend more time treating patients without answering the same questions about spinal decompression therapy. Sidney Fernald,

**Defibrillators:**
554571 - PHYSIO CONTROL Lifepak 12 Defibrillators $4,650
Lifepak 12 - Biphasic - 3 lead EKG, AED, Pacing - accessories included are 3 l. Pam Gall, Foremost Equipment, 585-586-4880

562929 - HEWLETT PACKARD codemaster x1+ Defibrillators $550
with new patient cable. faisal nadeem, bio medical

562465 - PHYSIO CONTROL LifePak 5 AED Defibrillators $350
LifePak 5 AED (Automatic External Defibrillator) complete with case, manual, bat...
Monte Montain, BPI Medical, Inc.

**Digital Imaging Systems:**
563130 - MEDELEX MDX-3000 Digital Imaging Systems $10,000
A complete RF Digital systems with all related cables and manuals. Joseph Jenkins, International Imaging Ltd.

**EKG:**
562923 - PHYSIO CONTROL VSM-3 EKG $100
VSM-3 monitor no patient cable. Shirley B. Pia, Champa Medical Consultants, Inc.

**Electrosurgical Unit:**
563266 - AARON 1250 Electrosurgical Unit $6,700
1250G Ob/Gyn Total System . gary plancher, Gate Medicals

**Endoscope:**
562884 - OLYMPUS 705001 Endoscope $165
Aftermarket air-tight water caps for Olym-
pus video scopes. David Bello, Endoscopy Replacement Parts, Inc.

Hematology Analyzer:

553037 - SYSMEX KX 21 Hematology Analyzer
Hi I am looking for Sysmex KX 21 - one unit. Jan Zielinski, NZOZ MERIDIAN, 0655296505

562954 - ABX Micros 60 Hematology Analyzer $6,500
Fully refurbished ABX micros 60 Hematology Analyzer. Naushad Sohani, Interbiolab Inc

Incubator:

562928 - GETINGE & CASTLE
61300600055 Incubator $100
We have one Castle/Getinge Specimen steam incubator in stock model 61300600055. Mary Firkin, Colossus Medical

Laser - IPL:

554643 - RINNOVARE IPL-300-B Laser - IPL $36,000
condition The equipment is new and still in original aluminum casing. Daniel Garza, Rinnovare Laser Cosmetics, LLC, 713-668-0036

Light Source:

562646 - COGENT light illuminator Light Source $495
Cogent - 2 available - not a stock photo. Dick Stemp, Carousel Medical Systems, Inc

MRI Coldhead:

113105 - APD F2000 MRI Coldhead $36,000
APD F2000 cold head rebuild kit available. Marc Fessler, Independence Cryogenic Engineering

MRI Compressor:

113099 - SUMITOMO CSW71D MRI Compressor $150
Remanufactured Sumitomo compressor available. Marc Fessler, Independence Cryogenic Engineering

MRI Scanner:

562452 - GE SIGNA 1.0 SX LX MRI Scanner $18,000
1996 ge 1. Don Tiedemann, Bay Shore Medical

Mammo Processor:

563100 - KODAK Min-R Mammo Processor $2,000
We have two Kodak processors, purchased new in 2005 and 2006. Priya Ravi, Breast Diagnostics

Mammo Unit:

563075 - SIEMENS 2002 Nova 3000 Mammo Unit $6,000
3 2002 units are in the same location, 2 buckys, paddles, ID flasher, and accessories. Jenny Chen, Bayside Medical Enterprises

Micro-Current:

560849 - ELECTROMEDICAL Alpha-Stim SCS Rental Micro-Current $90
The Alpha-Stim SCS treats anxiety, depression, and insomnia with cranial electrotherapy stimulation. Melora Geyer, Allevia Health, Inc.

Microdermabraders:

563232 - DIAMONDSKIN SYSTEMS JetPeel-3 Microdermabrasers $13,500
The JetPeel™, multipurpose skin rejuvenation system the first system using only natural component for facial skin improvement. Lee Atkins, Advanced Medical Inc

Microscope:

562619 - OLYMPUS BX60F Microscope $7,000
In stock 5 units. Roberta Shea, adam malik

563324 - WECK XY Axis Component Microscope $250
Weck XY Axis Component (Lot of 5) Self Center Button Speed Control Call or email to purchase. Kim Hensley, Didage Sales Company, Inc.

Modular Vascular Lab:

562780 - IMEX Lab 9000 Modular Vascular Lab $2,795
ImexLab 9000 Modular Diagnostic System w/footswitch, printer, and cart. Chris Barnett, Medical Equipment Services Inc.

