

**BUSINESS PUBLICATION CIRCULATION STATEMENT
FOR THE 6 MONTH PERIOD ENDED DECEMBER 2009
(Including Supplementary Data)**

No attempt has been made to rank the information contained in this report in order of importance, since BPA Worldwide believes this is a judgment, which must be made by the user of the report.

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HEALTHCARE PURCHASING NEWS

KSR Publishing, Inc.
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Sarasota, FL 34231
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FIELD SERVED

HEALTHCARE PURCHASING NEWS serves healthcare professionals who are responsible for the procurement of products or services in hospitals, healthcare group purchasing organizations, multi-hospital system corporate headquarters, government purchasing organizations, HMOs, PPOs, surgicenters, ambulatory care centers, long-term and home health care, insurance/accounting/investment/3rd party administrators, and integrated networks, distributors and manufacturers.

DEFINITION OF RECIPIENT QUALIFICATION

Qualified recipients are administrators, VPs of materials management, directors of materials management, material managers, VPs of support services, value analysis coordinators, OR materials managers, assistant materials managers, other materials management personnel, chief executive officers, chief financial officers, chief operating officers, hospital administrators, chief purchasing directors, purchasing managers, buyers, purchasing agents, contract directors/managers, other purchasing personnel, central service directors, central service supervisors, central service managers, other central service personnel, infection control practitioners, infection control directors, infection control supervisors, OR directors, OR managers, OR supervisors, surgical services directors, surgical services managers, surgical services supervisors, other OR personnel involved in purchasing, head nurses/directors of nursing, nursing/practitioners, medical directors, professional department heads, consultants involved with purchasing, clinical educators and evaluation/standardization and safety committee members.

PURPOSE

Including herein in an analysis of the recipients who indicated which products/services their organization recommends, buys or specifies.

AVERAGE NON-QUALIFIED CIRCULATION	
NON-QUALIFIED Not Included Elsewhere	Copies
Other Paid Circulation _____	34
Advertiser and Agency _____	1,748
Rotated or Occasional _____	-
Allocated for Trade Shows and Conventions _____	150
Digital _____	-
All Other _____	1,598
TOTAL	3,530

1. AVERAGE QUALIFIED CIRCULATION BREAKOUT FOR PERIOD						
QUALIFIED CIRCULATION	Total Qualified		Qualified Non-Paid		Qualified Paid	
	Copies	Percent	Copies	Percent	Copies	Percent
Individual _____	33,175	100.0	33,175	100.0	-	-
Sponsored Individually Addressed _____	-	-	-	-	-	-
Membership Benefit _____	-	-	-	-	-	-
Multi-Copy Same Addressee _____	-	-	-	-	-	-
Single Copy Sales _____	-	-	-	-	-	-
TOTAL QUALIFIED CIRCULATION	33,175	100.0	33,175	100.0	-	-

2. QUALIFIED CIRCULATION BY ISSUES WITH REMOVALS AND ADDITIONS FOR PERIOD											
2009 Issue	Number Removed	Number Added	Qualified Non-Paid	Qualified Paid	Total Qualified	2009 Issue	Number Removed	Number Added	Qualified Non-Paid	Qualified Paid	Total Qualified
July _____	19	19			33,175	October _____	176	176			33,175
August _____	127	127			33,175	November _____	7,863	7,863			33,175
September _____	186	186			33,175	December _____	-	-			33,175
						TOTAL	8,371	8,371			

3a. BUSINESS/OCCUPATION BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF NOVEMBER 2009

This issue is equal to the average of the other 5 issues reported in Paragraph two.

