



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

April 13, 2022

Harvey Case
hcase@carterethealth.org

Exempt from Review

Record #: 3872
Date of Request: April 4, 2022
Facility Name: Carteret General Hospital
FID #: 923076
Business Name: Carteret County General Hospital Corporation
Business #: 418
Project Description: Renovate and Expand the Cancer Center on the Main Campus
County: Carteret

Dear Mr. Case:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced proposal is exempt from certificate of need review in accordance with G.S. 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Agency. Changes in a project include but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Gregory F. Yakaboski, Project Analyst

Micheala Mitchell, 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

March 31, 2022

Ms. Michaela Mitchell Chief
Ms. Lisa Pittman, Assistant Chief
Greg Yakaboski, Certificate of Need Analyst
Health Planning and Certificate of Need Section
Department of Health Service Regulation
2701 Mail Service Center
Raleigh, NC 27699-2701

RE: Request for Exemption from CON Review for Renovation of Cancer Center, Carteret County General Hospital Incorporated, Morehead City, Carteret County FID #20330

Dear Ms. Mitchell, Ms. Pittman, and Mr. Yakaboski,

Please accept this as required written notification on behalf of Carteret County General Hospital Corporation, d/b/a Carteret Health Care ("CHC") that it intends to spend approximately \$25 million to renovate and expand the main hospital building of CHC. The project will modernize and expand the Carteret Health Cancer Center.

With the proposed project, CHC main hospital building will have an additional 5,530 square feet. **Attachment A** illustrates the location of the Cancer Center project, near the southeast entry to the main hospital building. CHC will renovate office and conference space to expand medical oncology and add the infusion clinic function to that space. It will renovate a medical records area to relocate radiation oncology. Medical records will move to the former radiation oncology space. A small addition will provide room to replace the existing linear accelerator and simulation. This will better integrate the cancer program, provide needed space for radiation oncology support staff. The addition will relocate office support space displaced by the infusion program.

At completion of the project, the number of simulators and linear accelerators will remain unchanged at one each.

This project satisfies the requirements under N.C.G.S. 131E-184(g) for "any capital expenditure that exceeds the two-million-dollar (\$2,000,000) threshold set forth in G.S. 131 E-176(16)b if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16) b.



MARK SHOUSE | CHAIRMAN
HARVEY CASE, FACHE | PRESIDENT

3500 ARENDELL STREET | MOREHEAD CITY, NC 28557
P | 252.499.6000

CARTERETHEALTH.ORG

- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

CHC is a licensed acute care hospital, License No. H-0222. The renovation entails expansion of the CHC hospital building, on the "main campus" as defined by GS 131E-176(14n). In that main hospital building CHC provides clinical patient services and exercises financial and administrative control over the entire licensed health service facility. Administrative offices are in the same building, left of space illustrated in **Attachment A**.

The estimated total capital expenditure is well over the two-million-dollar threshold set forth in G.S. 131 E-176(16) b. **Attachment B** contains a summary of the proposed project costs. The capital expenditure will not result in either change in bed capacity as defined in G.S. 131E-176(5) or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16) b.

This project also satisfies the requirements under N.C.G.S. 131E-184(f) for "replacement equipment that exceeds the two-million-dollar (\$2,000,000) threshold set forth in G.S. 131 E-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.

The equipment that will be replaced is currently in service in CHC, the "main campus". The linear accelerator will replace equipment acquired under authority of CON Projects ID P-10084-13 and P-10116-13. The simulator was purchased in 2009, at which time the definition of "new institutional health service" (GS 131E-176(16)f1) did not include simulators.

All replacement equipment will be located in the CHC hospital building. CHC is a licensed acute care hospital, License No. H-0222.

Current equipment is more than three years old and was purchased new. CHC purchased the simulator in 2009 and the linear accelerator in 2014. The replacement equipment will be new. Thus, the replacement also qualifies for an exemption under GS 131E-184(f) and 10A NCAC 14C.0303.

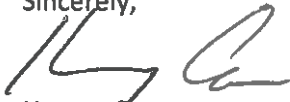
CHC owns the equipment and will own the replacement equipment. CHC will assure removal of existing equipment as part of the equipment purchase. Either the equipment vendor will acquire and remove it

from service in North Carolina, as part of a trade in, or CHC will sell the equipment to a third-party reseller, for example, Tech Yard.

The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definition. **Attachment C** contains completed Equipment Comparison forms. The existing linear accelerator and simulator are currently in service and will remain so until the replacement equipment is fully operational, at which time they will be removed from service within the state, unless the Certificate of Need Section otherwise separately approves their continued use in the state. A copy of the equipment quotation for the proposed new scanner and an estimate for the simulator is included in **Attachment D**. As part of this proposed expenditure, CHC will not acquire any other major medical equipment or develop any other new institutional health services other than those described in Section 131-176(16)(b).

We would appreciate your confirmation that this project is exempt from CON review. Thank you for your attention to this request. If you have questions, please let me know.

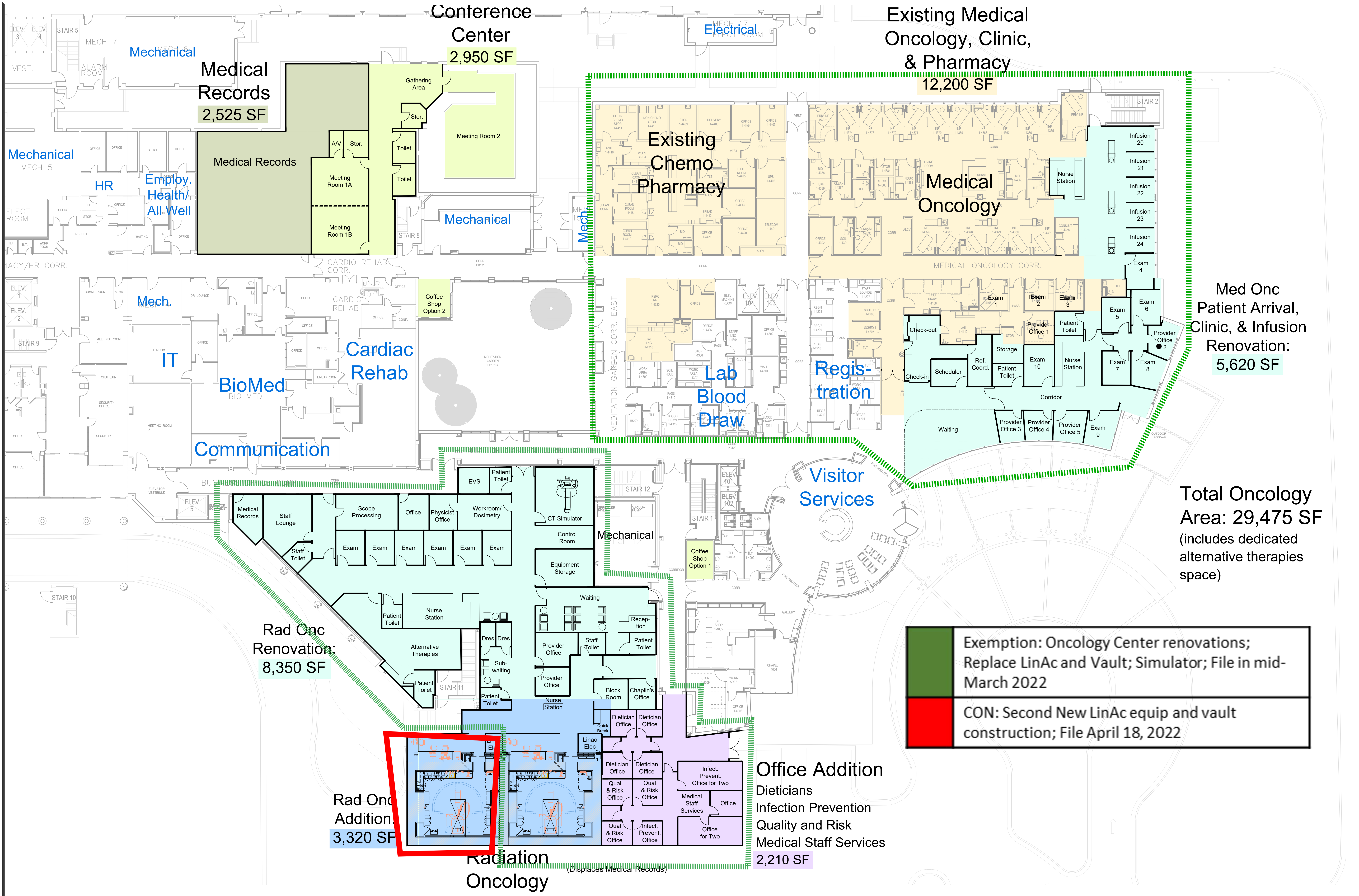
Sincerely,



Harvey Case
Chief Executive Officer

Attachments:

- A. Proposed Floor Plan
- B. Summary Project Cost Estimate
- C. Equipment Comparison
- D. Vendor Quote
- E. Copy of CGH 2022 License



Medical Records
2,525 SF

Conference Center
2,950 SF

Existing Medical Oncology, Clinic, & Pharmacy
12,200 SF

Existing Chemo Pharmacy

Medical Oncology

Cardiac Rehab

Lab Blood Draw

Registration

Med Onc Patient Arrival, Clinic, & Infusion Renovation:
5,620 SF

Rad Onc Renovation:
8,350 SF

Rad Onc Addition:
3,320 SF

Office Addition
Diicians
Infection Prevention
Quality and Risk
Medical Staff Services
2,210 SF

Total Oncology Area: 29,475 SF
(includes dedicated alternative therapies space)

	Exemption: Oncology Center renovations; Replace LinAc and Vault; Simulator; File in mid-March 2022
	CON: Second New LinAc equip and vault construction; File April 18, 2022

Summary Project Cost

Carteret General Hospital Cancer Center Addition and Renovation Option B			
	SF Area	Cost/SF	Total
Patient Arrival, Clinic, & Infusion Renovation	5,620	\$600	\$3,372,000
Radiation Oncology Addition	3,320	\$800	\$2,656,000
Radiation Oncology Renovation	8,350	\$600	\$5,010,000
Medical Records Renovation	2,525	\$500	\$1,262,500
Office Addition	2,210	\$700	\$1,547,000
Conference Center	2,950	\$500	\$1,475,000
Sitework			\$1,500,000
<i>Subtotal: Construction Cost</i>	<i>24,975</i>	<i>\$674</i>	<i>\$16,822,500</i>
Design Fees at 10%			\$1,682,250
Testing & Special Inspections at 0.5%			\$84,113
One Replacement Linac: \$2.5M			\$2,500,000
Replacement CT Simulator			\$700,000
Other Furnishings and Equipment			\$200,000
Project Cost		\$880	\$21,988,863
Contingency 15%			\$3,298,329
Total Project Cost			\$25,287,192

EQUIPMENT COMPARISON for REPLACEMENT EQUIPMENT EXEMPTION

Attachment C

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	Linear Accelerator	Linear Accelerator
Manufacturer of Equipment	Varian	Varian
Tesla Rating for MRIs	NA	NA
Model Number	C Series 21IX	True Beam
Serial Number	4416	TBD
Provider’s Method of Identifying Equipment	Linear Accelerator Replacement 2	Linear Accelerator Replacement 3
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN#	NA	NA
Mobile Tractor Serial Number/VIN#	NA	NA
Date of Acquisition of Each Component	2014	2023
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>	\$	\$2,500,000
Total Cost of Equipment	\$	\$4,186,031(a)
Fair Market Value of Equipment today	\$25, 000	\$2,500,000.
Net Purchase Price of Equipment		\$2,500,000
Locations Where Operated	Hospital Cancer Center	Hospital Cancer Center
Number Days in Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	NA
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	NA
Type of Procedures Currently Performed on Existing Equipment	Radiation Therapy	
Type of Procedures New Equipment is Capable of Performing		Radiation Therapy

(a) Includes estimated allocated cost of space addition

EQUIPMENT COMPARISON for REPLACEMENT EQUIPMENT EXEMPTION

Attachment C

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	CT Simulator	CT Simulator
Manufacturer of Equipment	Toshiba	GE
Tesla Rating for MRIs	NA	NA
Model Number	CKCN-012C/5A	
Serial Number	5AB0922070	TBD
Provider's Method of Identifying Equipment	CT Simulator	CT Simulator Replacement 1
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN#	NA	NA
Mobile Tractor Serial Number/VIN#	NA	NA
Date of Acquisition of Each Component	2009	2023
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>	\$	
Total Cost of Equipment	\$	
Fair Market Value of Equipment today		
Net Purchase Price of Equipment		
Locations Where Operated	Hospital Cancer Center	Hospital Cancer Center
Number Days in Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	NA
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	NA
Type of Procedures Currently Performed on Existing Equipment	Radiation Therapy Simulation	
Type of Procedures New Equipment is Capable of Performing		Radiation Therapy Simulation

(a) Includes estimated allocated cost of space addition

varian

A Siemens Healthineers Company

CT Software Upgrade

Custom System Proposal

Quotation Number - 2019-203291

Software upgrades for new Cancer Center and Identify SGRS for CT \$958,595
Pricing held until 5-20-2022

Looking further

Carteret General Hospital - Coleman Radiation Oncology ("Customer")

Niki Wheeler
3500 ARENDELL ST
MOREHEAD CITY, North Carolina 28557 United States
Tel : 252-808-6108
Fax : 252-247-1648
Email : anwheeler@carterethealth.org

Varian Medical Systems, Inc.

