

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 24, 2020

Gary S. Qualls, Partner
K&L Gates, LLP
430 Davis Drive, Suite 400
Morrisville NC 27560

Exempt from Review – Replacement Equipment

Record #: 3228
Facility Name: University of North Carolina Hospitals at Chapel Hill
FID #: 923517
Business Name: University of North Carolina Hospitals at Chapel Hill
Business #: 1900
Project Description: Replace bacteriology laboratory equipment
County: Orange

Dear Mr. Qualls:

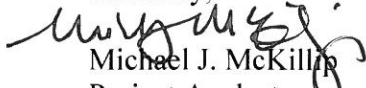
The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of February 14, 2020, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(f).

Therefore, you may proceed to acquire without a certificate of need the bacteriology laboratory system to replace the existing bacteriology laboratory system. This determination is based on your representations that the existing equipment will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

Moreover, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,


Michael J. McKillip
Project Analyst


Martha J. Frisone
Chief

cc: Construction Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

K&L GATES



February 14, 2020

Gary S. Qualls
Partner
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By E-mail

Martha Frisone, Chief
Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
809 Ruggles Drive
Raleigh, North Carolina 27603

Re University of North Carolina Hospitals at Chapel Hill 923517
Letter Regarding Bacteriology Lab Replacement Equipment Exemption

Dear Martha:

On behalf of our client, University of North Carolina Hospitals at Chapel Hill ("UNCH"), we are writing to apprise you of a situation where, if prior notice existed, we would request your Agency's written confirmation of an exemption for replacement equipment to automate UNCH's bacteriology laboratory system, which otherwise satisfies the requirements under N.C. Gen. Stat. § 131E-184(f) for replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in N.C. Gen. Stat. § 131E-176(22a).

N.C. Gen. Stat. § 131E-184(f) contains the following conditions:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

As set forth below, UNCH's project meets the foregoing exemption standards with the exception of the prior notice condition. Unfortunately, through an oversight UNCH inadvertently acquired the replacement equipment in 2017, without giving your Agency prior notice.

(1) **Main Campus**

The purpose of this project is to replace a bacteriology laboratory system with a new automated system located in the East Wing of UNCH's main campus hospital tower. The "main campus" of the facility, as defined in N.C. Gen. Stat. §131E-176(14n), includes all of the following for the purposes of N.C. Gen. Stat. §131E-184(f):

- a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
- b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

In this case, UNCH is a licensed health service facility, and the main hospital building from which UNCH provides its clinical services and exercises financial and administrative control is the same building that houses the replacement equipment to automate UNCH's bacteriology laboratory system.

(2) **Previous Certificate of Need (or Lack of Need Therefor)**

The replacement automated bacteriology laboratory system replaces an incubator system. The system being replaced included components acquired and put into service independently, each at a cost well under \$750,000, and later consolidated into that old system. Due to the price of the old equipment at the time of acquisition and initial operation, this system did not require a certificate of need upon acquisition. See Exhibit 1 (Equipment Comparison Form).

(3) **Replacement Equipment**

The replacement automated bacteriology laboratory system qualifies as replacement equipment pursuant to the statutory and regulatory definitions. A completed Equipment Comparison form is enclosed as Exhibit 1. Both the old and replacement systems are for the preparation and incubation of lab specimens. The old system required that samples be manually plated and set in incubators. Periodically, laboratory technicians would manually view samples that are in the incubators and pull those with growth for further testing.

The replacement process provides efficiencies by operating the front-end of barcoding, processing, and plating of liquid samples that are then sent down the conveyor belt to the "Smart Incubators." Non-liquid samples are processed manually/semi-automatically and then entered into the conveyor belt system for holding in the incubators. The Smart Incubators detect growth on the

Martha Frisone
February 14, 2020
Page 3

plate and flag the sample for an operator. The operator then sends an electronic message to the Smart Incubators to have the sample pulled and put back on the conveyor belt to send to the operator's workbench. The replacement system combines some incubators from the old manual system with the new automation components and Smart Incubators, but one or more existing incubators are replaced by this system or taken out of service.