Modules:

563102 - PHILIPS 1008B/M1002B/M1020A Modules $150
All Modules in good working order. Frank Taylor, Emporia Hospital Corporation

Muscle Stimulator:

562831 - EMPI 1.5 Muscle Stimulator $300
NOT EVEN USED! call or email!. Sean Fitzpatrick, FlipCidE Productions

O/R Camera:

563013 - STRYKER 1088 System O/R Camera $4,250
Stryker 1088 Camera System Includes: *Stryker 1088 Camera Box *Stryker 1088 Ca. Danny Tipei, Inex Surgical, Inc.

OB / GYN Ultrasound:

561028 - ALOKA SSD-900 OB / GYN Ultrasound $4,800
Premium Black and White USG System from Aloka. Ghanshyam Maheshwari, Maheshwari Electromedicals, 7314208080

562527 - SIEMENS SONOLINE PRIMA OB / GYN Ultrasound $3,500
SIEMENS Model: Sonoline Prima with black & white Sony printer. Samir Dahdah, Doral Medical Equipment

Ophthalmology General:

563301 - WECO Ocusystem ART advant Ophthalmology General $0
Brinde new % contact me to get price%. Mouyed Abdul Noor, Bandar Est.

Other:

539566 - OTHER Vapotherm 2000 i Other $600
50 units available with warranty. Scott Manaccini, Martab Medical, 800-229-2290

563044 - HOLOGIC Sahara BMD Other $5,400
With Sahara, there’s finally a dry ultrasound modality for bone assessment that is simple, convenient and practical enough for the office-based physician. Irma Darmayanti, CV.Raka Aditya Nugraha

562196 - MRI DEVICES 1.0 Expert Impact Other $79,000
This 1. Dr. Michael Appleman, Mobile Diagnostic Imaging, Inc.
EQUIPMENT FOR SALE

Oxygen Analyzer:
562618 - SERVOMEX 570A Oxygen Analyzer $1,000
Looking for a 570A Oxygen Analyzer. Todd Brown, East Coast Oxygen

Oxygen Blender:
562623 - BIRD 3800A Oxygen Blender $250
We currently have 6 Bird 3800A blenders. Simon Tejada, Independent Biomedical Services

Oxygen Tanks:
562763 - PURITAN BENNETT C41 Oxygen Tanks $450
I have for sale some Puritan-Bennett C41’s. Kyle Hoffman, Anderson’s Medical Products

Phacoemulsifier:
562579 - ALCON LEGACY 20 000 Phacoemulsifier $9,600
Carnes with 3 handpieces. BIN BEHNE, MEDLIKIM

Phototherapy Lamp:
563148 - REVITALIGHT st747 Phototherapy Lamp $4,000
Bought new, used only 10 months, red double light for wrinkles, blue for acne. Debbie Taylor, Face by Debbie

Polysomnograph:
563194 - NEUROVIRTUAL SleepVital 2008 Polysomnograph $10,000
2008 NEW Sleep Beds for your Sleep Lab. Steve Anderson, IOM, Inc.

Printer Ultrasound:
563161 - SONY UP-5600MDU/A Printer Ultrasound $150
Color Video Printer. Jason Botko, A+ Medical Company, Inc.

Pump Suction:
563237 - GOMCO 01-22-0300 Pump Suction $615
ALLIED GOMCO ASPIRATOR MODEL 300 Lightweight, diaphragm pump unit designed for general suction use. Orestes Fundora, Global Medical

Rad/Fluoro Room:
562906 - GE Legacy Rad/Fluoro Room $35,000
GE LEGACY R/F SYSTEM (1997) - Advantx SCPU Generator - Legacy Table - 16” Image Intensifier - Spot Film Device - XT OTC, Tube & Collimator - DRS Digital 3. Michael Glynn, Mylin Medical Systems Inc

Shared Service Ultrasound:
562925 - GE Voluson E Shared Service Ultrasound $50,000
Available DEMO Voluson E BT07 Options 3D/4D Advanced Carry Bag Mtg - Oct ‘07. Niranjan Kumar, Indiaultrasound

Sigmoidoscope:
563018 - OLYMPUS CF-140S Sigmoidoscope $1,899
This is an OLYMPUS CF Type 140S, Video Sigmoidoscope, with 13. Tony Roozbeh, Axxon Medical Systems

Stainless Steel Items:
562486 - STERIS Double Ring Stand Stainless Steel Items $150
Double Ring Stand in good condition. Paul Larson, Beacon Surgical