Jeffrey Boone
US District Sales Manager
Work from home
Atlanta, GA 30327 US
Tel : (704) 737-9395
Email : jeffrey.boone@varian.com

*** Confidential - Proposal is intended for Recipient and Recipient's Site Representatives Only ***

Quote Information

Quotation Number :	2019-203291	Sales PO Required :	Yes
Quotation Valid Until :	May 20, 2022	Customer Procurement Contact Name :	Needed
Customer Requested Delivery Date :	August 11, 2023		
Quotation Date :	May 08, 2019		

Sales

Incoterms : US1: FOB: Origin
Payment Terms : 30 days net
Down Payment : 30.00%
Shipment : 65.00%
Acceptance : 5.00%
For orders equal or less than \$100k, 100% upon shipment, net 30.

Terms and Conditions

Products and Services: Customer's access to and use of the Products, Support Services and Services (except Software-as-a-Service or Subscription Services) as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) at: https://www.varian.com/1652V_OCT_2018 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation. All terms and conditions provided in the website link listed in item (a) above are incorporated by reference and form part of the contract between Varian and Customer.
If there is a separate written agreement (e.g. master agreement) in effect between the parties that expressly provides for and governs the purchase and sale of the specific Products, Support Services, Services, Software-as-a-Service and/or Subscription Service set forth in this Quotation, such written agreement shall govern. Hard copies of the referenced terms and conditions and any additional terms indicated will be provided to Customer upon request.

For and on behalf of Customer

Authorized Representative : Niki Wheeler
Title :
Date : May 08, 2019

Varian Medical Systems, Inc.

Authorized Representative : Jeffrey Boone
Title : US District Sales Manager
Date : May 08, 2019

Offered Products (Sales)

Eclipse Software Technology Expansion

Eclipse FAS GPU Kit - Pair w/ FAS Refresh From SSA (Quote 2019-209881-4)

Auto Treatment Planning Script & RapidPlan Implementation Services

Advantage Credits

ARIA Radiation Oncology

Travel and Lodging for training

IDENTIFY for CT Simulator

ARIA Connect for IDENTIFY

MOBIUS3D Patient QA for Truebeam

MOBIUS3D PT QA AddL Truebeam, Mobius S/N: 9999

Draft Only

Item	Description	Qty
Section 1 Eclipse Software Technology Expansion		
1.1	<p>Acuros External Beam</p> <p>Acuros® External Beam (Acuros XB) is a photon algorithm that provides dose calculation with the equivalent accuracy as the Monte Carlo algorithm.</p> <p>Features:</p> <ul style="list-style-type: none"> • Acuros XB algorithm <p>Prerequisites:</p> <ul style="list-style-type: none"> • Eclipse Planner Desktop or Eclipse Advanced Planner Desktop 	1
1.2	<p>RT Peer Review Core</p> <p>RT Peer Review enables bookmarking of the important information from the external beam planning process that will be used during the plan review meeting. The bookmarked treatment planning information and clinical information stored in ARIA are combined to speed up the patient review. In the RT Review workspace output can be captured, and tasks followed up after the meeting</p> <p>Features:</p> <ul style="list-style-type: none"> • One (1) RT Peer Review Core license per site • Bookmark and include to RT Peer Review • Include the plan to RT Peer Review during plan approval • Filter for specific patients • Group patients by Primary Oncologist • Preload Patient data • Combine bookmarked treatment plan information and clinical information stored in ARIA • Capture review output • Action Items • History <p>Prerequisites:</p> <ul style="list-style-type: none"> • Eclipse v16.0 • ARIA for RO v15.6 MR1 or higher 	1
1.3	<p>RapidPlan Knowledge Based Planning</p> <p>RapidPlan™ Knowledge-Based Planning Software leverages a machine learning approach and provides Dose Volume Histogram (DVH) estimation models for various disease sites.</p> <p>Features:</p> <ul style="list-style-type: none"> • RapidPlan interface for one (1) user • DVH estimation models from Varian • Model Configuration interface for user defined DVH estimation models <p>Prerequisites:</p> <ul style="list-style-type: none"> • Interactive IMRT Planning 	1
1.4	<p>Multi-Criteria Optimization (MCO), Addit</p> <p>Eclipse™ MCO is a decision support tool incorporated within the existing IMRT or VMAT optimization workflow. MCO allows the end user to explore the impact that changing dose to a specific structure has on plan quality, target coverage, or organ at risk sparing.</p> <p>Features:</p> <ul style="list-style-type: none"> • MCO license for one user <p>Prerequisites:</p> <ul style="list-style-type: none"> • MCO license • IMRT or VMAT planning license • One of the following hardware configurations <ul style="list-style-type: none"> ◦ A GPU (Graphics Processing Unit) enabled Eclipse calculation workstation or ◦ An Eclipse Framework agent server (FAS) 	1
1.5	<p>Multi-Criteria Optimization (MCO)</p> <p>Eclipse™ MCO is a decision support tool incorporated within the existing IMRT or VMAT optimization workflow. MCO allows the end user to explore the impact that changing dose to a specific structure has on plan quality, target coverage, or organ at risk sparing.</p> <p>Features:</p> <ul style="list-style-type: none"> • MCO license for one user 	1

Item	Description	Qty
	<p>Prerequisites:</p> <ul style="list-style-type: none"> • IMRT or VMAT planning license • One of the following hardware configurations <ul style="list-style-type: none"> ◦ A GPU (Graphics Processing Unit) enabled Eclipse calculation workstation or ◦ An Eclipse Framework agent server (FAS) 	
1.6	<p>Portal Dosimetry Dose Calculation Additi</p> <p>Portal Dosimetry Dose Calculation for one (1) user. Features:</p> <ul style="list-style-type: none"> • Portal Dosimetry Dose Calculation for one <p>Prerequisites:</p> <ul style="list-style-type: none"> • Portal Dosimetry Package 	1
1.7	<p>Portal Dosimetry Review Additional</p> <p>Portal Dosimetry review for one (1) user. Features:</p> <ul style="list-style-type: none"> • Portal dosimetry review for one (1) user <p>Prerequisites:</p> <ul style="list-style-type: none"> • Portal Dosimetry Package 	1
1.8	<p>Install on Existing/Customer Server</p>	1
1.9	<p>STD TRNG: MCO-Remote</p> <p>Standard Training for Multi-Criteria Optimization (also known as Trade-off Analysis). Intended audience includes physicists, dosimetrist/treatment planners and other staff as appropriate. Features:</p> <ul style="list-style-type: none"> • Training Plan details will be provided by the training management team as part of your product implementation process. Topics covered can include: <ul style="list-style-type: none"> ◦ Workflow ◦ Plan Generation ◦ Trade off exploration • Duration and Location:2 hour remote session <p>Prerequisites:</p> <ul style="list-style-type: none"> • Multi-Criteria Optimizatin installed <p>Notes:</p> <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	1
1.10	<p>Non-Clinical Multi-Criteria Optimization</p> <p>Eclipse™ MCO is a decision support tool incorporated within the existing IMRT or VMAT optimization workflow. Trade-off exploration with MCO allows the end user to explore the impact that changing dose to a specific structure has on plan quality, target coverage, or organ at risk sparing. Features:</p> <ul style="list-style-type: none"> • MCO license for one (1) user <p>Prerequisites:</p> <ul style="list-style-type: none"> • Eclipse T-Box Software Package or Eclipse Educational/Research SFW Package • Non-Clinical RapidArc Planning • Workstation graphics processing unit (GPU) algorithm license or a framework agent server graphics processing unit (GPU) algorithm license 	1
1.11	<p>STD TRNG: RapidPlan Onsite</p> <p>Standard Onsite Training for RapidPlan™ knowledge-based planning. Customers will be trained in the process of validating and modifying shared RapidPlan models for their clinical Practice. Features:</p> <ul style="list-style-type: none"> • Topics include: <ul style="list-style-type: none"> ◦ Creating custom models ◦ Process of verifying and validating models • Training plan details will be provided by the training management team as part of your product implementation process 	1

Item	Description	Qty
	<ul style="list-style-type: none"> • Duration and Location: 2 days onsite Prerequisites: <ul style="list-style-type: none"> • RapidPlan™ installed and accepted Notes: <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	
1.12	<p>INCL ED: RP201 RapidPlan Implementation</p> <p>The RapidPlan™ Implementation course is designed to equip RapidPlan customers with the knowledge necessary to successfully implement RapidPlan in their clinic. The training is designed to ensure that users become competent and confident in using RapidPlan functionality within the Eclipse™ treatment planning system. Users will be provided the knowledge to help them gain mastery of knowledge-based planning concepts as well as experience using and creating DVH estimation models, including the ability to verify and validate models.</p> <p>Features:</p> <ul style="list-style-type: none"> • Introduction to RapidPlan • Applying RapidPlan Models • Model Configuration Workspace • Varian Models and Validation Process • Creating a Prostate Model • Creating a Head-Neck Model • Guest Speaker Presentation • Webinar Videos • Duration: 3 day instructor led course at nearest Varian Education Center Prerequisites: <ul style="list-style-type: none"> • Eclipse™ Treatment Planning System installed and accepted • Eclipse v13.6 or higher • Completion of EC101 and EC102 (or equivalent) courses • Access to Model Analytics Customer Responsibilities: <ul style="list-style-type: none"> • All travel expenses (airfare, hotel, rental car, meals and travel incidentals) Notes: <ul style="list-style-type: none"> • Includes tuition and materials for one person per core license • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	1
1.13	<p>Non-Clinical RapidPlan</p> <p>Non-Clinical RapidPlan™ Knowledge-Based Planning Software leverages a machine learning approach and provides Dose Volume Histogram (DVH) estimation models for various disease sites.</p> <p>Features:</p> <ul style="list-style-type: none"> • Non-Clinical RapidPlan interface for one (1) user • Non-Clinical DVH estimation models from Varian • Non-Clinical Model Configuration interface for user defined DVH estimation models Prerequisites: <ul style="list-style-type: none"> • Eclipse T-Box Software Package or Eclipse Educational/Research SFW Package 	1
1.14	<p>Non-Clinical Acuros External Beam</p> <p>Acuros® External Beam (Acuros XB) is a photon algorithm that provides dose calculation with the equivalent accuracy as the Monte Carlo algorithm.</p> <p>Features:</p> <ul style="list-style-type: none"> • Non-Clinical Acuros XB algorithm Prerequisites: <ul style="list-style-type: none"> • Non-Clinical T-Box Software Package or Non-Clinical Educational/Research Software Package Notes: <ul style="list-style-type: none"> • GPU dose calculation support 	1
1.15	<p>STD TRNG: RT Peer Review</p> <p>Standard training for RT Peer Review</p> <p>Features:</p> <ul style="list-style-type: none"> • Topics covered include: <ul style="list-style-type: none"> ◦ Preparing patients and plans for review session ◦ Reviewing patients ◦ Capturing output of review 	1

Item	Description	Qty
	<ul style="list-style-type: none"> ◦ Export the Review Report ◦ History of Review Sessions • Duration and Location: 1 hour of remote training or as part of onsite upgrade training depending on software version or system configuration <p>Prerequisites:</p> <ul style="list-style-type: none"> • RT Peer Review must be installed and accepted <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Must have access to a phone and a computer with internet connection for remote session <p>Notes:</p> <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	
1.16	<p>RT Peer Review T-Box Non-Clinical license</p> <p>RT Peer Review Non-Clinical Test Box License</p> <p>Features:</p> <ul style="list-style-type: none"> • One (1) RT Peer Review non-clinical license <p>Prerequisites:</p> <ul style="list-style-type: none"> • Eclipse v16.0 • ARIA for RO v15.6 MR1 or higher 	1
Section 2	Eclipse FAS GPU Kit - Pair w/ FAS Refresh From SSA (Quote 2019-209881-4)	
2.1	<p>GPU Enabled Framework Agent Server (FAS) Kit For R740</p> <p>A GPU Framework Agent Server kit enables the upgrade of a Framework Agent Server to a GPU enabled Framework Agent Server</p> <p>Features:</p> <ul style="list-style-type: none"> • Includes GPU cards <p>Prerequisites:</p> <ul style="list-style-type: none"> • R740 FAS must be used • An existing Eclipse GPU upgradable FAS Server must be on site with the minimum hardware requirements • Eclipse 15.5 and higher <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • A properly networked environment connected at 1Gbps • Pre-existing server rack • Installation of the server into the rack • Addition of server to an existing customer domain • If Varian is unable to access customer's data center, customer assumes responsibility for correct installation of GPU cards. 	1
Section 3	Auto Treatment Planning Script & RapidPlan Implementation Services	
3.1	<p>CTS RapidPlan Implementation with Auto Plan Scripts</p> <p>CTSI will bring its expertise on RapidPlan modeling and peer review to ensure that the RapidPlan program is implemented appropriately and effectively to improve plan quality and consistency for each treatment site. Each program will include 3 phases: initial assessment and data collection (performed remotely), onsite training and remote support post-training Auto-planning scripts will be provided and developed for 2 disease sites as outlined below.</p> <p>Scope of Work:</p> <p>RapidPlan:Auto Planning: Write the auto planning script on-site according to the customers clinical protocol for (2) two of the disease site models.</p> <ul style="list-style-type: none"> • Takes the plan from contours, copies the plan, adds a default beam set • Matches structure names to standard, defined names • Adds the RapidPlan model to the plan • Optimize and calculate based on their protocol • Calculate the trade-off explorations • Save plan with a custom naming convention chosen by the customer • Score the resulting plans for quality based on accepted clinical guidelines <p>Deliverables:</p> <ul style="list-style-type: none"> • One RapidPlan model (one disease site) validated for clinical use • Executable binary scripts for auto-planning sites <p>Prerequisites:</p> <ul style="list-style-type: none"> • RapidPlan licenses • Eclipse v15 with MCO minimum configured for the photon algorithms 	1