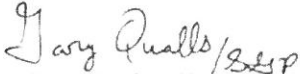
Since this system automates the bacteriology data collection and transfer, it may also be considered data processing equipment, the acquisition of which is exempt pursuant to N.C. Gen. Stat. § 131E-184(a)(3).

The total project cost exceeds \$2,000,000, including equipment and related construction costs necessary for the installation of the automated system. See Exhibit 1 (Equipment Comparison Form). A copy of the equipment quotation is available upon request. UNCH will not acquire any other major medical equipment or develop any other new institutional health services other than those described in Section 131E-176(16)(b).

This type of lab replacement equipment project is extremely similar to the project described in the Duke University Health System lab replacement equipment exemption request. That request and its approval are attached as Exhibit 2.

Thank you for your attention to this request. If you have any questions, please let me know.

Sincerely,


Gary S. Qualls

EXHIBITS

1. Equipment Comparison Form
 - a. Supplemental Form with Serial and ID Numbers
 - b. Supplemental Form with Serial and ID Numbers
2. Duke University Health System Lab Exemption Request and Approval

UNCH
 Replace Bacteriology Lab Project
 EQUIPMENT COMPARISON

	Existing Equipment	Replacement Equipment
Type of Equipment (List each component)	Incubators, Biological safety cabinet	Bacteriology Automation Equipment
Manufacturer of Equipment	Forma, Forma, Barnstead, Thermo, Nuair	Becton Dickinson and Company
Tesla Rating for MRIs	N/A	N/A
Model Number	3956, 3956, N/A, N/A, N/A	See attachments
Serial Number	35843-2000, 35059-1905, 1455100250947, 306921-1535, 139955090810	See attachments
Provider's Method of Identifying Equipment	By model and serial #	By model and serial #
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN #	N/A	N/A
Mobile Tractor Serial Number/VIN #	N/A	N/A
Date of Acquisition of Each Component	1/1/1993, 12/1/1996, 8/1/2010, 12/31/2006, 10/1/2010	May 23, 2017
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Title



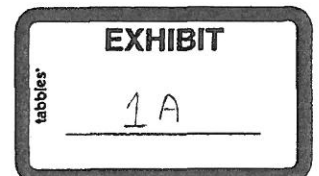
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	N/A	\$2,599,192
Total Cost of Equipment	\$41,016	\$2,599,192
Fair Market Value of Equipment	\$41,016	\$2,599,192
Net Purchase Price of Equipment	\$41,016	\$2,599,192
Locations Where Operated	UNCH Main Campus Building, East Wing	UNCH Main Campus Building, East Wing
Number Days in Use/To Be Used in N.C. per Year	365	365
Percent of Change in Patient Charges (by procedure)	N/A	No Change
Percent of Change in Per Procedure Operating Expenses (by procedure)	N/A	No Change
Type of Procedures Currently Performed on Existing Equipment	Bacteriology	Bacteriology
Type of Procedures New Equipment is Capable of Performing	Bacteriology	Bacteriology

2.2. Deliverables

The systems major components are listed below. Identification of the components and the included software is managed in BD Service Management Systems (ServiceMax). The ServiceMax system report is attached to this SAT. Include the identification numbers from this report in the table below.

Expected Results	Serial Number or confirmation of installation	Initials	Deviations Number (if applicable)
BarcodA I installed	16471ST001	AT/EA	
BarcodA II installed	na		
InoquA I installed	IFA-000118 / ISA-000118	AT/EA	
InoquA II installed	na		
Slide Preperation Module (SPM) I installed	SPM-0084	AT/EA	
Slide Preperation Module (SPM) II installed	na		
Bio Safety Cabinet (BSC) #1 installed	122359	AT/EA	
Bio Safety Cabinet (BSC) #2 installed	na		
ProceedA installed	17152ST001	AT/EA	
ReadA Compact 1 installed	16474ST002/RC1	AT/EA	
ReadA Compact 2 installed	16495ST002/RC2	AT/EA	
ReadA Compact 3 installed	16365ST001/RC3	AT/EA	
ReadA Compact 4 installed	na		
ReadA Compact 5 installed	na		
ReadA Compact 6 installed	na		
Amount Plate Carts installed	3	AT/EA	
Amount Reada Browsers	5	AT/EA	
System Controle Unit (SCU)	na		
Vision Toolbox	na		
Dashboard	1	AT/EA	1
Urine Culture App	na		