BUSINESS AND INDUSTRY	TOTAL QUALIFIED	PERCENT OF TOTAL	A. VPs, Directors and Managers of Material, VPs of Support Services, Assistant Materials Mgr., Other Material Mgmt. Personnel, Contracts-Director, Manager, Supervisor; Value Analysis Coordinator	B. Chief Purchasing Directors, Purchasing Managers; Buyers, Purchasing Agents and Other Purchasing Personnel	C. CEO, CFO, COO, Hospital Administrator	D. Infection Control Practitioners, Infection Control Directors/ Supervisors	E. OR Directors/Managers/ Supervisors; Surgical Services Directors/Managers/ Supervisors; OR Material Manager; Other OR Personnel Involved in Purchasing	F. Central Service Directors/ Supervisors/Managers; Other Central Service Personnel (Tech, Coord)	G. Head Nurse/ Director of Nursing; Medical Director; Professional Department Head; Evaluation/ Standardization & Safety Committee Member; Clinical Educator; Nursing/ Practitioner	H. Consultant; Other
1. Stand Alone Hospitals (for profit, non-profit, government)	19,715	59.4	4,609	2,038	2,238	4,042	2,562	2,300	1,872	54
2. Integrated Networks (mult. Hospitals/alternate sites) _	5,953	18.0	1,592	790	592	871	788	761	517	42
3. Hospital Group Purchasing Organization or Alliance_	2,083	6.3	557	284	179	295	271	221	208	68
4. Multi-Hospital System Corp Headquarters _____	2,794	8.4	767	312	229	529	363	325	250	19
5. Government Purchasing Agency _____	321	1.0	83	67	29	35	48	20	32	7
6. Surgi-centers/ Ambulatory Care Centers _____	534	1.6	123	90	45	49	97	68	59	3
7. Long Term Care _____	1,037	3.1	172	247	103	148	79	149	138	1
8. Home Health Care _____	191	0.6	50	36	28	11	25	17	23	1
9. HMO/PPO _____	72	0.2	21	9	6	7	13	9	3	4
10. Insurance/Accounting/Investment/3rd Party Administrator _____	75	0.2	14	3	13	5	13	4	3	20
11. Distributor _____	224	0.7	55	20	59	2	20	13	17	38
12. Manufacturer _____	176	0.5	49	10	38	2	10	7	43	17
13. Other _____	-	-	-	-	-	-	-	-	-	-
TOTAL QUALIFIED CIRCULATION	33,175	100.0	8,092	3,906	3,559	5,996	4,289	3,894	3,165	274
PERCENT	100.0		24.4	11.8	10.7	18.1	12.9	11.8	9.5	0.8

NUMBER OF BEDS	TOTAL QUALIFIED	PERCENT OF TOTAL	NUMBER OF BEDS								NOT CLASSIFIED BY NUMBER OF BEDS (I)
			500 OR MORE BEDS (A)	400 - 499 BEDS (B)	300 - 399 BEDS (C)	200 - 299 BEDS (D)	100 - 199 BEDS (E)	50 - 99 BEDS (F)	26 - 49 BEDS (G)	0-25 BEDS (H)	
1. Stand Alone Hospitals (for profit, non-profit, government) _____	19,715	59.4	2,124	1,193	1,869	2,733	4,115	3,477	2,467	870	867
2. Integrated Networks (mult. Hospitals /alternate sites) _____	5,953	17.9	1,783	526	661	805	950	603	410	172	43
3. Hospital Group Purchasing Organization or Alliance_	2,083	6.3	437	131	192	263	380	270	173	191	46
4. Multi-Hospital System Corp Headquarters _____	2,794	8.4	717	203	269	408	548	361	218	62	8
5. Government Purchasing Agency _____	321	1.0	91	17	22	37	51	25	22	48	8
6. Surgi-centers/ Ambulatory Care Centers _____	534	1.6	40	12	25	31	63	53	73	225	12
7. Long Term Care _____	1,037	3.1	151	59	67	140	331	168	94	21	6
8. Home Health Care _____	191	0.6	18	4	8	14	40	32	36	31	8
9. HMO/PPO; Insurance/Accounting/ Investment/ 3rd Party Administrator; Distributor; Manufacturer; Other _____	547	1.7	-	-	-	-	-	-	-	-	547
TOTAL QUALIFIED CIRCULATION	33,175	100.0	5,361	2,145	3,113	4,431	6,478	4,989	3,493	1,620	1,545

