

Ref. No: 1243
Date: 03/10/24
Subject: Gamma camera

REQUEST & RESPONSE

- 1. The manufacturer & model name of each gamma camera (Nuclear Medicine imaging system) & SPECT/CT system installed in or owned/managed by your Trust**

GE NM/CT 870 DR

- 2. The hospital name where each system is installed**

Whiston Hospital

- 3. The date that the current service/maintenance contract on each device started (if there is a multi year contract, please provide the date the multi year contract started)**

servicing is provided as part of the MES contract for the life cycle of the scanner.

- 4. The date that the current service/maintenance contract on each system expires (if a there is a multi year contract, please provide the date the multi year contract will end)**

servicing is provided as part of the MES contract for the life cycle of the scanner.