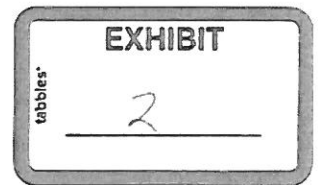
Steps:	Executed by: (Signature) 	Date: 12/13/17
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Product	Serial/Lot Number	Product Group	Attribute Name	Attribute Value	Additional Information	Location
Inoquia SA	ISA-000118	Inoquia	Inoquia software	9.4.181.90		UNIV NORTH CAROLINA HOSPITALS
Inoquia SA	ISA-000118	Inoquia	SpreadA	8.1.1488.2		UNIV NORTH CAROLINA HOSPITALS
Inoquia SA	ISA-000118	Inoquia	Align Wizard	3.1.2806.16	1.0.6.1	UNIV NORTH CAROLINA HOSPITALS
Inoquia SA	ISA-000118	Inoquia	Sample Creator	Other		UNIV NORTH CAROLINA HOSPITALS
Inoquia SA	ISA-000118	Inoquia	Zeus TestTool	2.0.2386.4		UNIV NORTH CAROLINA HOSPITALS
Inoquia SA	ISA-000118	Inoquia	Inoquia PLC	7.0.1.66		UNIV NORTH CAROLINA HOSPITALS
447900 - ProceedA TLA 4	17152ST001	ProceedA	ProceedA software	5.1.0.2		UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKBARCODA	Inoquia	PC Type and MAC Address	Windows 7 - 32 bit	88-90-95-C0-2B-CA	UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKBARCODA	Inoquia	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	IPC	ProceedA	PC Type and MAC Address	Windows 7 - 32 bit	00-0B-AB-A1-98-84	UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKREADACOMP1	ReadA Compact	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKREADACOMP1	ReadA Compact	PC Type and MAC Address	Windows 7 - 32 bit	00-0B-AB-A1-98-84	UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKREADACOMP3	ReadA Compact	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKREADACOMP3	ReadA Compact	PC Type and MAC Address	Windows 7 - 32 bit	00-0B-AB-A8-EB-8B	UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKREADACOMP2	ReadA Compact	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
D44E 5132601	BDKREADACOMP2	ReadA Compact	PC Type and MAC Address	Windows 7 - 32 bit	00-0B-AB-BA-14-C1	UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW1	ReadA Browser	PC Type and MAC Address	Windows 7 - 32 bit	48-4D-7E-F8-9F-24	UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW1	ReadA Browser	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW2	ReadA Browser	PC Type and MAC Address	Windows 7 - 32 bit	48-4D-7E-F8-E7-84	UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW2	ReadA Browser	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW3	ReadA Browser	PC Type and MAC Address	Windows 7 - 32 bit	48-4D-7E-F8-EB-A8	UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW3	ReadA Browser	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW4	ReadA Browser	PC Type and MAC Address	Windows 7 - 32 bit	48-4D-7E-F8-E7-FC	UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW4	ReadA Browser	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW5	ReadA Browser	PC Type and MAC Address	Windows 7 - 32 bit	48-4D-7E-F7-57-CC	UNIV NORTH CAROLINA HOSPITALS
5000-985-01-01	BDKREADABRW5	ReadA Browser	O/S	Other		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Interbase version	3.0.5.5		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Validate dish Import	Other		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	ASTM plugin	1.2.2.117		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Archiva viewer	1.0.0.8		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	DB Manager	3.0.1.0		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	ReadA overview	1.1.0.2		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Barcode login generator	2.0.2420.7		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	KLA Mailer	Other	1.0.5.0	UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	KLA Service Manager	2.0.5.0		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Journaling App	Other	1.0.0.6	UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	DB Backup	Other	1.0.0.6	UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	KLA DB Manager	2.3.3.5		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Informa	1.0.0.7		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Performa	Other	1.0.5.0	UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	MisExtractor	4.0.1.18		UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	Archiva	Other	1.0.0.8	UNIV NORTH CAROLINA HOSPITALS
Server Applications	P-17-00116APP1	Server Applications	KLA Service helper	1.0.0.16		UNIV NORTH CAROLINA HOSPITALS