SUPPLEMENTARY DATA OF PRODUCTS, SERVICES SPECIFIED, RECOMMENDED, OR BOUGHT

This is an analysis of 30,739 or 93.0% recipients who responded to the categories below. Which of the following products/services do you recommend, specify or purchase? See questionnaire used to elicit these data on the back of this report. Since any one respondent may have checked more than one response, the totals for each of these (i.e.: products and services) should not be added together as the total may exceed the total circulation. These data are presented for statistical and marketing purposes. Since any one respondent may have checked more than one response, the totals for each of these products/services should not be added together as the total may exceed the total circulation. These data are presented for statistical and marketing purposes only.

	NUMBER	Percent
INVENTORY CONTROL		
100 Asset Management Products/Services _____	8,987	27.1
101 Bar Coding/RFID,RTLS & Labeling Systems _____	10,429	31.4
102 Cabinets _____	10,656	32.1
103 Carts _____	11,369	34.3
104 Computer Hardware _____	9,803	29.5
105 Contract Management Systems _____	8,729	26.3
106 File & Retrieval Systems _____	9,241	27.9
107 Forms _____	9,852	29.7
108 Handheld/Point-of-Use Products _____	8,800	26.5
109 Instrument Tracking Systems _____	9,498	28.6
110 Materials Management/Supply Chain Info Systems incl. ERP modules _____	10,090	30.4
111 Printers/Scanners/Copiers/Multi-function _____	8,727	26.3
112 Storage Systems _____	8,896	26.8
113 Other Inventory Control Products _____	6,944	20.9
PATIENT CARE		
200 Bariatric Specialty Equipment/ Supplies _____	11,633	35.1
201 Diagnostic Equipment _____	12,308	37.1
202 ID/Security/Alert Systems _____	10,528	31.7
203 IV Systems/Syringes _____	12,955	39.1
204 Linen _____	12,243	36.9
205 Patient Beds/Furniture _____	12,950	39.0
206 Patient Transport/Lift Products _____	12,612	38.0
207 Patient Warming/ Positioning Products _____	12,358	37.3
208 Respiratory Care & Monitoring _____	11,113	33.5
209 Scales _____	10,719	32.3
210 Temperature/Blood Pressure Monitors _____	12,558	37.9
211 Wound Management/Bandages/Wraps _____	12,531	37.8
212 Other Patient Care Products _____	5,825	17.6
OPERATING ROOM		
300 Cardiac Equipment & Supplies _____	11,225	33.8
301 Catheters/Needles _____	12,200	36.8
302 Critical Care _____	11,978	36.1
303 Custom Procedure Trays/Kits/Packs _____	12,388	37.3
304 Drapes _____	12,320	37.1
305 Endoscopy/Endoscopic Products _____	12,353	37.2
306 Gowns and Protective Wear _____	12,697	38.3
307 Instruments _____	13,109	39.5
308 Orthopedics _____	12,069	36.4
309 Scheduling Systems _____	9,617	29.0
310 Surgical Gloves _____	12,317	37.1
311 Surgical Lights, Lighting Systems _____	11,584	34.9
312 Tables and Stretchers _____	11,534	34.8
313 Wound Care/Hypothermia Products _____	11,699	35.3
314 Other OR Products _____	4,423	13.3
INFECTION CONTROL		
400 Air Purification Systems _____	11,759	35.4
401 Cleaning Equipment & Supplies _____	14,174	42.7
402 Disaster Preparedness Products _____	11,955	36.0
403 Disinfectants & Sterilants _____	14,205	42.8
404 ETO Monitoring Devices _____	12,383	37.3
405 Gloves _____	14,204	42.8
406 Hand Hygiene Products & Dispensers _____	12,977	39.1
407 Protective Wear _____	14,180	42.7
408 Sharps safety products _____	12,806	38.6
409 Sterilization Supplies & Equipment _____	13,889	41.9
410 Sterilization Wraps & Containers _____	13,385	40.3
411 Other Infection Control Products _____	6,076	18.3
OTHER PURCHASING & SERVICES		
500 Business Equipment & Supplies _____	10,472	31.6
501 Communications Equipment _____	9,549	28.8
502 Environmental Services Products _____	10,372	31.3
503 Facility Equipment & Maintenance _____	9,863	29.7
504 Food & Dietary Supplements _____	7,782	23.5
505 Food Service Equipment _____	7,757	23.4
506 Imaging Supplies & Equipment _____	8,945	27.0
507 Laundry Supplies & Equipment _____	9,081	27.4
508 Shipping and Transportation _____	8,877	26.8
509 Waste Management _____	8,985	27.1

