

**BUSINESS PUBLICATION CIRCULATION STATEMENT  
FOR THE 6 MONTH PERIOD ENDED JUNE 2010  
(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.

Two Corporate Drive, Ninth Floor  
Shelton, CT USA 06484-6259  
Phone: +1 203.447.2800  
Fax: +1 203.447.2900  
[www.bpaww.com](http://www.bpaww.com)

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# HEALTHCARE PURCHASING NEWS

KSR Publishing, Inc.  
2477 Stickney Point Rd, Suite 315 -B  
Sarasota, FL 34231  
Tel.: 941-927-9345  
Fax: 941-927-9588  
[www.hpnonline.com](http://www.hpnonline.com)  
[krussell@hpnonline.com](mailto:krussell@hpnonline.com)

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**FIELD SERVED**

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

**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 prevention directors, infection prevention 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, and Other titled and non-titled personnel.

**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 _____	23
Advertiser and Agency _____	1,705
Rotated or Occasional _____	-
Allocated for Trade Shows and Conventions _____	222
Digital _____	-
All Other _____	426
<b>TOTAL</b>	<b>2,376</b>

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 _____	-	-	-	-	-	-
<b>TOTAL QUALIFIED CIRCULATION</b>	<b>33,175</b>	<b>100.0</b>	<b>33,175</b>	<b>100.0</b>	-	-

2. QUALIFIED CIRCULATION BY ISSUES FOR PERIOD			
2010 Issue	Number Removed	Number Added	Total Qualified
January _____	29	29	33,175
February _____	31	31	33,175
March _____	71	71	33,175
April _____	46	46	33,175
May _____	81	81	33,175
June _____	53	53	33,175
<b>TOTAL</b>	<b>311</b>	<b>311</b>	

**3a. BUSINESS/OCCUPATION BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY 2010**

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)	19,664	59.3	4,597	2,041	2,232	4,020	2,556	2,299	1,865	54
2. Integrated Networks (mult. Hospitals/alternate sites) _	5,958	18.0	1,601	791	590	865	788	760	521	42
3. Hospital Group Purchasing Organization or Alliance_	2,097	6.3	559	287	179	291	273	225	213	70
4. Multi-Hospital System Corp Headquarters _____	2,786	8.4	765	314	227	526	362	324	249	19
5. Government Purchasing Agency _____	317	1.0	79	67	29	35	47	20	33	7
6. Surgi-centers/Ambulatory Care Centers _____	546	1.6	125	89	48	50	100	72	59	3
7. Long Term Care _____	1,037	3.1	171	247	104	149	79	149	137	1
8. Home Health Care _____	191	0.6	50	36	28	11	25	17	23	1
9. HMO/PPO _____	70	0.2	20	9	5	7	13	9	3	4
10. Insurance/Accounting/Investment/3rd Party Administrator _____	76	0.2	14	3	13	5	13	4	4	20
11. Distributor _____	237	0.7	58	22	62	2	20	13	18	42
12. Manufacturer _____	192	0.6	56	11	40	3	10	8	46	18
13. Other _____	4	-	-	-	2	-	-	-	1	1
<b>TOTAL QUALIFIED CIRCULATION</b>	<b>33,175</b>	<b>100.0</b>	<b>8,095</b>	<b>3,917</b>	<b>3,559</b>	<b>5,964</b>	<b>4,286</b>	<b>3,900</b>	<b>3,172</b>	<b>282</b>
<b>PERCENT</b>	<b>100.0</b>		<b>24.4</b>	<b>11.8</b>	<b>10.7</b>	<b>18.0</b>	<b>12.9</b>	<b>11.7</b>	<b>9.6</b>	<b>0.9</b>