Surgical Cases:
562920 - GENESIS CD1 - 4B.. Surgical Cases $60
. John Mendez, MED-LAB EXESS

Surgical Sink:
562948 - AMSCO Flexmatic Surgical Sink $1,500
8) AMSCO Flexmatic Two Bay Scrub sinks available in good working condition. Dwayne Carlyle, Ideal Medical LLC

Ultrasound Transducer Ultrasound:
563291 - MEDISON ec4-9/10ed Ultrasound Transducer Ultrasound $2,000
SonoAce 8800. Aleks Yakovlev, Disamed

Urodynamic System:
562890 - LIFE-TECH M-22J, 2011-1,SA0972 Urodynamic System $895
LifeTech System D: System includes: Viewsonic G773 Monitor Lifetech Urolan Opus C... Christy Formby, H & M Sales And Service, Inc

PARTS FOR SALE

CT Scanner:
560416 - SIEMENS CT Scanner Part #7393148
New and Used Dura 532 CT tubes for Siemens CT scanners. Mike Ghazal, Zetta Medical Technologies, LLC., 847-550-9990

EMPLOYMENT OPPORTUNITIES

Biomedical Service
560346 - MRI Service Engineer - Dallas, Texas
Coordinate and prioritizes the PM, calibration, and repair of radiological and special imaging equipment. Email resume to: Phyllis Avery, Parkland Health and Hospital, pavery@parknet.pmh.org

559807 - Radiology Service Engineer - Florida, USA, Salary: Open
Well established 15 year old imaging sales and service company seeking to add a service engineer. Gregory Johnson, X-ray Equipment Services, 813-871-9729

554173 - CT Management Position - Cleveland, OH
Sr. Mgr. is responsible for the refurbishment activities of Refurbished Systems (RS) Jill Moffitt, Philips Electronics North America, 978-659-3201

553948 - Radiology Service Engineer - Arizona, USA
Medical Imaging Equipment Service Repair Technologist for a leader in clinical technology consulting and medical equipment maintenance. Lisa Okes, XRAYZ 4U, LLC., 866-232-8822

554225 - Biomedical Technician - La Jolla, CA, Salary: Based on experience
SR Electronics Technician - Full-time (100%) career position with benefits starting on the date of hire! Roger Wilbanks, UCSD Medical Center, 619-543-7585

529554 - Radiology Service Tech - Virginia, USA
Perform PM, inspection, calibration and repair procedures on imaging equipment - incl. R&F, C-Arms, and portable X-ray units. CT and/or MRI experience is a plus.
EMPLOYMENT OPPORTUNITIES

Radiology

562989 - Radiology Administration - California, USA $120,000.00 - $160,000.00. Director of Medical Imaging - 350 Bed hospital located in the foothills of San Francisco’s East Bay is actively recruiting for a dynamic individual to add to their leadership team. Sarah Beddow, A&H Partners, 888-641-1023

561447 - Ultrasound Technologist - New Jersey, USA. Breast Ultrasound Technologist. FT, M-F, No nights or weekends. Private spa-like, state-of-the art, breast imaging center. Lorna Vaughan, HerSpace Breast Imaging, 732-571-9100

517202 - CT Technologist - Montana, USA - $50,000 - $60,000. Fulltime CT Tech, AART license required; Certificate in CT preferred (required by 06/01/09); Montana State License for Radiologic Tech; CPR

477219 - MRI Technician - Georgia, USA. Specialty technologist will be responsible for performing MRI procedures according to departmental protocols.

Physician

554541 - Physician Position, California, USA, $381,000 TO $465,000. Orthopedic Surgeon for Private Practice Opportunity. Hospital guarantees 1st year income.

Other

559925 - Dialysis Position - Colorado, USA. Responsible for the clinical outcomes of each units and all the staffs assigned in each dialysis facilities.

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Gradients are PT1000 (234) and the RF Amplifier 12/2004 to Intera. Software level 10.3.1. The PHILIPS MRI Scanner Intera 1.5T w/ Reduced MRI will cost $3,000. Auction 5423 – sold for dealer in New York, $10,000.

Frequency generator 0.5mm focal spot HP Printer doing AP Spine and proximal femur, HIP Power foot table- Pencil Beam Technology Capable of Norland Excell Bone Densitometer System. 6 manuals Assortment of Mammography cassettes compression Photo timing Operation and Service paddles Magnification tower Manual and automatic 50/60HZ 18 x 24 and 24 x 30 reciprocating buck- LORAD Afinity Platinum Mammography System High Excell. This Auction is for two units. Unit#1 2002 York, $2,500. Auction 5469 – sold for imaging center in New York, $1,000. Maximum Optical Density > 3.0. Auction 4944 – sold for center in Tennessee, $1,100.