Item	Description	Qty
	<p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Allow CTSI to provide data mining to collect the patients needed for plan review, verification, and validation Customer must provide their current clinical constraints/protocols used for disease site/model Remote IT interface must be established and working 2 weeks prior to start Customer on site Physicians, Physicists, and Dosimetrists must be available and engaged during the service Identify validation plans for the (2) two treatment sites and the (2) two auto-planning scripts Site physicist must be present for deliverables and approvals <p>Notes:</p> <ul style="list-style-type: none"> CTSI and Varian are not responsible for the treatment plans used for treating patient 	
Section 4 Advantage Credits		
4.1	<p>Advantage Contract Credits</p> <p>Advantage Credits can be utilized for Varian's Professional Services, such as consulting, on-site applications training, education, and third-party services including physics services and clinical schools that are purchased through Varian. For further details, please reference the attached Terms and Conditions.</p>	
4.2	<p>Additional Advantage credits</p> <p>(Qty: 500, Credit per Qty: 1.0) Undefined Advantage credits</p> <p><u>Total Advantage Credits for this Section: 500.0</u></p>	500.0
Section 5 ARIA Radiation Oncology		
5.1	<p>ARIA RO Smart Space</p> <p>The ARIA® for Radiation Oncology (RO) Smart Space provides basic demographic information, diagnosis, staging, radiation therapy data management, reporting, charge capture and workflow management tools for one (1) user. ARIA enables your treatment team to make informed, confident decisions for patients, and provides the tools required to effectively manage the administrative aspects of your department.</p> <p>Features:</p> <ul style="list-style-type: none"> ARIA RO Smart Space - One (1) license for one (1) concurrent user <p>Prerequisites:</p> <ul style="list-style-type: none"> Varian System Database v15.0 or higher; Varian system compatible server hardware and operating system in a properly networked environment. For detailed specifications, please visit www.varian.com/hardware-specs Microsoft® Windows operating system installed on workstations Microsoft® Office 2013 or 2016. <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> The in-vivo interface is an additional purchasable option for ARIA Chart QA. A Microsoft® Active Directory Domain Controller running on an independent server <p>Notes:</p> <ul style="list-style-type: none"> ICD-10 usage disclaimer: , The use of ICD-10 in this Product does not imply any endorsement by WHO of any specific product. The ICD-10 codes shall not be amended, abridged, translated, deleted or in any other way changed without the consent of WHO. The ICD-10 codes are for the internal use of the end user. They are not to be reproduced, transmitted or distributed outside of the user's organization in any form or by any means. ICD-10 is distributed without warranty of any kind, either express or implied. In no event shall the World Health Organization be liable for damages, including any general, special, incidental, or consequential damages, arising out of the use of ICD-10. In the United States only: , ARIA includes the ability to cross-map ICD-9 CM and ICD-10 CM codes in v15.0 and higher using web services linking to Intelligent Medical Objects (IMO). The user accepts that the IMO service delivered with ARIA is for a period ending on April 1, 2023, unless further extended by Varian. 	13
5.2	<p>Addl ARIA Disease Mgmt Smart Space</p> <p>The ARIA® Disease Management Smart Space is a component of the oncology information system that includes the comprehensive electronic medical record (EMR) capabilities that enable clinical staff members to evaluate, monitor, record and document patient health information throughout the entire treatment process. The Documents workspace</p>	5

Item	Description	Qty
	<p>allows clinical staff to create, display and store patient related documents within the electronic medical record (EMR) including Document Approval.</p> <p>Features:</p> <ul style="list-style-type: none"> • One (1) license for one (1) concurrent user <p>Prerequisites:</p> <ul style="list-style-type: none"> • Varian System Database v15.0 or higher • ARIA RO Smart Space • ARIA compatible workstation in a properly networked environment. • Microsoft® Windows operating system installed on workstations • Microsoft® Office 2013 or 2016. • Varian System compatible server hardware. • For detailed specifications, please visit http://www.varian.com/hardwarespecs <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • A Microsoft® Active Directory Domain Controller running on an independent server <p>Notes:</p> <ul style="list-style-type: none"> • ICD-10 usage disclaimer: • The use of ICD-10 in this Product does not imply any endorsement by WHO of any specific product. • The ICD-10 codes shall not be amended, abridged, translated, deleted or in any other way changed without the consent of WHO. • The ICD-10 codes are for the internal use of the end user. They are not to be reproduced, transmitted or distributed outside of the user's organization in any form or by any means. • ICD-10 is distributed without warranty of any kind, either express or implied. In no event shall the World Health Organization be liable for damages, including any general, special, incidental, or consequential damages, arising out of the use of ICD-10. • In the United States only: • ARIA includes the ability to cross-map ICD-9 CM and ICD-10 CM codes in v15.0 and higher using web services linking to Intelligent Medical Objects (IMO). The user accepts that the IMO service delivered with ARIA is for a period ending on April 1, 2023, unless further extended by Varian. 	
5.3	<p>ARIA Oncology Imaging Smart Space</p> <p>The Imaging Smart Space is a component of the Oncology Information System, ARIA®. This image management component of the system provides comprehensive image review to patient verify patient positioning using reference and treatment images. Enhancement and analysis tools for portal images (MV), kV and Cone Beam CT images acquired with the on-board imager are included.</p> <p>Features:</p> <ul style="list-style-type: none"> • One (1) license for one (1) concurrent user <p>Prerequisites:</p> <ul style="list-style-type: none"> • Varian System database v15.0 or higher • ARIA RO Smart Space • Image server hardware • Microsoft® Windows operating system installed on workstations • ARIA compatible workstation in a properly networked environment • For detailed specifications, please visit http://www.varian.com/hardwarespecs <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • A Microsoft® Active Directory Domain Controller running on an independent server 	2
5.4	<p>ARIA eDoc</p> <p>The ARIA eDoc software printer can convert various documents into PDF format. With one click, the user can automatically insert those PDF files into the ARIA® oncology information system Dynamic Documents workspace ensuring a safe and secure workflow.</p> <p>Features:</p> <ul style="list-style-type: none"> • Printed PDF document can be automatically inserted into the correct patient's chart based on the patient Identification number • Ability to merge PDFs and insert a header (customizable) • PDF/A standard <p>Prerequisites:</p> <ul style="list-style-type: none"> • ARIA oncology information system for Radiation Oncology (RO) v15.1 or higher • ARIA RO Smart Space v15.1 or higher • ARIA RO Disease Management Smart Space (which includes Dynamic Documents license) v15.1 or higher • ARIA oncology information system compatible workstation in a networked environment (For detailed specifications, please visit www.varian.com/hardwarespecs.com) • SmartConnect® <p>Customer Responsibilities:</p>	1

Item	Description	Qty
	<ul style="list-style-type: none"> • Ghostscript™ and RedMon© available on the server where ARIA eDoc will be installed • Microsoft® Windows 7 Professional operating system or higher installed on workstations <p>Notes:</p> <ul style="list-style-type: none"> • The ability to print from external web applications with 1-Click print functionality will need to be evaluated on a case by case basis • A profile can be created to print from web applications such as Mobius, however, printing from web applications can only be performed through Internet Explorer. Printing from Chrome is not supported. • Users may print from web applications using the Alternate Workflow and ARIA eDoc Dashboard. 	
Section 6 Travel and Lodging for training		
6.1	Travel and Lodging for Training	10
	Travel and Lodging for Training	
Section 7 IDENTIFY for CT Simulator		
7.1	IDENTIFY Imaging Base System	1
	<p>Provides common components for IDENTIFY™ imaging room systems</p> <p>Features:</p> <ul style="list-style-type: none"> • GPU-equipped workstation with monitor, keyboard, mouse • 43 inch in-room monitor • Hand held controllers with chargers • Wireless access points at the imaging console and in the imaging room <p>Prerequisites:</p> <ul style="list-style-type: none"> • IDENTIFY Treatment Base System <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Meet all requirements per the Product Planning and Customer Integration Guides • Confirm compatibility with CT imaging system listed in Customer Release Notes (CRN) <p>Notes:</p> <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation • Any ceiling-mounted systems present in the CT room will be subject to a compatibility review prior to installation by Varian Service 	
7.2	IDENTIFY Patient Setup Upgrade	1
	<p>Provides patient and accessory set up verification capability for the IDENTIFY™ imaging or treatment systems</p> <p>Features:</p> <ul style="list-style-type: none"> • RFID-based patient immobilization and set up accessory identification, including bolus • Optical image-based patient immobilization and set up accessory placement, optical tag set included • Optical image-based patient position verification • Set up note and photo display • Patient set up planning application • Starter RFID tag package for 75 masks, 25 vacuum cushions, 25 carbon fiber and 50 general use patient set up accessories <p>Prerequisites:</p> <ul style="list-style-type: none"> • IDENTIFY Imaging Base System or IDENTIFY Treatment Base System • TrueBeam™, Edge™, or VitalBeam™ v2.5 or higher or Clinac® v9.1 or higher Halcyon™ v1.0 or higher, Ethos™ v1.0 or higher, other compatible linear accelerator or compatible CT imaging system • Compatible couch top listed in the IDENTIFY Couch Top Compatibility Matrix <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • If using third-party linear accelerator, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) • Confirm compatibility of couch top via requirements listed on IDENTIFY Couch Top Compatibility Matrix • Meet all requirements per the Product Planning and Customer Integration Guides <p>Notes:</p> <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation • Any ceiling-mounted and laser systems present in the treatment room will be subject to a compatibility review prior to installation by Varian Service 	

Item	Description	Qty
7.3	<p>IDENTIFY Respiratory Mgmt System for CT</p> <p>Provides IDENTIFY™ respiration monitoring and management for the CT imaging system</p> <p>Features:</p> <ul style="list-style-type: none"> • Surface-guided patient position monitoring system, 1-camera configuration for CT room • Deep inspiration breath hold (DIBH) management for CT image acquisition • Visual Coaching Device (VCD) and couch mount depending on couch compatibility <p>Prerequisites:</p> <ul style="list-style-type: none"> • IDENTIFY Imaging Base System • For VCD couch mount: compatible couch top listed in the IDENTIFY Couch Top Compatibility Matrix <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Large bore CT scanner (≥ 78 cm diameter) • Confirm compatibility of couch top via requirements listed on IDENTIFY Couch Top Compatibility Matrix • Meet all requirements per the Product Planning and Customer Integration Guides <p>Notes:</p> <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation • Any ceiling-mounted and laser systems present in the CT room will be subject to a compatibility review prior to installation by Varian Service • VCD is delivered without a couch mount if couch top is not compatible 	1
7.4	<p>STD TRNG: IDENTIFY Set Up Onsite Train</p> <p>Standard Applications Training for IDENTIFY</p> <p>Features:</p> <ul style="list-style-type: none"> • On-site training details will be provided by the training management team as part of the product implementation process • This training will review features and functions of the IDENTIFY system • Duration and Location: 2 days onsite <p>Prerequisites:</p> <ul style="list-style-type: none"> • Installation of the IDENTIFY system <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Completion of the Customer Responsibilities Document <p>Notes:</p> <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	1
7.5	<p>STD TRNG: IDENTIFY RM</p> <p>Standard Applications Training for IDENTIFY™ system Respiration Management</p> <p>Features:</p> <ul style="list-style-type: none"> • On-site training details will be provided by the training management team as part of the product implementation process • Review of features and functions of the IDENTIFY™ system Respiration Management • Training Type and Location: 2 (two) days on-site training <p>Prerequisites:</p> <ul style="list-style-type: none"> • Installation and acceptance of the IDENTIFY™ system <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Review all product documentation available on MyVarian.com in advance <ul style="list-style-type: none"> ◦ Customer Release Notes ◦ Instruction for Use <p>Notes:</p> <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	1
Section 8 ARIA Connect for IDENTIFY		
8.1	<p>ARIA Connect for RO for IDENTIFY</p> <p>This item includes ARIA Connect interfaces to support IDENTIFY connectivity with ARIA® for radiation oncology.</p> <p>Features:</p> <ul style="list-style-type: none"> • Interfaces include Scheduling In, Scheduling Out and Documents In <p>Prerequisites:</p> <ul style="list-style-type: none"> • ARIA® OIS for radiation oncology v13.6.38 MR1.2 or higher • ARIA Connect v2.0 or higher 	1

Item	Description	Qty
	<ul style="list-style-type: none"> Dedicated server for ARIA Connect. Customer may also use IEM server for ARIA Connect if the server meets specifications. For detailed specifications, visit: https://www.varian.com/sites/default/files/resource_attachments/TechnicalSpecificationsAddendumARIACConnect.pdf 	
Section 9 MOBIUS3D Patient QA for Truebeam		
9.1	Mobius3D Patient QA PKG, 1st Linac	1
	<p>Mobius3D® patient-specific quality assurance (QA) software platform and supplementary hardware.</p> <p>Features:</p> <ul style="list-style-type: none"> One (1) Mobius3D Patient QA Server <ul style="list-style-type: none"> Hosts the Mobius3D web-based software platform Supports all Mobius3D processes for up to ten (10) linear accelerators One (1) Mobius3D Patient QA MobiusCalc License for one (1) physical linear accelerator <ul style="list-style-type: none"> Patient treatment plan dose verification One (1) Mobius3D Patient QA MobiusFX License for one (1) physical linear accelerator <ul style="list-style-type: none"> Patient treatment delivery verification One (1) Mobius3D Patient QA MobiusCB License for one (1) physical linear accelerator <ul style="list-style-type: none"> Patient cone-beam CT verification One (1) Mobius3D MVP Phantom <ul style="list-style-type: none"> Phantom for patient-specific QA measurements <p>Prerequisites:</p> <ul style="list-style-type: none"> Varian C Series, Trilogy Tx™, Novalis Tx™, TrueBeam®, VitalBeam™, Edge®, TrueBeam STx®, Halcyon™, or any compatible third-party linear accelerator Eclipse™ treatment planning system, or third-party treatment planning system capable of DICOM-RT export ARIA® oncology information system for radiation oncology or any compatible third-party oncology information system <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Network configuration of Mobius3D Patient QA Server Configuration of shared network folders for automatic processing Validation testing of dose calculation and beam modeling Configuration of patient CBCT exports from third-party oncology information systems Verify compatibility with third-party linear accelerators, treatment planning systems, and oncology information systems Supported ionization chamber 	
9.2	Primary Linac, Varian TB Plat	1
9.3	STD TRNG: Mobius Remote Training	1
	<p>Standard remote training for Mobius3D® for new customers.</p> <p>Features:</p> <ul style="list-style-type: none"> Question and answer session to review information learned in the VarianThink e-learning course Training Type and Location: One remote training session <p>Prerequisites:</p> <ul style="list-style-type: none"> Mobius3D license installed and accepted <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Remote access to the customer Mobius3D software required All videos are viewed before the remote session <p>Notes:</p> <ul style="list-style-type: none"> Remote session should be scheduled within 30 days of completing the video learning modules Offer is valid for up to 18 months after installation of product Non-transferable to other products and services and non-refundable 	
9.4	INCL VT: Mobius VarianThink	1
	<p>This Mobius3D® VarianThink online course is designed to provide the staff knowledge and understanding required to effectively commission and use the Mobius3D software. Intended audience includes medical physicists.</p> <p>Features:</p> <ul style="list-style-type: none"> Review of Mobius3D software Review of commissioning Training Type: e-learning modules via the VarianThink™ online platform <p>Prerequisites:</p> <ul style="list-style-type: none"> Basic knowledge of computers and the Windows operating system 	

