

**Reference Number:** FOI/2019/206  
**From:** Commercial  
**Date:** 21 May 2019  
**Subject:** CT & DEXA equipment

**Q1** Please can you provide the following information for each piece of CT (Computed Tomography) imaging equipment within the Trust or associated sites? (Please complete the attached CT spreadsheet)

- a. Manufacturer
- b. Model
- c. Number of Slices per rotation
- d. Location - Hospital Name or Site Name
- e. Department equipment is primarily used in
- f. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
- g. Initial cost of Equipment
- h. Annual Maintenance cost
- i. Acquisition Date
- j. Planned Replacement Date

**A1** [See attached: FOI2019205 CT Imaging FOI Form](#)

**Q2** Please can you provide the following information for each DEXA (dual-energy x-ray absorptiometry / bone densitometry) imaging equipment within the Trust or associated sites? (Please complete the attached DEXA spreadsheet)

- a. Manufacturer
- b. Model
- c. Equipment Type
- d. Location – Hospital Name or Site Name
- e. Department equipment is primarily used in
- f. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
- g. Initial cost of Equipment
- h. Annual Maintenance cost
- i. Acquisition Date
- j. Planned Replacement Date

**A2** [Information not held – we do not have DEXA](#)

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