LEYBOLD MRI Compressor Coolpack 6000 We sent five Coolpack 6000 cold head compressors to Austin Scientific to be refurbished. The refurbishing process included the following: oil absorber, oil separator, and heat exchanger. All units were been fully tested and been through a 24 hour test on load. These units were sold with a warranty from Austin Scientific that is good until July 1, 2009. That warranty is transferable to the new owner. They were asking $7,000/ea but a bid submission on all five would reduce the price to $6,500 each. Auction 5541 – sold for independent service organization in New Jersey, $14,000 for 2 Compressors.

CAMERAS

AGFA Dry Camera Drystar 3000. Condition : GOOD * No chemicals, no waste * Fully compatible with Scopix LR 3300 and MG 3000 laser imaging network and Drystar 2000 dry hardcopy system * Direct support of DICOM PMS via software option * Choice of 2 film sizes: 14 x 17", 11 x 14" * Daylight film loading (films are not sensitive to light) * On-line densitometer for constant image quality * Very small footprint * Easy access for film jam clearance * Low power consumption * Capacity of supply tray 100 sheets * Capacity of pick-up tray 50 sheets. Auction 4909 – sold for dealer in New York, $2,100.

AGFA Dry Camera Drystar 2000. Produces 8 x 10" images on a blue 175 PET base. 100-240 V, 50-60 Hz power source. Multiple film layouts: 1/1, 2/1, 4/1, 6/1, 9/1 and super slides. Optical Resolution: 300 dpi. 12 bit gray level data used to print images. Maximum Optical Density > 3.0. Auction 4944 – sold for imaging center in New York, $1,000.


MONITORS

NELLCOR Oximeter - Pulse Set of 5 N-595’s. 5 Nellcor N-595 Pulse Oximeters w/ 5 Oximax DCC-10 Pulse Oximetry Cables. All of these units power up and are guaranteed to be in working condition. As the cornerstone of the revolution- ary Oximax® Pulse Oximetry System, the Nellcor N-595 Pulse Oximeter combines Nellcor’s best-in-class pulse oximetry with the versatile Oximax monitoring platform. The motion-tolerant Nellcor N-595 Pulse Oximeter is equipped with Nellcor’s most advanced signal processing technology, which enables it to withstand the most challenging monitoring conditions with substantially greater accuracy than conventional pulse oximetry. The N-595 Pulse Oximeter also includes SatSecondsT Alarm Management technology, an innovative feature for managing nuisance alarms without sacrificing patient safety. Features: * Compat- ible with the complete family of Oximax Pulse Oximetry Sensors. * Convenient selection of adult or neonate alarm limits, and user-configurable power-on settings. * Works with the Oxine® III Central Station and Paging System to provide an easy-to-use, cost-effective monitoring solution for the General Care Floor. * Compatible with Nellcor’s Score® Analysis Software for overnight oximetry studies. * On-screen viewing of 48 hours of SpO2 and pulse rate trends taken at 4-second intervals; printing capability. * Interfaces with certain multi- parameter monitors; real-time patient information and true physiologic waveforms are displayed on host system. * High quality LCD graphical screen. * Plethysmographic waveform or magnified view. * Visual indicators: pulse search, audible alarms silenced or off, artifact indicator, low battery and battery charging, sensor off, sensor disconnected and SatSeconds clock. * Audible and visual alarms for high/low saturation pulse rate. * SatSeconds alarm management settings: 10,25,50, and 100, or off. * Audible and visual indicators for low battery. * Audible sensor disconnect alarm. * Displayed satu- ration and pulse rate alarms. Dimensions are 6.8"D x 10.4"W x 3.3"H. Auction 5557 – sold for dealer in Tennessee, $1,100.

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**GE ProSpeed/Solarix NP**
- GS3576P replaces D3112T, D3119T
- New 90,000 scan warranty
- GS3576S replaces D3142T, D3149T
- New 120,000 scan warranty
- Loaded in original housings

**MCS-6074 GE LightSpeed Plus**
- Varian’s MCS-6074 replaces D3186T, Backwards compatible with D3182T, D3172T, D3152T
- 6.3 mHU 200 mm target
- Supports 0.5 second full scans
- Calibrates like the original

**GE Sytec SRi**
- GS2176 replaces D3122T, D3129T
- New 80,000 scan warranty

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