EXHIBIT
18

tabbies



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

July 8, 2015

Catharine W. Cummer, Regulatory Counsel, Strategic Planning
Duke University Health System
3100 Tower Blvd, Suite 1300
Durham NC 27707

Exempt from Review – Replacement Equipment

Record #: 1634
Facility Name: Duke University Hospital
FID #: 943138
Business Name: Duke University Health System
Business #: 639
Project Description: Replace automated bacteriology laboratory equipment
County: Durham

Dear Ms. Cummer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of June 23, 2015, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(f). Therefore, you may proceed to acquire, without a certificate of need, the Becton Dickinson automated bacteriology equipment. This determination is based on your representations that the unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need.

Moreover, you need to contact the Agency’s Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project. It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Michael J. McKillip
Project Analyst

Martha J. Frisone,
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR
Assistant Chief, Healthcare Planning
Acute and Home Care Licensure and Certification Section, DHSR



Healthcare Planning and Certificate of Need Section
www.ncdhhs.gov
Telephone: 919-855-3873 • Fax: 919-715-4413
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704
An Equal Opportunity/ Affirmative Action Employer



 **Duke University Health System**

Catharine W. Cummer
Regulatory Counsel, Strategic Planning

June 23, 2015

Via Electronic Mail and Federal Express

Martha Frisone
Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Exempt Replacement Project at Duke University Hospital

Dear Ms. Frisone:

The purpose of this letter is to request the Section's written confirmation that the acquisition of an automated bacteriology line satisfies the requirements under N.C.G.S. Section 131E-184(f) for "replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

As set forth below, we believe that Duke University Hospital's project is now exempt from certificate of need review.

(1) Main Campus

The purpose of this project is to replace an existing manual bacteriology system with a new automated system that will be located in Duke University Hospital's Wadsworth Building, which is located on the "main campus" of the hospital. The "main campus" of the facility is



Martha Frisone
June 23, 2015

defined in N.C.G.S. 131E-176(14n) to include both “[t]he site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building” and “[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.”

In this case, Duke University Hospital is a licensed health service facility (see License attached as Exhibit A), and the main hospital building from which Duke University Hospital provides its clinical services and exercises financial and administrative control is the physically contiguous structure that includes Duke South, Duke North, the Duke Children’s Hospital, the Duke Medical Pavilion, the Morris Clinic, the Duke Cancer Center, the Wadsworth Building, and the new Hudson building. The Wadsworth Building is adjacent to Duke North, Duke University Hospital’s primary acute care bed tower. A map of the hospital is attached as Exhibit B. The existing system is located in the CARL building, which is also on the main campus and identified on the map.

(2) Previous Certificate of Need

The proposed automated line is designed to replace an incubator system. The existing system includes components acquired and put into service independently each at a cost well under \$750,000, and later consolidated into the existing system. Due to the price of the incubators at the time of their acquisition and initial operation, this system did not require a certificate of need upon acquisition.