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) _____	19,664	59.3	2,114	1,188	1,866	2,728	4,106	3,461	2,465	876	860
2. Integrated Networks (mult. Hospitals /alternate sites) _____	5,958	18.0	1,788	523	659	805	951	603	407	177	45
3. Hospital Group Purchasing Organization or Alliance_	2,097	6.3	442	136	193	264	378	271	172	193	48
4. Multi-Hospital System Corp Headquarters _____	2,786	8.4	715	201	270	408	548	359	217	60	8
5. Government Purchasing Agency _____	317	1.0	88	17	22	36	50	25	22	48	9
6. Surgi-centers/ Ambulatory Care Centers _____	546	1.6	39	12	25	31	64	53	74	235	13
7. Long Term Care _____	1,037	3.1	154	59	66	140	331	166	93	21	7
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 _____	579	1.7	-	-	-	-	-	-	-	-	579
<b>TOTAL QUALIFIED CIRCULATION</b>	<b>33,175</b>	<b>100.0</b>	<b>5,358</b>	<b>2,140</b>	<b>3,109</b>	<b>4,426</b>	<b>6,468</b>	<b>4,970</b>	<b>3,486</b>	<b>1,641</b>	<b>1,577</b>

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

This is an analysis of 30,729 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.

	NUMBER	Percent
<b>INVENTORY CONTROL</b>		
100 Asset Management Products/Services _____	8,946	27.0
101 Bar Coding/RFID,RTLS & Labeling Systems _____	10,376	31.3
102 Cabinets _____	10,607	32.0
103 Carts _____	11,314	34.1
104 Computer Hardware _____	9,755	29.4
105 Contract Management Systems _____	8,680	26.2
106 File & Retrieval Systems _____	9,191	27.7
107 Forms _____	9,806	29.6
108 Handheld/Point-of-Use Products _____	8,754	26.4
109 Instrument Tracking Systems _____	9,451	28.5
110 Materials Management/Supply Chain Info Systems incl. ERP modules _____	10,038	30.3
111 Printers/Scanners/Copiers/Multi-function _____	8,681	26.2
112 Storage Systems _____	8,849	26.7
113 Other Inventory Control Products _____	6,952	21.0
<b>PATIENT CARE</b>		
200 Bariatric Specialty Equipment/ Supplies _____	11,577	34.9
201 Diagnostic Equipment _____	12,243	36.9
202 ID/Security/Alert Systems _____	10,464	31.5
203 IV Systems/Syringes _____	12,891	38.9
204 Linen _____	12,174	36.7
205 Patient Beds/Furniture _____	12,880	38.8
206 Patient Transport/Lift Products _____	12,595	38.0
207 Patient Warming/ Positioning Products _____	12,295	37.1
208 Respiratory Care & Monitoring _____	11,045	33.3
209 Scales _____	10,669	32.2
210 Temperature/Blood Pressure Monitors _____	12,499	37.7
211 Wound Management/Bandages/Wraps _____	12,466	37.6
212 Other Patient Care Products _____	5,796	17.5
<b>OPERATING ROOM</b>		
300 Cardiac Equipment & Supplies _____	11,165	33.7
301 Catheters/Needles _____	12,144	36.6
302 Critical Care _____	11,926	35.9
303 Custom Procedure Trays/Kits/Packs _____	12,326	37.2
304 Drapes _____	12,259	37.0
305 Endoscopy/Endoscopic Products _____	12,290	37.0
306 Gowns and Protective Wear _____	12,641	38.1
307 Instruments _____	13,139	39.6
308 Orthopedics _____	12,005	36.2
309 Scheduling Systems _____	9,563	28.8
310 Surgical Gloves _____	12,257	36.9
311 Surgical Lights, Lighting Systems _____	11,525	34.7
312 Tables and Stretchers _____	11,475	34.6
313 Wound Care/Hypothermia Products _____	11,644	35.1
314 Other OR Products _____	4,410	13.3
<b>INFECTION CONTROL</b>		
400 Air Purification Systems _____	11,696	35.3
401 Cleaning Equipment & Supplies _____	14,110	42.5
402 Disaster Preparedness Products _____	11,898	35.9
403 Disinfectants & Sterilants _____	14,136	42.6
404 E+O Monitoring Devices _____	12,323	37.1
405 Gloves _____	14,135	42.6
406 Hand Hygiene Products & Dispensers _____	12,918	38.9
407 Protective Wear _____	14,115	42.5
408 Sharps safety products _____	12,738	38.4
409 Sterilization Supplies & Equipment _____	13,828	41.7
410 Sterilization Wraps & Containers _____	13,325	40.2
411 Other Infection Control Products _____	6,104	18.4
<b>OTHER PURCHASING &amp; SERVICES</b>		
500 Business Equipment & Supplies _____	10,422	31.4
501 Communications Equipment _____	9,496	28.6
502 Environmental Services Products _____	10,319	31.1
503 Facility Equipment & Maintenance _____	9,821	29.6
504 Food & Dietary Supplements _____	7,735	23.3
505 Food Service Equipment _____	7,735	23.3
506 Imaging Supplies & Equipment _____	8,902	26.8
507 Laundry Supplies & Equipment _____	9,031	27.2
508 Shipping and Transportation _____	8,840	26.6
509 Waste Management _____	8,945	27.0