Item	Description	Qty
	<ul style="list-style-type: none"> Must have a medical physicist education <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Must have a computer or device with internet access to view online content <p>Notes:</p> <ul style="list-style-type: none"> This entitlement includes system access for one user per licensed account Offer is valid for up to 18 months after installation of product Access to course content is valid for up to 90 days from initial access of the course on the VarianThink™ online platform Non-transferable to other users, products, and services and non-refundable 	
9.5	MOBIUS3D v4.0	1

Section 10 MOBIUS3D PT QA AddL Truebeam, Mobius S/N: 9999

10.1	<p>Addl PatientQA Linac, Varian TBPlat</p> <p>Package includes Mobius3D® patient-specific quality assurance (QA) software platform for a treatment machine on the TrueBeam® platform.</p> <p>Features:</p> <ul style="list-style-type: none"> One (1) Mobius3D Patient QA MobiusCalc License for one (1) physical linear accelerator <ul style="list-style-type: none"> Patient treatment plan dose verification One (1) Mobius3D Patient QA MobiusFX License for one (1) physical linear accelerator <ul style="list-style-type: none"> Patient treatment delivery verification One (1) Mobius3D Patient QA MobiusCB License for one (1) physical linear accelerator <ul style="list-style-type: none"> Patient cone-beam CT verification <p>Prerequisites:</p> <ul style="list-style-type: none"> Mobius3D Patient QA Server or Megaserver Varian TrueBeam®, VitalBeam™, Edge®, or TrueBeam STx® linear accelerator Eclipse™ treatment planning system, or third-party treatment planning system capable of DICOM-RT export ARIA® oncology information system for radiation oncology or any compatible third-party oncology information system <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> Configuration of shared network folders for automatic processing Validation testing of dose calculation and beam modeling Configuration of patient CBCT exports from third-party oncology information systems Verify compatibility with third-party treatment planning systems and oncology information systems 	1
10.2	MOBIUS3D v4.0	1

Summary of Advantage Contract Credits Quoted Above

Section 4

Year 1 Total	500.0
Total Credits	500.0

Draft Only

Sales Price Table

Draft Only

Advantage Credits Supplemental Terms and Conditions

(Form RAD 10442)

These Advantage Credits Supplemental Terms and Conditions (“**Supplemental Terms**”) modify and supplement the Varian Terms and Conditions of Sale (Form RAD 1652, current version issued with the Quotation) (the “**Terms and Conditions of Sale**”). The terms of the applicable Varian Quotation (“**Quotation**”), its attachments, including the Terms and Conditions of Sale, are incorporated herein by this reference, and together with these Supplemental Terms and any applicable Third Party Terms (as defined in the Quotation) (collectively referred to as the “**Agreement**”) will apply and govern the use by Customer of Advantage Credits.

1. General

The Varian Advantage Credit Program (the “**Program**”) offers customers the ability to purchase Advantage Credits in advance that can be applied toward designated Varian Professional Services including certain consulting (e.g. specified and limited implementation and optimization services), on-site training, educational courses and a limited number of services provided by designated third party service providers, including clinical schools and physics commissioning services. Advantage Credits provide flexibility for the Customer to apply them interchangeably for those designated services available under the Program without having to modify the underlying Quotation and related purchase order. However, Varian must be notified in advance and in writing of any requested changes to selected services.

2. Expiration Schedule

Advantage Credits expire according to the following schedule:

Type of Order	Expiration Date
Advantage Credits only (no Varian products)	24 months from date of order
Advantage Credits with one or more Varian products	24 months from first date of product/service acceptance
Multiyear agreement	End of the term of agreement

3. Scopes of Work

Varian or its third party service providers may, at their discretion, set forth in a written Scope of Work (SOW) a description of the services to be provided by Varian or the third party service provider. If the services that will be purchased with Advantage Credits are defined within the Quotation, Varian will offer the specific services listed for the amount of Advantage Credits indicated. If Advantage Credits in the Quotation are “**Undefined**”, Varian will indicate the number of Advantage Credits required for a particular service at the time the Customer wants to use them.

4. Third Party Service Providers

4.1 Certain services are provided by and through third party service providers that are not affiliated with Varian, namely clinical schools and physics services (e.g. commissioning). Varian disclaims any warranty or performance obligations related to any third party service provider and will act solely as a pay agent, to collect fees for services from Customer and to pay fees for such services to the third party service provider. Customer has the final decision to purchase services through Varian third party service providers or to select another service provider outside of the Quotation and Varian does not make any recommendations to use third party service providers.

4.2 **Changes to Third Party Service Providers by Customer.** Customer shall have a one-time right to request in writing that a third party service provider be replaced with an alternate provider that is participating in the Program. If Varian, at its sole discretion, approves the request, Customer shall be subject to any related termination fees and additional costs incurred by Varian or the third party service provider and other terms and conditions indicated in the

SOW and/or Quotation. Customer, the third party service provider, and if applicable, its subcontractors, shall have full responsibility for services as defined in the Quotation or SOW, as applicable, and Varian shall have no responsibility, obligation and/or liability whatsoever for those services. The third party service provider shall not be construed to be a subcontractor, employee, or agent of Varian. Varian will forward any requests for warranty work that it receives from Customer to the third party service provider. Except as otherwise provided in this section of the Quotation, the Terms and Conditions of Sale shall apply to this section just as it applies to all other parts of the Quotation.

- 4.3 **Changes to Third Party Service Providers by Varian.** Varian reserves the right, at its sole discretion, to change, from time to time, its list of third party providers that participate in the Program.

5. Performance of Services

All services shall be performed by Varian or the third-party service provider under permits, licenses, authority, supervision, and control of Customer and its staff, including licensed physicists, physicians, and other qualified healthcare professionals. Customer and its staff shall have the requisite permits (including applicable certificates of need), licenses, and authority to oversee and have such services performed on Customer's behalf.

6. Service Offerings

Varian reserves the right, at its sole discretion, to change the designated services which are offered under the Program at any time without prior notice. Varian will work with Customer to offer a mutually acceptable alternative or apply affected credits toward other offerings within the Program.

Custom System Proposal

Quotation Number - 2022-351278

Package Price- \$3,099,999
Pricing will be held until 5-20-2022

Looking further

Carteret General Hospital - Coleman Radiation Oncology ("Customer")

Niki Wheeler
3500 ARENDELL ST
MOREHEAD CITY, North Carolina 28557 United States
Tel : 252-808-6108
Fax : 252-247-1648
Email : anwheeler@carterethealth.org

VMS Inc, Oncology Systems

Jeffrey Boone
US District Sales Manager
Work from home
Atlanta,GA 30327 US
Tel : 704-737-9395
Email : jeffrey.boone@varian.com

*** Confidential - Proposal is intended for Recipient and Recipient's Site Representatives Only ***

Quote Information

Quotation Number :	2022-351278	Sales PO Required :	Yes
Quotation Valid Until :	May 20, 2022	Customer Procurement Contact Name :	Needed
Customer Requested Delivery Date :	August 11, 2023		
Quotation Date :	March 08, 2022		

Sales

Incoterms : US1: FOB: Origin
 Payment Terms : 30 days net
 Down Payment : 30.00%
 Shipment : 65.00%
 Acceptance : 5.00%
 For orders equal or less than \$100k, 100% upon shipment, net 30.

Terms and Conditions

Products and Services: Customer's access to and use of the Products, Support Services and Services (except Software-as-a-Service or Subscription Services) as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) at: https://www.varian.com/1652V_OCT_2018 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation. All terms and conditions provided in the website link listed in item (a) above are incorporated by reference and form part of the contract between Varian and Customer.
 If there is a separate written agreement (e.g. master agreement) in effect between the parties that expressly provides for and governs the purchase and sale of the specific Products, Support Services, Services, Software-as-a-Service and/or Subscription Service set forth in this Quotation, such written agreement shall govern. Hard copies of the referenced terms and conditions and any additional terms indicated will be provided to Customer upon request.

For and on behalf of Customer

Varian Medical Systems, Inc.

Authorized Representative : Niki Wheeler
 Title :
 Date : March 08, 2022

Authorized Representative : Jeffrey Boone
 Title : US District Sales Manager
 Date : March 08, 2022

Offered Products (Sales)

Scalable TrueBeam

Travel and Lodging for training

IDENTIFY for TrueBeam

Trade-In Discount and Remove/Dispose Clinac iX H294416

Physics

Draft Only

Item	Description	Qty
Section 1 Scalable TrueBeam		
1.1	<p>TrueBeam Base System 120 MLC</p> <p>Treatment delivery system supporting X-Ray treatment delivery. Includes 120 leaf MLC with dual independent jaws, enhanced dynamic wedge, 6 MV X-ray treatment energy, 43 cm x 43 cm MV imager for radiographic, cine, and integrated imaging, Motion View CCTV camera system, treatment console with integrated audio and video systems, back pointer lasers, front pointer set and upper port film graticule to support basic quality assurance.</p> <p>Features:</p> <ul style="list-style-type: none"> • Basic X-Ray treatment delivery technique package, including Static Photon, Photon Arc, and Dynamic Conformal Arc treatment delivery techniques • Intensity Modulated RadioTherapy (IMRT) treatment technique, including large field IMRT • Total Body Treatment technique package • 2D MV Radiographic and Cine Image Acquisition, 2D/2D Radiographic Image Review and match, Cine image review • Relative Portal Dosimetry Image and Integrated Image Acquisition • Matching of 2D radiographs to 3D reference images • Online addition of kV and MV imaging protocols to treatment fields, with automated generation of reference images • Online Physician Approval of Images at Treatment Console (compatible with ARIA® only) • Automated Machine Performance Check Testing, Online Machine Performance Check Review • Offline Machine Performance Check Review • Access to online marketing kit that contains a broad range of advertising, educational, promotional, and public relations materials targeted to referring physicians, patients, and the media, contact Marcom@varian.com for access <p>Prerequisites:</p> <ul style="list-style-type: none"> • ARIA® oncology information system for radiation oncology v11 MR4.1 or higher or compatible third-party oncology information system • Eclipse™ treatment planning system v11 MR3 or higher or compatible third-party treatment planning system • Compatible server hardware and operating system. For detailed specifications, visit: www.varian.com/hardwarespecs <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Verify compatibility with third-party oncology information systems • Verify compatibility with third-party treatment planning systems • If using a scale other than IEC 60601 or IEC 61217 in the rest of the department, it may be necessary to change scales on all other machines. This may require additional purchases. 	1
1.2	TrueBeam Version 2.7	1
1.3	New Universal Baseframe 52" Fixed Floor	1
1.4	<p>15/16 MV (BJR 11/17)</p> <p>40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.</p>	1
1.5	<p>10/10 MV (BJR 11/17)</p> <p>40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.</p>	1
1.6	<p>6/6 MV (BJR 11/17)</p> <p>40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.</p>	1
1.7	<p>16 MeV, 0-1000 MU/Min</p> <p>25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.</p>	1
1.8	<p>12 MeV, 0-1000 MU/Min</p> <p>25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.</p>	1

