

**FOI REQUEST NUMBER: FOI 5139**

**Please can you answer the following questions regarding the Mammography equipment used within the Trust?**

**1. Please can you provide the following information for each piece of mammography equipment?**

- a. Manufacturer**
- b. Model**
- c. Location - Hospital Name or Mobile Van**
- d. Function – Breast Screening/ Assessment/ Screening & Assessment**
- e. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)**
- f. Initial cost of Equipment**
- g. Annual Maintenance cost**
- h. Acquisition Date**
- i. Planned Replacement Date**

See completed spreadsheet

**2. If you are a Breast screening provider - where is the assessment clinic that you then send your follow up referrals to?**

Not applicable, we are not a screening service provider.