**3b. QUALIFICATION SOURCE BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY 2010**

QUALIFICATION SOURCE	Qualified Within			Total Qualified	Percent
	1 Year	2 Years	3 Years		
I. Direct Request: _____	<b>23,230</b>	<b>9,945</b>	-	<b>33,175</b>	<b>100.0</b>
II. Request from recipient's company: _____	-	-	-	-	-
III. Membership Benefit: _____	-	-	-	-	-
IV. Communication from recipient or recipient's company (other than request): _____	-	-	-	-	-
V. <b>TOTAL</b> - 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: _____	-	-	-	-	-
<b>TOTAL QUALIFIED CIRCULATION</b>	<b>23,230</b>	<b>9,945</b>	-	<b>33,175</b>	<b>100.0</b>
<b>PERCENT</b>	<b>70.0</b>	<b>30.0</b>	-	<b>100.0</b>	

**3c. MAILING ADDRESS BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY 2010**

MAILING ADDRESS	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 _____	-	-
<b>TOTAL QUALIFIED CIRCULATION</b>	<b>33,175</b>	<b>100.0</b>

**4. GEOGRAPHICAL BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY 2010**

State & Zip Code	Total Qualified	Percent	State & Zip Code	Total Qualified	Percent
039-049 Maine _____	242		400-427 Kentucky _____	646	
030-038 New Hampshire _____	238		370-385 Tennessee _____	819	
050-059 Vermont _____	109		350-369 Alabama _____	611	
010-027 Massachusetts _____	687		386-397 Mississippi _____	532	
028-029 Rhode Island _____	111		<b>EAST SO. CENTRAL</b>	<b>2,608</b>	<b>7.9</b>
060-069 Connecticut _____	325		716-729 Arkansas _____	415	
<b>NEW ENGLAND</b>	<b>1,712</b>	<b>5.2</b>	700-714 Louisiana _____	590	
100-149 New York _____	1,852		730-749 Oklahoma _____	579	
070-089 New Jersey _____	726		750-799 Texas _____	2,231	
150-196 Pennsylvania _____	1,723		<b>WEST SO. CENTRAL</b>	<b>3,815</b>	<b>11.5</b>
<b>MIDDLE ATLANTIC</b>	<b>4,301</b>	<b>13.0</b>	590-599 Montana _____	299	
430-459 Ohio _____	1,402		832-838 Idaho _____	256	
460-479 Indiana _____	827		820-831 Wyoming _____	149	
600-629 Illinois _____	1,417		800-816 Colorado _____	542	
480-499 Michigan _____	925		870-884 New Mexico _____	177	
530-549 Wisconsin _____	703		850-865 Arizona _____	528	
<b>EAST NO. CENTRAL</b>	<b>5,274</b>	<b>15.9</b>	840-847 Utah _____	240	
550-567 Minnesota _____	668		889-898 Nevada _____	169	
500-528 Iowa _____	636		<b>MOUNTAIN</b>	<b>2,360</b>	<b>7.1</b>
630-658 Missouri _____	921		995-999 Alaska _____	67	
580-588 North Dakota _____	222		980-994 Washington _____	594	
570-577 South Dakota _____	256		970-979 Oregon _____	370	
680-693 Nebraska _____	473		900-961 California _____	2,174	
660-679 Kansas _____	703		967-968 Hawaii _____	60	
<b>WEST NO. CENTRAL</b>	<b>3,879</b>	<b>11.7</b>	<b>PACIFIC</b>	<b>3,265</b>	<b>9.8</b>
197-199 Delaware _____	101		<b>UNITED STATES</b>	<b>33,026</b>	<b>99.6</b>
206-219 Maryland _____	560		969 & 004-009 U.S. Territories _____	13	
200-205 Washington, DC _____	83		Canada _____	124	
220-246 Virginia _____	701		Mexico _____	-	
247-268 West Virginia _____	406		Other International _____	3	
270-289 North Carolina _____	977		APO/FPO _____	9	
290-299 South Carolina _____	422		<b>TOTAL QUALIFIED CIRCULATION</b>	<b>33,175</b>	<b>100.0</b>
300-319 Georgia _____	963				
320-349 Florida _____	1,599				
<b>SOUTH ATLANTIC</b>	<b>5,812</b>	<b>17.5</b>			