TOTAL QUALIFIED CIRCULATION FOR NOVEMBER 2009 IS 33,175

3b. QUALIFICATION SOURCE BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF NOVEMBER 2009							
QUALIFICATION SOURCE	Qualified Within			Qualified Non-Paid	Qualified Paid	Total Qualified	Percent
	1 year	2 years	3 years				
I. Direct request: _____	23,230	9,945	-			33,175	100.0
II. Request from recipient's company: _____	-	-	-			-	-
III. Membership Benefit: _____	-	-	-			-	-
IV. Communication from recipient or recipient's company (other than request): _____	-	-	-			-	-
V. TOTAL - Sources other than above (listed alphabetically): _____	-	-	-			-	-
Association rosters and directories _____	-	-	-			-	-
Business directories _____	-	-	-			-	-
Manufacturer's, distributor's and wholesaler's lists _____	-	-	-			-	-
Other sources _____	-	-	-			-	-
VI. Single Copy Sales: _____	-	-	-			-	-
TOTAL QUALIFIED CIRCULATION	23,230	9,945	-			33,175	100.0
PERCENT	70.0	30.0	-			100.0	

3c. MAILING ADDRESS BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF NOVEMBER 2009				
MAILING ADDRESS	Qualified Non-Paid	Qualified Paid	Total Qualified	Percent
Individuals by name and title and/or function _____			33,175	100.0
Individuals by name only _____			-	-
Titles or functions only _____			-	-
Company names only _____			-	-
Multi-Copy Same Addressee copies _____			-	-
Single Copy Sales _____			-	-
TOTAL QUALIFIED CIRCULATION			33,175	100.0

4. GEOGRAPHICAL BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF NOVEMBER 2009							
State & Zip Code		Total Qualified	Percent	State & Zip Code		Total Qualified	Percent
039-049 Maine _____		243		400-427 Kentucky _____		649	
030-038 New Hampshire _____		241		370-385 Tennessee _____		819	
050-059 Vermont _____		107		350-369 Alabama _____		610	
010-027 Massachusetts _____		689		386-397 Mississippi _____		530	
028-029 Rhode Island _____		110		EAST SO. CENTRAL		2,608	7.9
060-069 Connecticut _____		325		716-729 Arkansas _____		416	
NEW ENGLAND		1,715	5.2	700-714 Louisiana _____		592	
100-149 New York _____		1,848		730-749 Oklahoma _____		582	
070-089 New Jersey _____		725		750-799 Texas _____		2,229	
150-196 Pennsylvania _____		1,717		WEST SO. CENTRAL		3,819	11.5
MIDDLE ATLANTIC		4,290	12.9	590-599 Montana _____		303	
430-459 Ohio _____		1,405		832-838 Idaho _____		256	
460-479 Indiana _____		827		820-831 Wyoming _____		149	
600-629 Illinois _____		1,411		800-816 Colorado _____		547	
480-499 Michigan _____		925		870-884 New Mexico _____		176	
530-549 Wisconsin _____		699		850-865 Arizona _____		529	
EAST NO. CENTRAL		5,267	15.9	840-847 Utah _____		243	
550-567 Minnesota _____		666		889-898 Nevada _____		169	
500-528 Iowa _____		637		MOUNTAIN		2,372	7.2
630-658 Missouri _____		924		995-999 Alaska _____		67	
580-588 North Dakota _____		225		980-994 Washington _____		597	
570-577 South Dakota _____		258		970-979 Oregon _____		370	
680-693 Nebraska _____		475		900-961 California _____		2,168	
660-679 Kansas _____		701		967-968 Hawaii _____		61	
WEST NO. CENTRAL		3,886	11.7	PACIFIC		3,263	9.8
197-199 Delaware _____		100		UNITED STATES		33,031	99.6
206-219 Maryland _____		560		969 & 004-009 U.S. Territories _____		12	
200-205 Washington, DC _____		84		Canada _____		123	
220-246 Virginia _____		701		Mexico _____		-	
247-268 West Virginia _____		403		Other International _____		-	
270-289 North Carolina _____		978		APO/FPO _____		9	
290-299 South Carolina _____		423		TOTAL QUALIFIED CIRCULATION		33,175	100.0
300-319 Georgia _____		966					
320-349 Florida _____		1,596					
SOUTH ATLANTIC		5,811	17.5				