Item	Description	Qty
1.9	<p>9 MeV, 0-1000 MU/Min</p> <p>25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.</p>	1
1.10	<p>6 MeV, 0-1000 MU/Min</p> <p>25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.</p>	1
1.11	<p>IGRT Couch Top</p> <p>Image Guided RadioTherapy (IGRT) carbon fiber treatment couch top, free of metal or other radiation-opaque materials.</p> <p>Features:</p> <ul style="list-style-type: none"> Indexed Immobilization® for compatible accessories Couch top interface for mounting patient immobilization and quality assurance devices at the head of the couch Lock bar for indexed positioning of equipment or immobilization devices on the couch top Handrail for couch positioning, with hooks for temporary pendant placement during patient set up 	1
1.12	<p>6X High Intensity Mode</p> <p>40 cm x 40 cm maximum field size, dose rate range 400-1400 MU/Min in 200 MU/min steps.</p>	1
1.13	<p>Low-X Imaging Energy</p> <p>Low-X imaging energy configuration, providing high soft tissue contrast when imaging in-line with the treatment beam.</p>	1
1.14	<p>HyperArc Treatment Delivery Capability</p> <p>Frameless, MLC-based technique for multiple intracranial SRS targets. Automated non-coplanar treatment delivery with integral intrafraction imaging at specified couch angles.</p> <p>Features:</p> <ul style="list-style-type: none"> HyperArc™ Delivery License <p>Prerequisites:</p> <ul style="list-style-type: none"> TrueBeam™ or Edge® system v2.7 or higher RapidArc® delivery license or Varian Volumetric Modulated Arc Therapy delivery license PerfectPitch™ 6-Degrees of Freedom (6DoF) couch Varian IGRT couch top or QFix kVue™ or kVue Calypso® couch top Qfix™ Encompass™ SRS immobilization system for Qfix kVue™ or Qfix™ Encompass™ SRS immobilization system for kVue Calypso® or Qfix™ Encompass™ SRS immobilization system for IGRT couch top Eclipse™ treatment planning system v15.5 or higher HyperArc treatment planning license Eclipse RapidArc® planning license ARIA® oncology information system for radiation oncology v15.1 or higher <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> TrueBeam/Edge system needs to pass isocenter test that is performed by Varian installation/local service team. Use of external devices connected to Motion Management or ADI interfaces with HyperArc are not validated or supported by Varian. <p>Notes:</p> <ul style="list-style-type: none"> It is recommended that the patient CT scan used for treatment planning be acquired at a slice thickness of 1.25 mm or better 	1
1.15	<p>RapidArc Treatment Delivery</p> <p>RapidArc® Treatment Delivery is a volumetric modulated arc treatment delivery technique.</p> <p>Features:</p> <ul style="list-style-type: none"> Simultaneous modulation of MLC aperture shape, beam dose rate, and gantry angle and rotation speed during beam delivery Supports dynamic jaw tracking and collimator rotation with supporting treatment planning system <p>Prerequisites:</p> <ul style="list-style-type: none"> 120 Multi Leaf Collimator or HD120™ Multi Leaf Collimator Eclipse™ treatment planning system v11.0 or higher RapidArc treatment planning license 	1

Item	Description	Qty
	<ul style="list-style-type: none"> Compatible server hardware and operating system. For detailed specifications, visit: www.varian.com/hardwarespecs 	
1.16	<p>Triggered Imaging</p> <p>Automated intrafraction 2D kV radiographic imaging, with images triggered by respiration phase or amplitude, gantry angle, time period, or MU. Automated image-based beam hold on fiducial markers, based on user-defined marker motion thresholds.</p> <p>Features:</p> <ul style="list-style-type: none"> Respiration Triggered Imaging MU Triggered Imaging Gantry Triggered Imaging Time Triggered Imaging Autobeam Hold <p>Prerequisites:</p> <ul style="list-style-type: none"> Respiratory Motion Management System 	1
1.17	<p>Advanced Resp Motion Management System</p> <p>Stereoscopic optical system for managing patient respiration motion during treatment delivery and imaging.</p> <p>Features:</p> <ul style="list-style-type: none"> Stereoscopic optical imager, including marker block for tracking patient respiration motion Respiratory gated treatment delivery Respiratory gated MV image acquisition and online review, respiration synchronized cine image acquisition and online review Respiratory gated kV image acquisition and online review, respiration synchronized fluoroscopic image acquisition and online review 	1
1.18	<p>VCD Option, couch mounted</p> <p>Couch-mounted display system provides visual feedback to the patient for respiration stabilization or breath hold position during respiratory gated image acquisition or treatment delivery.</p> <p>Features:</p> <ul style="list-style-type: none"> 2 rechargeable batteries and charging system Video interface for optional use of customer-provided video goggles Wireless display system with adjustable count mount <p>Prerequisites:</p> <ul style="list-style-type: none"> TrueBeam® v2.7 or higher One of the following: <ul style="list-style-type: none"> Advanced Respiratory Motion Management System Basic Respiratory Motion Management System Respiratory Motion Management System Optical Imager 	1
1.19	<p>VCD w/Couch Mount - IGRT</p>	1
1.20	<p>Gated CBCT</p> <p>Provides the ability to acquire CBCT images synchronized with patient respiration (free-breathing or breath hold).</p> <p>Features:</p> <ul style="list-style-type: none"> Gated CBCT Imaging License: CBCT image acquisition, image review, and image match to respiratory gated reference image. Short Arc CBCT Imaging License: CBCT image acquisition using a 120-150 degree arc, image review, and image match to respiratory gated reference image. Short arc CBCT is an option for single breath hold CBCT data acquisition. <p>Prerequisites:</p> <ul style="list-style-type: none"> One of the following: <ul style="list-style-type: none"> Advanced Respiratory Motion Management System Basic Respiratory Motion Management System 	1

Item	Description	Qty
	<ul style="list-style-type: none"> ○ Respiratory Motion Management System ○ Optical Imager • kV Imaging System 	
1.21	<p>Iterative CBCT</p> <p>Iterative CBCT provides improved detectability of stationary or gating-immobilized soft tissue anatomy. Features:</p> <ul style="list-style-type: none"> • Iterative CBCT license • Reconstruction computer with GPU hardware 	1
1.22	<p>Additional MotionView CCTV Camera System</p> <p>Additional set of two Motion View CCTV cameras and displays. Camera placement is at customer discretion. Features:</p> <ul style="list-style-type: none"> • Two pan, tilt, zoom CCTV cameras • Two desktopLCD displays with built in camera controls • Adjustable viewing angle for patient privacy • Push button pan, tilt, zoom, and home position control <p>Prerequisites:</p> <ul style="list-style-type: none"> • Motion View camera system, provided with linac system. 	1
1.23	<p>Additional In-Room Monitor System</p> <p>Additional in-room monitors that can be placed at customer discretion.</p>	1
1.24	<p>Main Circuit Breaker Panel</p> <p>Main circuit breaker panel, interfacing to a single power input feed from the facility Mains. Circuit breakers provide independent over-current protection for equipment at the console and in the treatment room. UL and IEC/CE certified.</p>	1
1.25	<p>Power Cond., 3phase 50KVA</p> <p>Transtector 50KVA, 3-phase power conditioning unit, providing transient protection, line power regulation, and Input and Output circuit breakers for over-current protection. UL and IEC/CE certified. Notes:</p> <ul style="list-style-type: none"> • Supports voltage configurations from 208 to 600 VAC and in 50 or 60 Hz for US and ROW applications. 	1
1.26	<p>SuperFAST Installation - New Baseframe</p> <p>Accelerated 12-day installation of TrueBeam®, TrueBeam STx, VitalBeam™, or Edge®. Features:</p> <ul style="list-style-type: none"> • Completion of installation of all features required for commissioning readiness <p>Prerequisites:</p> <ul style="list-style-type: none"> • Recently ordered new system that has not yet been installed • Eclipse™ Treatment Planning System • 24/7 access to the facility • All items on pre-installation checklist complete • Customer agreement to scope of work <p>Notes:</p> <ul style="list-style-type: none"> • Varian will complete installation to a minimum of beam, collimator, and MV imaging system readiness for commissioning activities. • Varian will return within 30 days from completion of customer commissioning to complete installation and acceptance of all remaining items that were not required for system commissioning, including kV imaging, Rapid Arc, respiratory motion management system. • This service does not include additional construction or commissioning support. 	1
1.27	<p>SRS Encompass IMB IGRT Couchtop</p> <p>The SRS Encompass™ Immobilization package from Qfix™ is a dedicated SRS immobilization package specifically tailored for use with the IGRT couch top. Features:</p>	1

Item	Description	Qty
	<ul style="list-style-type: none"> • Encompass Intracranial Standalone Device (quantity: 2) • Encompass mask system (quantity: 10) • Direct Indexing™ Adapter for Varian IGRT couch top (quantity: 1) • Locating bar (quantity: 1) Prerequisites: <ul style="list-style-type: none"> • IGRT couch top • TrueBeam® v2.0 and higher • VitalBeam® v2.5 (China only) and higher Notes: <ul style="list-style-type: none"> • Training will be provided by Qfix 	
1.28	<p>Integrated Collimator Verification & Interlock System (ICVI) for TrueBeam® platform</p> <p>The Integrated Collimator Verification & Interlock (ICVI) system provides electronically-verified conical collimators for use in radiosurgical treatment delivery.</p> <p>Features:</p> <ul style="list-style-type: none"> • Conical collimator mounting system with integrated mount verification • Set of 7 conical collimators with integrated verification • Conical collimator set (in mm diameter): 4, 5, 7.5, 10, 12.5, 15, and 17.5 • ICVI QA Toolkit <p>Prerequisites:</p> <ul style="list-style-type: none"> • ARIA® oncology information systems for radiation oncology v11.0 or higher or compatible third-party oncology information system • Eclipse™ Cone Planning v11.0 or higher or compatible third-party treatment planning system <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Verify compatibility with third-party treatment planning systems if applicable • Verify compatibility with third-party oncology information systems if applicable <p>Notes:</p> <ul style="list-style-type: none"> • Includes MPC ICVI isocenter license and MPC ICVI conical collimator alignment license. 	1
1.29	<p>Motion Management Interface</p> <p>Motion management interface is an integrated interface for validated external devices that provide patient positioning, patient and target motion monitoring, and/or respiratory gating. The Motion management interface supports connection of up to four external devices, two of which may be used for respiratory motion management or high speed beam hold.</p> <p>Features:</p> <ul style="list-style-type: none"> • 4-DoF or 6-DoF patient positioning capability for compatible validated devices and couch configurations • Integrated external device beam hold and image-based patient repositioning workflow • Patient-specific external device activation and patient plan verification 	1
1.30	<p>NLS: English</p>	1
1.31	<p>PerfectPitch 6DoF Couch</p> <p>The PerfectPitch™ 6-Degrees of Freedom couch system</p> <p>Features:</p> <ul style="list-style-type: none"> • Image-based 6DoF patient positioning <p>Prerequisites:</p> <ul style="list-style-type: none"> • TrueBeam® v2.5 MR2 or higher • ARIA® oncology information system v11.1 MR1 (11.0.55) and ARIA radiation therapy management v11 MR3 (11.0.47) or higher or compatible third-party oncology information system <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Verify compatibly of third-party oncology information system 	1
1.32	<p>4D CBCT Imaging Package</p> <p>4D Cone-Beam Computed Tomography (CBCT) Package. Provides the ability to acquire an 4D CBCT images for patient positioning and review target motion analysis at the time of treatment delivery or review target motion analysis post treatment delivery.</p> <p>Features:</p> <ul style="list-style-type: none"> • 4D kV CBCT Image Match Review License: 4D CBCT image acquisition, image review, and image match to structure or Maximum Intensity Projection (MIP) at the time of treatment delivery • 4D CBCT Image Acquisition License: 4D kV CBCT image acquisition in Advanced Reconstructor Mode for post-treatment image reconstruction, viewing, and offline analysis 	1

Item	Description	Qty
	<p>Prerequisites:</p> <ul style="list-style-type: none"> • TrueBeam® v2.7 • One of the following: <ul style="list-style-type: none"> ◦ Advanced Respiratory Motion Management System ◦ Basic Respiratory Motion Management System ◦ Respiratory Motion Management System ◦ Optical Imager • kV Imaging System • ARIA® oncology information system v11.1 MR1 (11.0.55) or higher or compatible third-party oncology information system • ARIA oncology information system for radiation oncology or Eclipse™ treatment planning system v11 MR3 (11.0.47) or higher • ARIA oncology information system v15.1 or higher is required for review of 4D kV CBCT images in ARIA Offline Review • Compatible server hardware and operating system. For detailed specifications, visit: www.varian.com/hardwarespecs <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Verify compatibly third-party oncology information system • Initiate Smart Connect application to allow remote monitoring 	
1.33	<p>kV Imaging System</p> <p>kV Imaging system, providing 2D radiographic and fluoroscopic and 3D CBCT imaging capability.</p> <p>Features:</p> <ul style="list-style-type: none"> • kV CBCT image acquisition, review, and match to 3D reference image • Radiographic image acquisition, with 2D/2D and 2D/3D image matching to reference image • Fluoroscopic image acquisition, with structure overlay on fluoroscopic images • kV CBCT image acquisition with a long field of view, provided by merging multiple indexed CBCT images 	1
1.34	<p>Horizontal LAP Apollo Green Laser Kit</p> <p>LAP Apollo Green Room Laser Kit for patient alignment with Horizontal Remote-Controlled Sagittal Line Laser.</p> <p>Features:</p> <ul style="list-style-type: none"> • 1 Apollo Green Remote-controlled Ceiling Crosshair Laser • 2 Apollo Green Remote-controlled Lateral Crosshair Lasers • 1 Apollo Green Horizontal Remote-Controlled Sagittal Line Laser 	1
1.35	<p>Filtrine Water Chiller for 2 Systems</p> <p>A closed loop water cooling system, providing clean water at a constant flow, pressure, and temperature for cooling two high energy medical linear accelerators. Ideal for sites where a dependable source of clean water for cooling is not available.</p>	1
1.36	<p>CatPhan Phantom</p> <p>Phantom for measuring CBCT image contrast, spatial resolution, and uniformity.</p> <p>Features:</p> <ul style="list-style-type: none"> • Modules for measuring CBCT image contrast, spatial resolution, and uniformity <p>Prerequisites:</p> <ul style="list-style-type: none"> • kV Imaging system with CBCT 	1
1.37	<p>Supp. Phantom Kit</p> <p>Supplemental imaging phantom kit for measuring resolution and contrast of kV and MV imaging systems.</p> <p>Features:</p> <ul style="list-style-type: none"> • Leeds TOR 18FG phantom for measuring spatial resolution and contrast of kV imaging system • MV contrast phantom for measuring contrast performance of MV imaging system • Geometric phantom, mounted on IGRT couch top-compatible lock bar. Can be used for quality assurance of image guidance workflow. <p>Prerequisites:</p> <ul style="list-style-type: none"> • MV imaging system 	1
1.38	<p>STD TRNG: TB Platform On-Site</p>	1