QUESTIONNAIRE USED BY PUBLICATION TO ELICIT SUPPLEMENTARY DATA:

# HEALTHCARE PURCHASING NEWS

People, Places, Processes &amp; Products that Influence the Supply Chain

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Co. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 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/<br>Other Material Mgmt Personnel    | <input type="checkbox"/> 12 VP Support Services                                     |
| <input type="checkbox"/> 3 Chief Purchasing Director/<br>Purchasing Manager       | <input type="checkbox"/> 13 Hospital Administrator                                  |
| <input type="checkbox"/> 4 Buyer/Purchasing Agent/<br>Other Purchasing Personnel  | <input type="checkbox"/> 14 CEO, CFO, COO   |
| <input type="checkbox"/> 5 Central Service Director/<br>Supervisor/Manager        | <input type="checkbox"/> 15 Head Nurse/Director of Nursing                          |
| <input type="checkbox"/> 6 Other Central Service Personnel<br>(Tech, Coord)       | <input type="checkbox"/> 16 Medical Director  |
| <input type="checkbox"/> 7 Infection Control Practitioner/<br>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/<br>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<br>& Safety Committee Member |
|   | <input type="checkbox"/> 22 Contracts Director/Manager/<br>Supervisor               |
|   | <input type="checkbox"/> 23 Clinical Educator                                       |
|   | <input type="checkbox"/> 24 Other (please specify) _____                            |

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[www.hpnonline.com](http://www.hpnonline.com)

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Stand Alone Hospital<br>(for-profit, non-profit, gov't)      | <input type="checkbox"/> 7 Long-Term Care   |
| <input type="checkbox"/> 2 Integrated Network<br>(multiple hospitals & alternate sites) | <input type="checkbox"/> 8 Home Health Care   |
| <input type="checkbox"/> 3 Hospital Group Purchasing<br>Organization or Alliance        | <input type="checkbox"/> 9 HMO/PPD  |
| <input type="checkbox"/> 4 Multi-Hospital System Corp<br>Headquarters                   | <input type="checkbox"/> 10 Insurance/Accounting/Investment/<br>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<br>& Equipment  | <input type="checkbox"/> 3 Infection Control Products<br>& Equipment       |
| <input type="checkbox"/> 2 Central Service Products<br>& Equipment | <input type="checkbox"/> 4 Monitoring & Diagnostic Equipment<br>& 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)

- |  |   |
|--|---|
| <b>INVENTORY CONTROL</b>   | <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   | <b>INFECTION CONTROL</b>  |
| <input type="checkbox"/> 110 Materials Management/Supply Chain<br>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         |
| <b>PATIENT CARE</b>  | <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                               | <b>OTHER PURCHASING &amp; SERVICES</b>                          |
| <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         |
| <b>OPERATING ROOM</b>  | <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	Audited Data	Circulation Claim
	2007	January - June 2008	July - December 2008	January - June 2009	July - December 2009	January - June 2010*
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 Total Qualified Circulation: __	**NC	**NC	**NC	**NC	**NC	**NC
Average Annual Order Price: _____	**NC	**NC	**NC	**NC	**NC	**NC

**\*NOTE: January - June 2010 data is unaudited. With each successive period, new data will be added until six 6-month periods are displayed.**

\*\*NC = None Claimed.

**8. ADDITIONAL DATA**

Paragraphs 3c and 7 are reported at the option of the publisher.

**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 July 23, 2010

State Florida

County Sarasota

Received by BPA Worldwide July 23, 2010

Type PSD

ID Number H040S0J0