QUESTIONNAIRE USED BY PUBLICATION TO ELICIT SUPPLEMENTARY DATA:

HEALTHCARE PURCHASING NEWS

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4 Fill in below only if your company requires home delivery (but company address must be filled in above)

Home Address _____

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5 Please check the one category that best describes your title:

- | | |
|---|--|
| <input type="checkbox"/> 1 VP/Director/Manager of Material | <input type="checkbox"/> 11 Other OR Personnel |
| <input type="checkbox"/> 2 Asst Material Mgr/Other Material Mgmt Personnel | <input type="checkbox"/> 12 VP Support Services |
| <input type="checkbox"/> 3 Chief Purchasing Director/Purchasing Manager | <input type="checkbox"/> 13 Hospital Administrator |
| <input type="checkbox"/> 4 Buyer/Purchasing Agent/Other Purchasing Personnel | <input type="checkbox"/> 14 CEO, CFO, COO |
| <input type="checkbox"/> 5 Central Service Director/Supervisor/Manager | <input type="checkbox"/> 15 Head Nurse/Director of Nursing |
| <input type="checkbox"/> 6 Other Central Service Personnel (Tech, Coord) | <input type="checkbox"/> 16 Medical Director |
| <input type="checkbox"/> 7 Infection Control Practitioner/Director/Supervisor | <input type="checkbox"/> 17 Nursing/Practitioner |
| <input type="checkbox"/> 8 OR Director/Manager/Supervisor | <input type="checkbox"/> 18 Consultant |
| <input type="checkbox"/> 9 Surgical Services Director/Manager/Supervisor | <input type="checkbox"/> 19 Value Analysis Coordinator |
| <input type="checkbox"/> 10 OR Material Manager | <input type="checkbox"/> 20 Professional Department Head |
| | <input type="checkbox"/> 21 Evaluation/Standardization & Safety Committee Member |
| | <input type="checkbox"/> 22 Contracts Director/Manager/Supervisor |
| | <input type="checkbox"/> 23 Clinical Educator |
| | <input type="checkbox"/> 24 Other (please specify) _____ |

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6 Please indicate type of Facility/Service/Firm: (please check only one)

- | | |
|--|---|
| <input type="checkbox"/> 1 Stand Alone Hospital (for-profit, non-profit, gov't) | <input type="checkbox"/> 7 Long-Term Care |
| <input type="checkbox"/> 2 Integrated Network (multiple hospitals & alternate sites) | <input type="checkbox"/> 8 Home Health Care |
| <input type="checkbox"/> 3 Hospital Group Purchasing Organization or Alliance | <input type="checkbox"/> 9 HMO/PPO |
| <input type="checkbox"/> 4 Multi-Hospital System Corp Headquarters | <input type="checkbox"/> 10 Insurance/Accounting/Investment/3rd Party Administrator |
| <input type="checkbox"/> 5 Government Purchasing Agencies | <input type="checkbox"/> 11 Distributor |
| <input type="checkbox"/> 6 Surgi-Center/Ambulatory Care Center | <input type="checkbox"/> 12 Manufacturer |
| | <input type="checkbox"/> 13 Other (please specify) _____ |

