

Ref. No: 1789
Date: 29th May 2025
Subject: Radiology Equipment and Systems

REQUEST

Digital X-Ray Systems (static, non-fluoroscopy)

For each system, please provide:

- Hospital where installed
- Make
- Model
- Date installed

CT Scanners

For each system, please provide:

- Hospital where installed
- Make
- Model
- Date installed

MR Scanners

For each system, please provide:

- Hospital where installed
- Make
- Model
- Date installed

Mobile X-Ray Systems

For each system, please provide:

- Hospital where installed
- Make
- Model
- Date installed

Interventional X-Ray Systems (Angiography)

For each system, please provide:

- Hospital where installed
- Make
- Model
- Date installed

Gamma Camera and SPECT-CT Systems

For each nuclear medicine system, please provide:

- Hospital where installed
- Make
- Model
- Year installed

Ultrasound Systems (Radiology)

For each system, please provide:

- Hospital where installed
- Make
- Model
- Year installed

Fluoroscopy Systems

(including remote control, multi-purpose, and under-couch variants)

For each system, please provide:

- Hospital where installed
- Make
- Model
- Year installed

Mobile/Surgical C-Arm Fluoroscopy Systems

For each system, please provide:

- Hospital where installed
- Make
- Model
- Year installed

RESPONSE

Please see attached