Item	Description	Qty
	<p>The on-site review of the TrueBeam/Edge/VitalBeam components includes imaging and use cases for support of patient treatment for therapists. This support is to ensure that personnel who attended the classroom training are able to operate the TrueBeam Platform machine in a safe and effective manner in the clinical environment.</p> <p>Features:</p> <ul style="list-style-type: none"> • Includes support for TrueBeam/Edge/VitalBeam • Offer is valid for 18 months after installation of product <p>Prerequisites:</p> <ul style="list-style-type: none"> • TrueBeam Platform classroom trainings <p>Notes:</p> <ul style="list-style-type: none"> • Training is non-refundable and non-transferable 	
1.39	<p>INCL ED: TB201 TB Platform Physicists</p> <p>TrueBeam Physics and Administration: TrueBeam Physics and Administration course is designed for personnel (primarily Medical Physicists) responsible for the acceptance, commissioning, and QA program development of the TrueBeam in the clinical environment. It is recommended that the student attend the TrueBeam Physics and Administration course shortly before the installation of the TrueBeam. The course provides instruction of the basic delivery components, basic imaging components, and a general overview of the motion management system components. Machine commissioning, calibration, and QA of the machine are included. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall commissioning, calibration, and QA of the TrueBeam and its components. Extensive hands-on laboratory exercises are included.</p> <p>Features:</p> <ul style="list-style-type: none"> • Includes support for TrueBeam/Edge/VitalBeam • Includes Tuition and Materials for ONE person • Length: 4.5 days • Offer is valid for 18 months after installation of product <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) <p>Notes:</p> <ul style="list-style-type: none"> • Training is non-refundable and non-transferable 	1
1.40	<p>INCL ED: TB101 TB Platform Operations</p> <p>TrueBeam Operations is a course designed for personnel (primarily Radiation Therapists) responsible for the routine operation and clinical use of the TrueBeam. It is recommended that students attend the TrueBeam Operations course shortly before clinical use and the commencement of patient treatments. The course provides instruction of the basic delivery components, basic imaging components, and a general overview of the motion management system components. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall understanding of the TrueBeam function and operation to include imaging and respiratory gating. Extensive hands-on laboratory exercises are included. The attendees of this class will be provided tools to allow them to instruct other clinical staff upon their return.</p> <p>Features:</p> <ul style="list-style-type: none"> • Includes support for TrueBeam/Edge/VitalBeam • Includes Tuition and Materials for ONE person • Length: 4 days • Offer is valid for 18 months after installation of product <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) <p>Notes:</p> <ul style="list-style-type: none"> • Training is non-refundable and non-transferable 	1
1.41	<p>INCL ED: CL222 Respiratory Gating</p> <p>The Respiratory Gating course provides training for physicists and therapists, to obtain knowledge of principles and practices of respiratory gating in radiation oncology for clinical implementation.</p> <p>Features:</p> <ul style="list-style-type: none"> • Includes support for TrueBeam Platform • Includes Tuition and Materials for ONE person • Length: 2 days • Offer is valid for 18 months after installation of product <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals) 	1

Item	Description	Qty
	Notes: <ul style="list-style-type: none"> Training is non-refundable and non-transferable 	
Section 2 Travel and Lodging for training		
2.1	Travel and Lodging for Training	10
	Travel and Lodging for Training	
Section 3 IDENTIFY for TrueBeam		
3.1	IDENTIFY Treatment Base System	1
	<p>Provides common components for IDENTIFY™ treatment room systems</p> <p>Features:</p> <ul style="list-style-type: none"> GPU-equipped workstation with monitor, keyboard, mouse at treatment console Handheld controllers with chargers Wireless access points at the treatment console and in the treatment room <p>Prerequisites:</p> <ul style="list-style-type: none"> TrueBeam™, Edge™, or VitalBeam™ v2.5 or higher or Clinac® v9.1 or higher Halcyon™ v1.0 or higher, Ethos™ v1.0 or higher or other compatible linear accelerator <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> If using third-party linear accelerator, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) Meet all requirements per the Product Planning and Customer Integration Guides <p>Notes:</p> <ul style="list-style-type: none"> Clinical Site Survey and Network Site Survey completion required prior to installation Any ceiling-mounted systems present in the treatment room will be subject to a compatibility review prior to installation by Varian Service 	
3.2	IDENTIFY Patient Setup	1
	<p>Provides patient and accessory set up verification capability for the IDENTIFY™ imaging or treatment systems</p> <p>Features:</p> <ul style="list-style-type: none"> RFID-based patient immobilization and set up accessory identification, including bolus Optical image-based patient immobilization and set up accessory placement, optical tag set included Optical image-based patient position verification Set up note and photo display Patient set up planning application Starter RFID tag package for 75 masks, 25 vacuum cushions, 25 carbon fiber and 50 general use patient set up accessories <p>Prerequisites:</p> <ul style="list-style-type: none"> IDENTIFY Imaging Base System or IDENTIFY Treatment Base System TrueBeam™, Edge™, or VitalBeam™ v2.5 or higher or Clinac® v9.1 or higher Halcyon™ v1.0 or higher, Ethos™ v1.0 or higher, other compatible linear accelerator or compatible CT imaging system Compatible couch top listed in the IDENTIFY Couch Top Compatibility Matrix <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> If using third-party linear accelerator, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) Confirm compatibility of couch top via requirements listed on IDENTIFY Couch Top Compatibility Matrix Meet all requirements per the Product Planning and Customer Integration Guides <p>Notes:</p> <ul style="list-style-type: none"> Clinical Site Survey and Network Site Survey completion required prior to installation Any ceiling-mounted and laser systems present in the treatment room will be subject to a compatibility review prior to installation by Varian Service 	
3.3	IDENTIFY SGRS System	1
	Provides IDENTIFY™ surface-guided patient position monitoring for radiosurgery	

Item	Description	Qty
	<p>Features:</p> <ul style="list-style-type: none"> • SGRS patient position monitoring system, 3-camera configuration • SGRS calibration phantom and software • Deep inspiration breath-hold management with Visual Coaching Device (VCD) and couch mount depending on couch compatibility • IDENTIFY Windows Planning Tool <p>Prerequisites:</p> <ul style="list-style-type: none"> • IDENTIFY™ Treatment Base System • TrueBeam™, Edge™ or VitalBeam™ v2.5 or higher or Clinac® v9.1 or higher or Halcyon™ v1.0 or higher, Ethos™ v1.0 or higher or other compatible linear accelerator • kV Cone Beam CT • Eclipse™ Treatment Planning System or third-party Treatment Planning System supporting DICOM RT Plan and Structure Set export • For VCD couch mount: compatible couch top listed in the IDENTIFY Couch Top Compatibility Matrix <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • If using third-party linear accelerator, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) • If using third-party treatment planning system, confirm that it meets compatibility requirements that are listed in the CRN • Confirm compatibility of couch top via requirements listed on IDENTIFY Couch Top Compatibility Matrix • Meet all requirements per the Product Planning and Customer Integration Guides • Confirm site is at elevation of 5,500 feet (1,700m) or lower 	
3.4	<p>IDENTIFY Central Server Hardware</p> <p>Provides central database for IDENTIFY™ and interface to Oncology Information System</p> <p>Features:</p> <ul style="list-style-type: none"> • Central server and database for management of 15 IDENTIFY clients • HL7 interface to supported OIS • User rights management • Report generation <p>Prerequisites:</p> <ul style="list-style-type: none"> • ARIA® oncology information system v13.6 MR1.2 or higher with ARIA Connect v2.0 or higher OR validated third-party oncology information system with HL7 interfaces (SIU Outbound, SIU Inbound, Document Inbound) <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • If using third-party oncology information system, confirm that it meets compatibility requirements that are listed in Customer Release Notes (CRN) • Meet all requirements per the Product Planning and Customer Integration Guides <p>Notes:</p> <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation • Software comes preloaded with the hardware 	1
3.5	<p>STD TRNG: IDENTIFY SGRS Onsite Training</p> <p>Standard Applications Training for IDENTIFY SGRS</p> <p>Features:</p> <ul style="list-style-type: none"> • On-site training details will be provided by the training management team as part of the product implementation process • This training will review features and functions of the IDENTIFY system • Duration and Location: 3 days onsite <p>Prerequisites:</p> <ul style="list-style-type: none"> • Installation of the IDENTIFY system • Completion of the Varian ID101 IDENTIFY SGRS Operations classroom course <p>Customer Responsibilities:</p> <ul style="list-style-type: none"> • Completion of the Customer Responsibilities Document <p>Notes:</p> <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	1
3.6	<p>STD TRNG: IDENTIFY SGRS Onsite Follow U</p> <p>Standard Applications Training for IDENTIFY SGRS</p> <p>Features:</p> <ul style="list-style-type: none"> • On-site training details will be provided by the training management team as part of the product implementation process • This training will offer a review of the IDENTIFY SGRS system and assist with workflow changes 	1

Item	Description	Qty
	<ul style="list-style-type: none"> • Duration and Location: 2 days onsite Prerequisites: <ul style="list-style-type: none"> • Installation of the IDENTIFY system • Completion of the Varian ID101 IDENTIFY SGRS Operations classroom course • Completion of the IDENTIFY SGRS standard onsite training Customer Responsibilities: <ul style="list-style-type: none"> • Completion of the Customer Responsibilities Document Notes: <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable 	
3.7	INCL ED: ID101 IDENTIFY SGRS Ops	2
	The IDENTIFY™ Operations course is designed for a new user of the IDENTIFY SGRS System. The course consists of lectures, instructor-led demonstrations, and individual hands-on exercises. Intended audience includes radiation therapists or medical physicists. Features: <ul style="list-style-type: none"> • Topics covered include: <ul style="list-style-type: none"> ◦ An overview of the IDENTIFY hardware ◦ In-depth training for patient entry ◦ QA considerations and procedures ◦ Treatment workflows • Duration and Location: 2.5 days at the nearest Varian Education center to offer this course Customer Responsibilities: <ul style="list-style-type: none"> • All travel expenses (airfare, hotel, rental car, meals and travel incidentals) Notes: <ul style="list-style-type: none"> • Offer is valid for up to 18 months after installation of product • Non-transferable to other products and services and non-refundable • Includes tuition and materials for one person 	
3.8	IDENTIFY Patient ID	1
	Provides IDENTIFY™ biometric patient identification Features: <ul style="list-style-type: none"> • Palm vein-based biometric patient identification for use in the imaging or treatment room Prerequisites: <ul style="list-style-type: none"> • IDENTIFY Imaging Base System OR IDENTIFY Treatment Base System with at least one of the following: <ul style="list-style-type: none"> ◦ IDENTIFY Patient Set Up OR IDENTIFY SGRS Customer Responsibilities: <ul style="list-style-type: none"> • Meet all requirements per the Product Planning and Customer Integration Guides • Confirm site is at elevation of 5,000 feet (1,500m) or lower Notes: <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation 	
3.9	IDENTIFY Welcome Desk	1
	Provides IDENTIFY™ biometric patient check-in and appointment display Features: <ul style="list-style-type: none"> • Palm vein-based biometric patient check-in • Patient appointment and location display Prerequisites: <ul style="list-style-type: none"> • IDENTIFY Patient ID • IDENTIFY Central Server Software OR IDENTIFY Central Server Hardware Customer Responsibilities: <ul style="list-style-type: none"> • Meet all requirements per the Product Planning and Customer Integration Guides • Confirm site is at elevation of 5,000 feet (1,500m) or lower Notes: <ul style="list-style-type: none"> • Clinical Site Survey and Network Site Survey completion required prior to installation 	

Section 4 Trade-In Discount and Remove/Dispose Clinac iX H294416

4.1	Trade-In Discount for Clinac iX H294416	1
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Item	Description	Qty
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Trade-In Discount for Clinac iX H294416

4.2	Remove/Dispose Clinac iX H294416	1
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Remove/Dispose Clinac iX H294416

Section 5 Physics

5.1	CTS3b Comm Custom 3X	1
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Comprehensive Eclipse Data Set Collection for development of custom models in Eclipse™ treatment planning system for up to 3 photon energies. CTSI will commission for up to 2 flattened and 1 unflattened X-ray energies and up to 6 electron energies. The service will take an estimated 4 calendar days.