7 Number of Beds in your organization: (check one)

- | | | | |
|-------------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> a 500-over | <input type="checkbox"/> c 300-399 | <input type="checkbox"/> e 100-199 | <input type="checkbox"/> g 26-49 |
| <input type="checkbox"/> b 400-499 | <input type="checkbox"/> d 200-299 | <input type="checkbox"/> f 50-99 | <input type="checkbox"/> h 0-25 |

8 Please check all areas for which you have purchasing involvement:

- | | |
|---|---|
| <input type="checkbox"/> 1 Operating Room Products & Equipment | <input type="checkbox"/> 3 Infection Control Products & Equipment |
| <input type="checkbox"/> 2 Central Service Products & Equipment | <input type="checkbox"/> 4 Monitoring & Diagnostic Equipment |
| | <input type="checkbox"/> 5 Business Equipment & Supplies |

9 Are you a member of a product evaluation committee? Yes No

10 Which of the following products/services do you recommend, specify, or buy? (check all that apply)

- | | |
|---|---|
| INVENTORY CONTROL | <input type="checkbox"/> 305 Endoscopy/Endoscopic Products |
| <input type="checkbox"/> 100 Asset Management Products/Services | <input type="checkbox"/> 306 Gowns and Protective Wear |
| <input type="checkbox"/> 101 Bar Coding/RFID, RTLS & Labeling Systems | <input type="checkbox"/> 307 Instruments |
| <input type="checkbox"/> 102 Cabinets | <input type="checkbox"/> 308 Orthopedics |
| <input type="checkbox"/> 103 Carts | <input type="checkbox"/> 309 Scheduling Systems |
| <input type="checkbox"/> 104 Computer Hardware | <input type="checkbox"/> 310 Surgical Gloves |
| <input type="checkbox"/> 105 Contract Management Systems | <input type="checkbox"/> 311 Surgical Lights, Lighting Systems |
| <input type="checkbox"/> 106 File & Retrieval Systems | <input type="checkbox"/> 312 Tables and Stretchers |
| <input type="checkbox"/> 107 Forms | <input type="checkbox"/> 313 Wound Care/Hypothermia Products |
| <input type="checkbox"/> 108 Handheld/Point-of-Use Products | <input type="checkbox"/> 314 Other OR Products |
| <input type="checkbox"/> 109 Instrument Tracking Systems | INFECTION CONTROL |
| <input type="checkbox"/> 110 Materials Management/Supply Chain Info Systems incl. ERP modules | <input type="checkbox"/> 400 Air Purification Systems |
| <input type="checkbox"/> 111 Printers/Scanners/Copiers/Multi-function | <input type="checkbox"/> 401 Cleaning Equipment & Supplies |
| <input type="checkbox"/> 112 Storage Systems | <input type="checkbox"/> 402 Disaster Preparedness Products |
| <input type="checkbox"/> 113 Other Inventory Control Products | <input type="checkbox"/> 403 Disinfectants & Sterilants |
| PATIENT CARE | <input type="checkbox"/> 404 ETO Monitoring Devices |
| <input type="checkbox"/> 200 Bariatric Specialty Equipment/Supplies | <input type="checkbox"/> 405 Gloves |
| <input type="checkbox"/> 201 Diagnostic Equipment | <input type="checkbox"/> 406 Hand Hygiene Products & Dispensers |
| <input type="checkbox"/> 202 ID/Security/Alert Systems | <input type="checkbox"/> 407 Protective Wear |
| <input type="checkbox"/> 203 IV Systems/Syringes | <input type="checkbox"/> 408 Sharps Safety Products |
| <input type="checkbox"/> 204 Linen | <input type="checkbox"/> 409 Sterilization Supplies & Equipment |
| <input type="checkbox"/> 205 Patient Beds/Furniture | <input type="checkbox"/> 410 Sterilization Wraps & Containers |
| <input type="checkbox"/> 206 Patient Transport/Lift Products | <input type="checkbox"/> 411 Other Infection Control Products |
| <input type="checkbox"/> 207 Patient Warming/Positioning Products | OTHER PURCHASING & SERVICES |
| <input type="checkbox"/> 208 Respiratory Care & Monitoring | <input type="checkbox"/> 500 Business Equipment & Supplies |
| <input type="checkbox"/> 209 Scales | <input type="checkbox"/> 501 Communications Equipment |
| <input type="checkbox"/> 210 Temperature/Blood Pressure Monitors | <input type="checkbox"/> 502 Environmental Services Products |
| <input type="checkbox"/> 211 Wound Management/Bandages/Wraps | <input type="checkbox"/> 503 Facility Equipment & Maintenance |
| <input type="checkbox"/> 212 Other Patient Care Products | <input type="checkbox"/> 504 Food & Dietary Supplements |
| OPERATING ROOM | <input type="checkbox"/> 505 Food Service Equipment |
| <input type="checkbox"/> 300 Cardiac Equipment & Supplies | <input type="checkbox"/> 506 Imaging Supplies & Equipment |
| <input type="checkbox"/> 301 Catheters/Needles | <input type="checkbox"/> 507 Laundry Supplies & Equipment |
| <input type="checkbox"/> 302 Critical Care | <input type="checkbox"/> 508 Shipping and Transportation |
| <input type="checkbox"/> 303 Custom Procedure Trays/Kits/Packs | <input type="checkbox"/> 509 Waste Management |
| <input type="checkbox"/> 304 Drapes | <input type="checkbox"/> 900 None of the above |

