



FEB 20 1987

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Heart, Lung, and
Blood Institute
Bethesda, Maryland 20892

February 19, 1987

Mr. Rodney W. Nichols
Executive Vice President
The Rockefeller University
1230 York Avenue
New York, New York 10021

Dear Rod:

Enclosed is the information relating to the Pulmonary Branch budget and the cost to replace the existing equipment. Also enclosed are a list of the Pulmonary Branch ongoing clinical protocols and the lab tests associated with each. I thought this might provide a useful overview of the kinds of routine studies we carry out. I have sent Kap a copy of the protocols themselves so he can get a more detailed feel for the kind of work we do and the clinical lab test resources required.

The annual budget of \$2,566,516 includes all salaries plus supplies and equipment budgeted for 1987. Of this amount, \$2,349,233 is paid by NHLBI Pulmonary Branch funds and \$217,283 is from outside funds. Not listed (because I have no way to estimate it since it is budgeted to NHLBI without specific Pulmonary Branch identification) are the costs for our 14 clinical beds and the costs for telephone, some maintenance procedures, etc.

The annual salary budget of \$1,241,516 includes all investigators, clinical associates, nursing staff, technical staff, and administrative staff.

The annual supplies and equipment budget of \$1,325,000 includes all lab supplies and equipment. It also includes all travel costs, service contracts, and shipping costs. Excluded are clinical supplies (e.g., for procedures such as bronchoscopies, isotopes for scintigraphic procedures, etc., -- these are budgeted to the overall NHLBI budget).

The existing equipment list and estimated replacement cost of \$2,664,000 includes all equipment being currently used in the Pulmonary Branch, including the laboratory itself, clinical equipment, and administrative equipment. This has been divided up into various categories. The cost estimates in each category are based on current price estimates rounded off to the nearest thousand. If needed, more details can be provided.

The laboratory equipment list is based on the concept of transplanting to Rockefeller the equipment being actively used in the Pulmonary Branch. The clinical equipment list is based on all existing equipment

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or lung function testing and bronchoscopy. If the Cornell/Memorial equipment is available some of these items might be deleted, or at least given lower priority. The laboratory equipment list also includes a network computer system connecting all of the laboratories and the administrative staff. It is used by the administrative staff for word processing. In each lab the computers are used for data storage and manipulation, some on-line analysis, accessing clinical information, and for administrative purposes (e.g., writing papers).

In addition to the equipment and personnel listed, NHLBI provides support for lung morphology for the clinical and basic work. This support includes processing lung biopsy material and evaluation and analysis of cell culture and lavage specimens at the transmission and scanning EM levels. I assume this is available through appropriate collaborative arrangements (i.e., tissue processing, transmission electron microscope, scanning electron microscope, etc.).

With respect to your request to have equipment needs prioritized, I am sure we can work together on this matter. Depending on the amount of time involved in a transition, perhaps the equipment needs could be prioritized over that period of time. This is, of course, an area which needs further discussion.

My understanding is that the space you are considering for my laboratory would include the entire fourth and fifth floors of the hospital. I assume that you would want me to house the clinical laboratories (lung function, exercise, bronchoscopy) there as well as the basic laboratories and related administrative space.

I have met with several people at NIH concerning the areas we discussed. From these meetings, I see no obstacles to a move to Rockefeller. From our recent conversation, I understand that you and Josh will be able to make some concrete proposals later this month. I am looking forward to hearing from you.

Sincerely yours,



Ronald G. Crystal, M.D.
Chief, Pulmonary Branch
National Heart, Lung, and Blood Institute

Enclosures

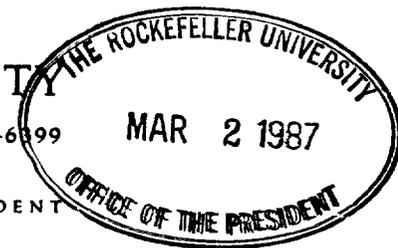
RGC:mas



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OFFICE OF THE PRESIDENT



27 February 1987

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Ronald G. Crystal, M.D.
Chief, Pulmonary Branch
National Heart, Lung, and Blood Institute
National Institutes of Health
Department of Health and Human Services
Bethesda, Maryland 20892

Dear Ron:

Many thanks for your extremely helpful letter of February 19, with the several enclosures providing details along the lines of the questions and themes I raised. Some points you had already answered during our previous conversations. Having the full documentation is important. I was particularly interested in the listing of protocols because, I gather, the list of "titles" and "uses" constitutes a summary of all of your present research interests.

We are near the final stages of our explorations here with respect to all aspects of the arrangements that would be necessary for you to consider moving your splendid group to The Rockefeller. We hope to get back to you in writing by not later than mid-March. The delays during the past few weeks have been caused by unexpectedly hectic schedules on a variety of other matters here, combined with a few trips out of the City for both Josh and me. We are keenly aware that all of us have devoted a great deal of time (and devotion) to the discussions so far -- and we share your commitment to reaching a conclusion just as soon as possible.

With thanks again for your excellent cooperation and my warm personal regards.

Sincerely,

Rodney W. Nichols
Executive Vice President

cc: Attallah Kappas
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