Scope of Work:

- All Eclipse required Percentage Depth Dose and profile measurements for commissioning and generation of data book
- Measurement and creation of output factor tables
- Small field measurements for FFF beams
- Eclipse custom modeling using measured data
- Enhanced Dynamic Wedges verification for various angles
- MLC measurements including MLC transmission and dosimetric leaf gap (DLG)
- Optimization of Model using custom model (AAA or Acuros®)
- Gamma Analysis of measured vs Eclipse calculated data
- Absolute dose measurement for comparison to TPS calculation
- RapidArc® commissioning
- Portal Dosimetry commissioning with preconfigured models when available
- Electron beam configuration for eMC model

Deliverables:

- Eclipse beam model configuration
 - Verify console configuration for the linac is setup properly in Eclipse. Import the console configuration if necessary
 - Utilizing measured beam data, configure beam models for each energy. This will include AAA and Acuros for x-rays and eMC for electrons
 - Configure Rapid Arc for each x-ray energy and run verification plans
 - Configure Portal dosimetry (if PD license is purchased by the customer) for each x-ray energy that will be used for IMRT or RapidArc treatments, and run verification plans
 - Creation and calculation of test plans for model validation Complete sample EDW, IMRT, and Rapid Arc plans
 - Backup machine configuration and Eclipse beam data
- Absolute dose calibration check
 - Absolute dose calibration check of linac using the AAPG TG51 protocol for reference only as customer's physicist must do the final absolute dose calibration of the linac
 - Customer physicist will specify the calibration geometry including SSD, depth at which 1MU=1cGy, and reference field size/appliator
- Commissioning review with customer physicist
 - Review of data collected and data book/usb drive
 - Review of TPS configuration and preference settings
 - Demonstration of QA results
- Data book
- Commissioning report

Prerequisites:

- All beam delivery, treatment planning system and EMR must have been completed and working, including all network communication between systems at time of commissioning service.
- Acceptance of accelerator and Eclipse must occur before commissioning can begin

Customer Responsibilities:

- Full access 24/7 to the accelerator, accessories and the control room

Item	Description	Qty
	<ul style="list-style-type: none">• Secured internet access• Customer site physicist must be present for deliverables and approvals <p>Notes:</p> <ul style="list-style-type: none">• This service does not include any commissioning for Hard Wedge• This service does not include Radiation Survey• This service does not include clinical implementation• This service does not include general configuration of ARIA®/Eclipse, connectivity, image or data transfer, tolerance tables, user rights, and CT calibration	

Draft Only

Sales Price Table

Draft Only

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Regular Mail: 1205 Umstead Drive
2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Overnight UPS and FedEx only: 1205 Umstead Drive
Raleigh, North Carolina 27603
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0222 Medicare # 340142
FID #: 923076
PC _____ Date _____

License Fee: \$2,812.50

**2022
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant:

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As

(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Carteret General Hospital

Other: _____

Other: _____

Facility Mailing Address: P O Drawer 1619
Morehead City, NC 28557

Facility Site Address: 3500 Arendell St
Morehead City, NC 28557

County:

Telephone: (252)808-6000

Fax: (252)808-6985 _____

Administrator/Director: Harvey Case

Title: _____

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: _____ **Title:** _____

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive E-Mail: _____

Name of the person to contact for any questions regarding this form:

Name: _____ **Telephone:** _____

E-Mail: _____

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Facility does not submit form 990

For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

In accordance with Session Law 2013-382 and 10A NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and/or Schedule H as a reference.

1) Please provide the main website address for the facility:

2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and/or link to access the facility's charity care policy and financial assistance policy:

B) **Also, please attach a copy of the facility's charity care policy and financial assistance policy:**

Feel free to email the copy of the facility's charity care policy to:

DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and/or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Form 990; Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: _____ **Date:** _____

Print Name of Approving Official: _____

Carteret General Hospital

All responses should pertain to **October 1, 2020 through September 30, 2021.**

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

Primary National Provider Identifier (NPI) registered at NPPES 1760479331

If facility has more than one "Primary" NPI, please provide _____

List all campuses as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments

Name(s) of Campus:	Address:	Services Offered:
<u>Carteret General Hospital</u>	<u>3500 Arendell St, Morehead City, NC</u>	<u>Acute Care</u>

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

Carteret General Hospital

All responses should pertain to **October 1, 2020 through September 30, 2021.**

Ownership Disclosure (Please fill in any blanks and make changes where necessary).

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Carteret County General Hospital Corporation
 Street/Box: Courthouse Square
 City: Beaufort State: NC Zip: 28516
 Telephone: (252)728-8450 Fax: (252)728-2092
 CEO: Harvey Case, President

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] Yes No

If 'Yes', name of Health System*: _____

* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: _____

- a. Legal entity is: For Profit Not For Profit
- b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit
- c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered? Yes No

If "YES", name of building owner:

Carteret County

2. Is the business operated under a management contract? Yes No

If 'Yes', name and address of the management company.

Name: _____

Street/Box: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

3. Vice President of Nursing and Patient Care Services:

Patti Hudson

4. Director of Planning: _____

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Facility Data

A. Reporting Period. All responses should pertain to the period **October 1, 2020 to September 30, 2021**.

B. General Information. (Please fill in any blanks and make changes where necessary.)

For B and C, submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

1. Admissions to Licensed Acute Care Beds: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	6,158	
2. Discharges from Licensed Acute Care Beds: include only discharges from beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	5,825	
3. Average Daily Census: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2-D-8 on page 6; exclude normal newborn bassinets; and exclude swing bed admissions.	66.8	
4. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what was the number of licensed beds at the end of the reporting period?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	1,641	
6. Number of unlicensed Observation Beds		

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes ___ No Designated Level # _____
2. Are you a critical access hospital (CAH)? ___ Yes ___ No
3. Are you a long term care hospital (LTCH)? ___ Yes ___ No
4. Is this facility TJC accredited? X Yes ___ No Expiration Date: 10/2023
5. Is this facility DNV accredited? ___ Yes ___ No Expiration Date: _____
6. Is this facility AOA accredited? ___ Yes ___ No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes ___ No

All responses should pertain to **October 1, 2020 through September 30, 2021**.

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. If your facility has a Nursing Facility unit and/or Adult Care Bed unit, please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care Beds	Licensed Beds as of 9/30/2021	Operational Beds as of 9/30/2021	Inpatient Days of Care
Campus – if multiple sites: _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn (for DRG’s 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	10	10	2,793
e. Neonatal Beds Level IV* (Not Normal Newborn)			
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)	109	109	19,397
k. Neonatal Level III* (Not Normal Newborn)			
l. Neonatal Level II* (Not Normal Newborn)	3	3	253
m. Obstetric (including LDRP)	5	5	1,933
n. Oncology			
o. Orthopedics			
p. Pediatric	8	8	
q. Other, List:			
Total General Acute Care Beds/Days (a through q)	135	135	24,376
2. Comprehensive In-Patient Rehabilitation			
3. Inpatient Hospice			
4. Substance Abuse / Chemical Dependency Treatment			
5. Psychiatry			
6. Nursing Facility			
7. Adult Care Home			
8. Other			
9. Totals (1 through 8)	135	135	24,376

*Neonatal service levels are defined in 10A NCAC 14C .1401.

If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):

10. Number of Swing Beds	
11. Number of Skilled Nursing days in Swing Beds	

All responses should pertain to **October 1, 2020 through September 30, 2021.**

E. Reimbursement Source. (For “Inpatient Days,” show Acute Inpatient Days only, excluding normal newborns.)

Campus – if multiple sites: _____

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay	1,547	5,927	3,238	53	88
Charity Care					
Medicare*	14,842	11,226	62,402	637	817
Medicaid*	1,992	6,730	6,702	106	203
Insurance*	4,265	8,913	28,056	487	852
Other (Specify)	1,730	3,879	4,764	215	336
TOTAL	24,376	36,675	105,162	1,498	2,296

* Including any managed care plans.

Other includes Tricare, VA, Hospice, Liability, WC, and other Govt Payors

F. Services and Facilities

1. Obstetrics

	Number of Infants
a. Live births (Vaginal Deliveries)	546
b. Live births (Cesarean Section)	209
c. Stillbirths	9

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	8
f. Delivery Rooms – LDRP (include in Item “D.1.m” on Page 6)	

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) 18
 Do not include in section “D. Beds by Service” on Page 6

2. Abortion Services

Number of procedures per Year _____
(Feel free to footnote the type of abortion procedures reported)

All responses should pertain to **October 1, 2020 through September 30, 2021.**

3. Emergency Department Services

a. Total Number of ED Exam Rooms: 24

Of this total, how many are:

a.1. # Trauma Rooms 13

a.2. # Fast Track Rooms 11

a.3. # Urgent Care Rooms _____

b. Total Number of ED visits for reporting period: 36,675

c. Total Number of admits from the ED for reporting period: 5,074

d. Total Number of Urgent Care visits for reporting period: 10

e. Does your ED provide services 24 hours a day 7 days per week? Yes No

If no, specify days/hours of operation: _____

f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No

If no, specify days/hours physician is on duty: _____

4. Medical Air Transport: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? Yes No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. Pathology and Medical Lab (Check whether or not service is provided)

a. Blood Bank/Transfusion Services Yes No

b. Histopathology Laboratory Yes No

c. HIV Laboratory Testing Yes No

Number during reporting period

HIV Serology 320

HIV Culture _____

d. Organ Bank Yes No

e. Pap Smear Screening Yes No

All responses should pertain to **October 1, 2020 through September 30, 2021**.

6. Transplantation Services - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants? ___ Yes X No

7. Telehealth/Telemedicine*

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine.
 A service may apply to more than one category.

Check all that apply

Service	<u>Provide</u> service <u>to</u> other facilities via telemedicine	<u>Receive</u> service <u>from</u> other facilities via telemedicine
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>
Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol and/or substance use disorder (other than tobacco) services	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other services	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* Telehealth/telemedicine is defined by the U.S. Health Resources & Services administration as “the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”

8. Specialized Cardiac Services (for questions, call Healthcare Planning at 919-855-3865)

a. Open Heart Surgery

Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	0

All responses should pertain to **October 1, 2020 through September 30, 2021.**

8. Specialized Cardiac Services *continued* (for questions, call Healthcare Planning at 919-855-3865)

b. Cardiac Catheterization and Electrophysiology

Cardiac Catheterization, as defined in NCGS 131E-176(2g)	Diagnostic Cardiac Catheterization**	Interventional Cardiac Catheterization***
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	516	187
4. Number of Procedures* Performed in Mobile Units		
Dedicated Electrophysiology (EP) Equipment		
5. Number of Units of Fixed Equipment		
6. Number of Procedures on Dedicated EP Equipment		

*A **procedure** is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure.

** “a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery.” 10A NCAC 14C .1601(9)

*** “a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery.” 10A NCAC 14C .1601(16)

Number of fixed or mobile units of grandfathered cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required): _____

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed or mobile units of cardiac catheterization equipment owned by hospital:

Name of Mobile Vendor, if not owned by hospital: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

All responses should pertain to **October 1, 2020 through September 30, 2021.**

9. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: _____

a) Surgical Operating Rooms

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	1
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	5
Total of Surgical Operating Rooms	6

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	
--	--

b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, **in GI Endoscopy Rooms and in any other location.**

Total Number of Licensed Gastrointestinal Endoscopy Rooms: 3

GI Endoscopies*	PROCEDURES		CASES		TOTAL <u>CASES</u>
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms	94	476	94	486	580
NOT Performed in Licensed GI Endoscopy Rooms	22	128	23	129	152
TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					732

*As defined in 10A NCAC 14C .3901 “ ‘Gastrointestinal (GI) endoscopy procedure’ means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

c) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

All responses should pertain to **October 1, 2020 through September 30, 2021.**

Campus – if multiple sites: _____

d) Non-Surgical Cases by Category

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Rooms		
NOT Performed in Licensed GI Endoscopy Rooms		
Other Non-Surgical Cases		
Pain Management		48
Cystoscopy	47	247
YAG Laser		
Other (specify)		

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	2	7
Open Heart Surgery (from 8.(a) 4. on page 9)		
General Surgery	565	1,053
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)	61	352
Ophthalmology		
Oral Surgery/Dental	2	5
Orthopedics	640	748
Otolaryngology		
Plastic Surgery		17
Podiatry	13	35
Urology	4	79
Vascular	1	
Other Surgeries (specify)		
Number of C-Sections Performed in Dedicated C-Section ORs	210	
Number of C-Sections Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	1,498	2,296

f) Number of surgical procedures performed in unlicensed Procedure Rooms: _____

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Campus – if multiple sites: _____

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

g. Average Operating Room Availability and Average Case Times

Based on **your facility’s** experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room*	Average Number of Days per Year Routinely Scheduled for Use	Average Case Time ** in Minutes for Inpatient Cases	Average Case Time ** in Minutes for Ambulatory Cases
10	253	112	85

* Use only Hours per Day **routinely** scheduled when determining the answer. Example:

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
				Total hours per day	25 hours
					25 hours divided by 3 ORs
					= 8.3 Average Hours per day
					Routinely Scheduled for Use Per Room

** **Case Time = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the “Procedural Times Glossary” of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to **October 1, 2020 through September 30, 2021**.

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

h. Definition of Health System for Operating Room Need Determination Methodology

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Operating Room need determination methodology uses the following definition of “health system” that differs from the definition on page 4 of the License Renewal Application. (Note that for most facilities, the health system entered here will be the same health system entered on page 4, but it may not be. Please read this definition carefully.)

- A “health system” includes all licensed health service facilities located in the same county that are owned or leased by:
1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
 2. the same parent corporation or holding company; or
 3. a subsidiary of the same parent corporation or holding company; or
 4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system? Yes No

If so, name of health system: Carteret Health Care

All responses should pertain to **October 1, 2020 through September 30, 2021**.

i. 20 Most Common Outpatient Surgical Cases - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	75
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	24
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	72
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42830	Adenoidectomy, primary; younger than age 12	
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	99
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	186
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	5
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	16
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	160
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	45
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	5
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	51
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	4
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

All responses should pertain to **October 1, 2020 through September 30, 2021**.

10. Imaging Procedures

a. 20 Most Common Outpatient Imaging Procedures

Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	287
70486	Computed tomography, facial bone; without contrast material	173
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	121
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	323
71020	Radiologic examination, chest; two views, frontal and lateral	
71250	Computed tomography, thorax; without contrast material(s)	500
71260	Computed tomography, thorax; with contrast material(s)	348
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	140
72100	Radiologic examination, spine, lumbosacral; two or three views	369
72110	Radiologic examination, spine, lumbosacral; minimum of four views	390
72125	Computed tomography, cervical spine; without contrast material	45
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	265
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	526
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	178
73630	Radiologic examination, foot; complete, minimum of three views	201
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	7
74000	Radiologic examination, abdomen; single anteroposterior view	
74176	Computed tomography, abdomen and pelvis; without contrast material	274
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	539
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	119

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

b. MRI Procedures

Indicate the number of procedures performed on MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. **Campus – if multiple sites:** _____

Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Fixed	258	310	568	1,326	2,379	3,705	4,273
Mobile (performed only at this site)							
TOTAL**	258	310	568	1,326	2,379	3,705	4,273

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT-coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

** Totals must be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

c. Fixed MRI Scanners

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. **Campus – if multiple sites:** _____

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed, including open-bore scanners (<i>do not include any Policy AC-3 scanners</i>)	
Number of fixed MRI scanners-open (<i>do not include any Policy AC-3 scanners</i>)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	1
Total Fixed MRI Scanners	1

Number of grandfathered fixed MRI scanners on this campus: _____

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all other fixed MRI scanners on this campus: _____

All responses should pertain to **October 1, 2020 through September 30, 2021.**

d. Mobile MRI Services Campus – if multiple sites: _____

During the reporting period,

1. Did the facility own one or more mobile MRI scanners? ___ Yes X No

If Yes, how many? _____ Of these, how many are grandfathered? _____

CON Project ID numbers for non-grandfathered mobile scanners owned by facility:

Did the facility contract for mobile MRI services? ___ Yes X No

If Yes, name of mobile vendor: _____

e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus.