(3) Replacement equipment

The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definition. A completed Equipment Comparison form is enclosed as Exhibit C. Both the existing and replacement systems are for the preparation and incubation of lab specimens. The current system requires that samples be manually plated and set in incubators. Periodically, laboratory technicians manually view samples that are in the incubators and pull those with growth for further testing. The new process provides efficiencies by automating the front-end of barcoding, processing, and plating of liquid samples that are then sent down the conveyor belt to the Smart Incubators. Non-liquid samples are processed manually/semi-automatically and then entered into the conveyor belt system for holding in the incubators. The Smart Incubators detect growth on the plate and flag the sample for an operator. The operator then sends an electronic message to the Smart Incubators to have the sample pulled and put back on the conveyor belt to send to the operator’s workbench. We would note that the replacement system will combine some incubators from the existing manual system with the new automation components and Smart Incubators, but one or more existing incubators will be replaced by this system and taken out of service.

We would note that this system, which automates the bacteriology data collection and transfer, may also be considered data processing equipment, the acquisition of which is exempt pursuant to N.C.G.S. Section 131E-184(a)(3).

Martha Frisone
June 23, 2015

The total project cost exceeds \$2,000,000, including equipment and related construction costs necessary for the installation of the automated system. A copy of the equipment quotation is available upon request. Duke will not acquire any other major medical equipment or develop any other new institutional health services other than those described in Section 131E-176(16)(b).

Thank you for your attention to this request. If you have questions about this information, please let me know.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Catharine W. Cummer".

Catharine W. Cummer

Enclosures

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2015, this license is issued to

Duke University Health System, Inc.

to operate a hospital known as

Duke University Hospital

located in Durham, North Carolina, Durham County.

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

Facility ID: 943138

License Number: H0015

Bed Capacity: 957

General Acute 938, Psych 19,

Dedicated Inpatient Surgical Operating Rooms: 4

Dedicated Ambulatory Surgical Operating Rooms: 9

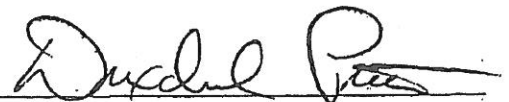
Shared Surgical Operating Rooms: 36

Dedicated Endoscopy Rooms: 10

Authorized by:



Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation



Campus Plan
5.12.2015

2 x 17

EQUIPMENT COMPARISON
DUH MICROBIOLOGY

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	Incubator	Bacteriology Automation Line
Manufacturer of Equipment	Forma Scientific	Becton, Dickinson and Company
Tesla Rating for MRIs	N/A	N/A
Model Number	3956	TBD
Serial Number	34402-1671	TBD
Provider's Method of Identifying Equipment	INC3, CE10179	TBD
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN #	N/A	N/A
Mobile Tractor Serial Number/VIN #	N/A	N/A
Date of Acquisition of Each Component	5/15/1991	2016
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	TBD
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	\$7,711	\$2,465,000
Total Cost of Equipment	\$7,711	\$2,465,000
Fair Market Value of Equipment	\$1,055	\$2,465,000
Net Purchase Price of Equipment	\$7,711	\$2,218,500
Locations Where Operated	CARL Building	Wadsworth Building
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	0
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	0
Type of Procedures Currently Performed on Existing Equipment	Bacteriology	NA
Type of Procedures New Equipment is Capable of Performing	NA	Bacteriology

Waller, Martha K

From: Hall, Carolyn <Carolyn.Hall@klgates.com>
Sent: Friday, February 14, 2020 1:51 PM
To: Waller, Martha K
Cc: Qualls, Gary
Subject: [External] Replacement Equipment Exemption for UNC Hospitals
Attachments: UNC Hospitals Replacement Equipment Exemption.PDF

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Ms. Waller,

Attached please find a letter on behalf of UNC Hospitals for a replacement equipment exemption.

Thank you,
Carolyn Hall



Carolyn Hall
Senior Paralegal
K&L Gates LLP
430 Davis Drive, Suite 400
Morrisville, NC 27560
Research Triangle Park Office
Telephone: (919)466-1183
Fax: (919)516-2073
E-mail: carolyn.hall@klgates.com
www.klgates.com

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