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HPN-0802 BI

7. AVERAGE ANNUAL AUDITED QUALIFIED CIRCULATION AND CURRENT UNAUDITED CIRCULATION STATEMENTS						
6-Month Period Ended:	Audited Data	Audited Data	Audited Data	Audited Data	Circulation Claim	Circulation Claim
	2006	2007	January - June 2008	July - December 2008	January - June 2009*	July - December 2009*
Total Audit Average Qualified: _____	33,175	33,175	33,175	33,175	33,175	33,175
Qualified Non-Paid: ____	33,175	33,175	33,175	33,175	33,175	33,175
Qualified Paid: _____	-	-	-	-	-	-
Post Expire Copies included in Paid Circulation: _____	**NC	**NC	**NC	**NC	**NC	**NC
Average Annual Order Price: _____	**NC	**NC	**NC	**NC	**NC	**NC

***NOTE: January - December 2009 data is unaudited. With each successive period, new data will be added until six 6-month periods are displayed.**

**NC = None Claimed.

8. PAID CIRCULATION DATA	
**NC	Average Annual Subscription Order Price for the Period. (includes promotional incentive value, if any)
12	Issues Per Year
**NC	All Single Copy Sales Prices for the Period
**NC	Renewal Rate of Paid Subscribers (Optional)

9. ADDITIONAL DATA

PARAGRAPHS 5 & 6 ARE NOT REQUIRED.

PUBLISHER'S AFFIDAVIT

We hereby make oath and say that all data set forth in this statement are true.

Kristine Russell, Publisher

Tiffany Coffman, Circulation

(At least one of the above signatures must be that of an officer of the publishing company or its authorized representative.)

IMPORTANT NOTE:

This unaudited circulation statement has been checked against the previous audit report. It will be included in the annual audit made by BPA Worldwide.

Date signed January 19, 2010

State Florida

County Sarasota

Received by BPA Worldwide January 19, 2010

Type PSD

ID Number H040S0D9