Campus – if multiple sites: _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

f. Computed Tomography (CT). Campus – if multiple sites: _____

How many fixed CT scanners does the hospital have? 2 _____

Does the hospital contract for mobile CT scanner services? ___ Yes X No

If yes, identify the mobile CT vendor _____

Complete the following table for fixed and mobile CT scanners.

	Type of CT Scan	<u>FIXED</u> CT Scanner # of Scans	<u>MOBILE</u> CT Scanner # of Scans
1	Head without contrast	5,655	
2	Head with contrast	486	
3	Head without and with contrast	929	
4	Body without contrast	6,025	
5	Body with contrast	9,034	
6	Body without contrast and with contrast	405	
7	Biopsy in addition to body scan with or without contrast	91	
8	Abscess drainage in addition to body scan with or without contrast	29	
	Total	22,654	

All responses should pertain to **October 1, 2020 through September 30, 2021.**

g. Positron Emission Tomography (PET). Campus – if multiple sites: _____

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner	1	5	417	422
PET pursuant to Policy AC-3				
Other PET Scanners used for Human Research only				

* PET **procedure** means a single discrete study of one patient involving one or more PET scans. PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 31.**

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: _____

Does the hospital own a mobile PET scanner that performed procedures on this campus? ____ Yes ____ No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): _____

If No, name of Mobile PET Provider, if any: _____

h. Other Imaging Equipment. Campus – if multiple sites: _____

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment	6	1,113	9,270	10,383
Mammography equipment	2		10,075	10,075
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	3	7,884	25,908	33,792
Fixed Fluoroscopic X-ray Equipment	6	324	422	746
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	300	1,259	1,559
Coincidence Camera				
Mobile Coincidence Camera. Vendor:				
SPECT	3	300	1,188	1,488
Mobile SPECT. Vendor:				
Gamma Camera				
Mobile Gamma Camera. Vendor:				
Proton Therapy equipment				

i. Lithotripsy. Campus – if multiple sites: _____

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1		10	10

Lithotripsy Vendor/Owner
Carolina Lithotripsy

All responses should pertain to **October 1, 2020 through September 30, 2021**.

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

Campus – *if multiple sites:* _____

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	2,470
77413	Radiation treatment delivery (6-10 MeV)	
77414	Radiation treatment delivery (11-19 MeV)	1
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	3,966
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	295
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC)	
	Pediatric Patient under anesthesia	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
Total Procedures – Linear Accelerators		6,732
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
Total Procedures – Gamma Knife®		

All responses should pertain to **October 1, 2020 through September 30, 2021**.

11. Linear Accelerator Treatment Data *continued*

Campus – if multiple sites: _____

- a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three

Number of Patients 342

(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 32.)

- b. TOTAL number of Linear Accelerators: 1

Of the TOTAL above,

Number of Linear Accelerators configured for
stereotactic radiosurgery: _____

Number of **CyberKnife®** Systems: _____

Number of **other specialized linear accelerators:** _____

- c. Number of **Gamma Knife®** units _____

- d. Number of **treatment simulators** _____

(“machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.”(GS 131E-176(24b)))

- e. Number of grandfathered Linear Accelerators _____

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

- f. CON Project ID numbers for all non-grandfathered Linear Accelerators: _____
-

All responses should pertain to **October 1, 2020 through September 30, 2021.**

12. Additional Services: Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

a. Check each Service provided: (for dialysis stations, show number of stations)

- | | | | |
|---------------------------------------|--------------------------|-----------------------------------|--------------------------|
| 1. Cardiac Rehab Program (Outpatient) | <input type="checkbox"/> | 5. Rehabilitation Outpatient Unit | <input type="checkbox"/> |
| 2. Chemotherapy | <input type="checkbox"/> | 6. Podiatric Services | <input type="checkbox"/> |
| 3. Clinical Psychology Services | <input type="checkbox"/> | 7. Genetic Counseling Service | <input type="checkbox"/> |
| 4. Dental Services | <input type="checkbox"/> | 8. Inpatient Dialysis Services | <input type="checkbox"/> |

If number 8 is checked, enter number of dialysis stations: _____

b. Hospice Inpatient Unit Data:

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Unit. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

c. Psychiatric and Substance Use Disorder Units

1. If the psychiatric unit has a different name from the hospital, please indicate:

2. If address is different from the hospital, please indicate:

3. Director of the above services.

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Psychiatric Services

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules Mental Health	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to **October 1, 2020 through September 30, 2021.**

Substance Use Disorder Services

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers							
.3200 Social setting detoxification for substance abusers							
.3300 Outpatient detoxification for substance abusers							
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders							
.3500 Outpatient facilities for individuals with substance abuse disorders							
.3600 Outpatient narcotic addiction treatment							
.3700 Day treatment facilities for individuals with substance abuse disorders							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance use disorders							

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Patient Origin - General Acute Care Inpatient Services

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admission to your facility. Submit one record for the licensed hospital.

DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.

Must match number of admissions on page 5, Section B-1.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	2	37. Gates		73. Person	3
2. Alexander		38. Graham		74. Pitt	15
3. Alleghany		39. Granville	3	75. Polk	1
4. Anson		40. Greene		76. Randolph	1
5. Ashe		41. Guilford	10	77. Richmond	
6. Avery		42. Halifax	3	78. Robeson	1
7. Beaufort	5	43. Harnett	5	79. Rockingham	1
8. Bertie	2	44. Haywood	2	80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	6	46. Hertford		82. Sampson	1
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke		48. Hyde	2	84. Stanly	
13. Cabarrus		49. Iredell	2	85. Stokes	1
14. Caldwell		50. Jackson		86. Surry	2
15. Camden		51. Johnston	3	87. Swain	1
16. Carteret	4,169	52. Jones	35	88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	
18. Catawba		54. Lenoir	15	90. Union	1
19. Chatham	1	55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	25
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	3	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	5	96. Wayne	5
25. Craven	587	61. Mitchell		97. Wilkes	1
26. Cumberland	5	62. Montgomery		98. Wilson	8
27. Currituck		63. Moore	3	99. Yadkin	
28. Dare	1	64. Nash	10	100. Yancey	
29. Davidson	1	65. New Hanover	3		
30. Davie	2	66. Northampton	1	101. Georgia	4
31. Duplin	9	67. Onslow	1,016	102. South Carolina	6
32. Durham	4	68. Orange	5	103. Tennessee	4
33. Edgecombe	3	69. Pamlico	24	104. Virginia	23
34. Forsyth	10	70. Pasquotank	2	105. Other States	69
35. Franklin	4	71. Pender	3	106. Other	
36. Gaston	2	72. Perquimans		Total No. of Patients	6,148

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All responses should pertain to **October 1, 2020 through September 30, 2021**.

Patient Origin – Emergency Department Services

In an effort to document patterns of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served in your facility by your Emergency Department.

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b): Emergency Department Services, Page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	40	37. Gates		73. Person	16
2. Alexander	1	38. Graham		74. Pitt	169
3. Alleghany	1	39. Granville	14	75. Polk	3
4. Anson		40. Greene	16	76. Randolph	14
5. Ashe	4	41. Guilford	108	77. Richmond	
6. Avery		42. Halifax	24	78. Robeson	7
7. Beaufort	48	43. Harnett	30	79. Rockingham	17
8. Bertie	9	44. Haywood	2	80. Rowan	7
9. Bladen	1	45. Henderson	6	81. Rutherford	7
10. Brunswick	23	46. Hertford	1	82. Sampson	6
11. Buncombe	14	47. Hoke	3	83. Scotland	1
12. Burke	7	48. Hyde	2	84. Stanly	1
13. Cabarrus	11	49. Iredell	20	85. Stokes	16
14. Caldwell	4	50. Jackson	1	86. Surry	16
15. Camden	1	51. Johnston	91	87. Swain	1
16. Carteret	23,462	52. Jones	128	88. Transylvania	
17. Caswell	3	53. Lee	17	89. Tyrrell	
18. Catawba	5	54. Lenoir	90	90. Union	7
19. Chatham	6	55. Lincoln		91. Vance	12
20. Cherokee	3	56. Macon		92. Wake	436
21. Chowan	8	57. Madison	2	93. Warren	2
22. Clay		58. Martin	11	94. Washington	3
23. Cleveland	6	59. McDowell	6	95. Watauga	5
24. Columbus	2	60. Mecklenburg	50	96. Wayne	75
25. Craven	5,090	61. Mitchell	1	97. Wilkes	6
26. Cumberland	31	62. Montgomery		98. Wilson	95
27. Currituck	5	63. Moore	24	99. Yadkin	8
28. Dare	2	64. Nash	72	100. Yancey	
29. Davidson	18	65. New Hanover	41		
30. Davie	15	66. Northampton	4	101. Georgia	76
31. Duplin	21	67. Onslow	4,125	102. South Carolina	81
32. Durham	63	68. Orange	40	103. Tennessee	44
33. Edgecombe	20	69. Pamlico	63	104. Virginia	343
34. Forsyth	90	70. Pasquotank	5	105. Other States	1,030
35. Franklin	27	71. Pender	18	106. Other	107
36. Gaston	7	72. Perquimans	1	Total No. of Patients	36,675

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All responses should pertain to **October 1, 2020 through September 30, 2021**.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Procedures, and Cases” table on page 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	2
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax	3	78. Robeson	
7. Beaufort	1	43. Harnett		79. Rockingham	2
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	508	52. Jones	3	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	1	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	1
25. Craven	70	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie	1	66. Northampton		101. Georgia	
31. Duplin		67. Onslow	121	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	7	104. Virginia	1
34. Forsyth	2	70. Pasquotank		105. Other States	3
35. Franklin		71. Pender	1	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	732

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Patient Origin – Inpatient Surgical Cases

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville	1	75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	2	43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	2	84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	835	52. Jones	11	88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir	7	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	6
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	1	96. Wayne	1
25. Craven	210	61. Mitchell		97. Wilkes	
26. Cumberland	3	62. Montgomery		98. Wilson	2
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	3	67. Onslow	356	102. South Carolina	2
32. Durham	1	68. Orange	1	103. Tennessee	
33. Edgecombe	2	69. Pamlico	15	104. Virginia	6
34. Forsyth	3	70. Pasquotank		105. Other States	14
35. Franklin	2	71. Pender	2	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	1,498

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Patient Origin – Ambulatory Surgical Cases

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	1
2. Alexander		38. Graham		74. Pitt	5
3. Alleghany		39. Granville		75. Polk	2
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	4	43. Harnett	1	79. Rockingham	2
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	3	84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	1	87. Swain	
16. Carteret	1,362	52. Jones	22	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir	3	90. Union	
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	7
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	2
25. Craven	267	61. Mitchell		97. Wilkes	
26. Cumberland	2	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	
28. Dare	1	64. Nash	4	100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	7	67. Onslow	544	102. South Carolina	6
32. Durham	3	68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico	13	104. Virginia	4
34. Forsyth	1	70. Pasquotank		105. Other States	15
35. Franklin	1	71. Pender	4	106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	2,296

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Patient Origin - MRI Services

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the “MRI Procedures” table on page 17.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	2
2. Alexander		38. Graham		74. Pitt	8
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort	3	43. Harnett	3	79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	1	46. Hertford		82. Sampson	3
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke		48. Hyde	1	84. Stanly	
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret	2,098	52. Jones	16	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	7	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	17
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	2	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	3	96. Wayne	1
25. Craven	674	61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	3		
30. Davie		66. Northampton		101. Georgia	6
31. Duplin	3	67. Onslow	393	102. South Carolina	3
32. Durham	3	68. Orange	2	103. Tennessee	1
33. Edgecombe	2	69. Pamlico	10	104. Virginia	13
34. Forsyth	5	70. Pasquotank	1	105. Other States	63
35. Franklin	2	71. Pender	1	106. Other	3
36. Gaston	1	72. Perquimans		Total No. of Patients	3,367

All responses should pertain to **October 1, 2020 through September 30, 2021**.

Patient Origin – PET Scanner

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the “Positron Emission Tomography (PET)” table on page 19.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	316	52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven	28	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	69	102. South Carolina	2
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	1	104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	422

All responses should pertain to **October 1, 2020 through September 30, 2021.**

Patient Origin – Linear Accelerator Treatment

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	256	52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	1	90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven	23	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow	58	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	342

All responses should pertain to **October 1, 2020 through September 30, 2021.**

Patient Origin - Psychiatric and Substance Use Disorder

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Complete the following table below for inpatient Days of Care for beds reported under Section .5200 on pages 23-24. Days of care reported here must match days of care reported on page 6 (D-4 and D-5).

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

All responses should pertain to **October 1, 2020 through September 30, 2021.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to **October 1, 2020 through September 30, 2021.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Other States										
102. Other										
TOTAL										

All responses should pertain to **October 1, 2020 through September 30, 2021**.

This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2022 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2022 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____ **Date:** _____

PRINT NAME
OF APPROVING OFFICIAL _____

Please be advised, the license fee must accompany the completed license renewal application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.