



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

January 16, 2026

Denise M. Gunter

denise.gunter@nelsonmullins.com

No Review

Record #: 5064
Date of Request: January 9, 2026
Business Name: Novant Health Enterprises Imaging, LLC
Business #: 3934
Project Description: Develop an imaging center
County: Buncombe

Dear Ms. Gunter:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the representation in your request and the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. **As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.**

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Ena Lightbourne, Project Analyst

Micheala Mitchell, Chief

cc: Radiation Protection Section, DHSR

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

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 9, 2026

Via E-mail

Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
Division of Health Service Regulation
1915 Health Services Way
Raleigh, North Carolina 27608

RE: No Review Letter for Novant Health Enterprises Imaging d/b/a Novant Health
Imaging South Asheville/Buncombe County/Health Service Area I

Dear Ms. Mitchell:

On behalf of Novant Health Enterprises Imaging d/b/a Novant Health Imaging South Asheville (“NHI South Asheville”), I am writing to inform the Agency of NHI South Asheville’s intention to develop an imaging center (the “Imaging Center”), to be located at 1815 Hendersonville Road, Asheville, North Carolina 28803 and to request that the Agency issue its written determination that the proposed Imaging Center is not subject to CON review.

The Imaging Center will contain the following equipment:

Two mammography units
One injector for the mammography units
One ultrasound unit

None of the equipment is independently subject to CON review pursuant to N.C. Gen. Stat. § 131E-176(16)f1.1.-9.

The CON Law regulates the “construction, development, or other establishment of a new health service facility.” N.C. Gen. Stat. § 131E-176(16)a. “Health service facility” is defined in N.C. Gen. Stat. § 131E-176(9b) and includes a “diagnostic center.” N.C. Gen. Stat. § 131E-176(7a) defines “diagnostic center” as:

[a] freestanding facility, program, or provider, including but not limited to, physicians’ offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost

Micheala Mitchell
January 9, 2026
Page 2

of all the medical diagnostic equipment utilized by the facility, which cost ten thousand dollars (\$10,000) or more exceeds three million dollars (\$3,000,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than three million dollars (\$3,000,000) the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

N.C. Gen. Stat. § 131E-176(7a). Pursuant to your October 15, 2025 memorandum to the CON Interested Parties List, attached hereto as **Exhibit A**, the current applicable threshold for diagnostic centers is \$3,103,500.

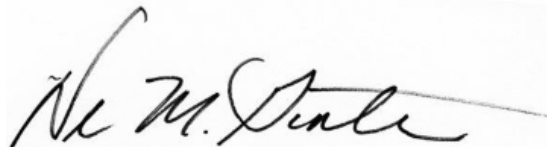
The total cost of the Imaging Center, including the equipment, and all construction, installation, and other activities essential to acquiring and making the equipment operational is \$1,517,941.68. See certified cost estimate, attached hereto as **Exhibit B**. Also included as **Exhibits C-E** are the equipment quotes. As the equipment quotes demonstrate, no piece of equipment proposed to be acquired meets the definition of “major medical equipment” in N.C. Gen. Stat. § 131E-176(14a). Pursuant to **Exhibit A**, the current threshold for major medical equipment is \$2,069,000.

Accordingly, since no provision of the CON Law applies to the Imaging Center, we respectfully request your written confirmation that NHI South Asheville may proceed to develop the Imaging Center without CON review.

Please let me know if you have any questions or need additional information.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise M. Gunter", is written over a light gray rectangular background.

Denise M. Gunter

Attachments



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

Date October 15, 2025

To: Certificate of Need Interested Parties

From: Micheala L. Mitchell
Section Chief, Healthcare Planning and Certificate of Need

Re: Adjustment to Cost Thresholds

Pursuant to G.S. §§131E-176 (7a); (14o); (16)b and (22a), the Department of Health and Human Services, Division of Health Service Regulation is required to adjust the certificate of need (CON) cost threshold amounts on September 30 for the development of diagnostic centers, new institutional health services and for the acquisition of major medical and replacement equipment using the Medical Care Index (MCI) of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding September 1.

The percentage change in the MCI from August 31, 2024, to August 31, 2025, is 3.45%. Accordingly, the new CON cost threshold amounts for the above-referenced services and equipment are as follows:

New Institutional Health Service - \$4,138,000

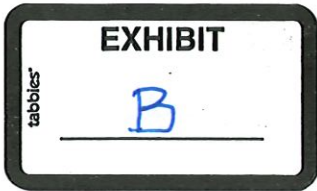
Diagnostic Centers - \$3,103,500

Major Medical Equipment - \$2,069,000

Replacement Equipment - \$3,103,500

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

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701
www.ncdhhs.gov/dhsr • TEL: 919-855-3750 • FAX: 919-733-2757



Projected Capital Cost Form

Building Purchase Price	\$ NA
Purchase Price of Land	\$NA
Closing Costs	\$NA
Site Preparation	\$NA
Construction/Renovation Contract(s)	\$397,132
Landscaping	\$NA
Architect / Engineering Fees	\$26,776.05
Medical Equipment	\$1,094,033.63
Non-Medical Equipment	\$NA
Furniture	\$NA
Consultant Fees (specify)	\$NA
Financing Costs	\$NA
Interest during Construction	\$NA
Other (specify)	\$NA
Total Capital Cost	\$1,517,941.68



CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

[Signature]
Signature of Licensed Architect or Engineer

Date Signed: 1/5/26

CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

[Signature]
Signature of Officer/Agent

Date Signed: 01/07/2026

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:
GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC
Tax ID (92-0192942)

Novant Health South Asheville Medical Plaza
 1815 Hendersonville Rd
 Asheville, NC28803-3204

This Agreement (as defined below) is by and between the Customer and the GE HealthCare business (“GE HealthCare”), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein (“Quotation”). “Agreement” is this Quotation (including line/catalog details included herein) and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE HealthCare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation.

GE HealthCare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE HealthCare (“Quotation Acceptance”). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE HealthCare’s prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	Vizient Supply LLC XR0918 – Ultrasound
Modality Agreement Tier	
Terms of Delivery	FOB Destination
Billing Terms	100% billing at Ship Completion (Fulfillment) / Delivery
Payment Terms	45 Net
Sales and Use Tax Exemption	No Certificate on File
Total Quote Net Selling Price	\$135,753.40

IMPORTANT CUSTOMER ACTIONS:

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

Cash
 GE HFS Loan GE HFS Lease
 Other Financing Loan Other Financing Lease Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Novant Health South Asheville Medical Plaza

Signature: _____

Print Name: _____

Title: _____

Date: _____

Purchase Order Number, if applicable _____

GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC,
a GE HealthCare business

Signature: Jason Stilwell

Title: Product Sales Specialist, General Imaging, ULS

Date: January 6, 2026

Document Instructions

Please sign and return this quotation together with any Purchase Order(s) to:

Name: Jason Stilwell

Email: jason.stilwell@gehealthcare.com

Phone: 425-495-5223

Fax:

Payment Instructions

Please **remit** payment for invoices associated with this quotation to:

**GE Medical Systems, Ultrasound & Primary Care
Diagnostics, LLC**

P.O. Box 74008831

Chicago, IL 60674-8831

FEIN: 92-0192942

Novant Health South Asheville Medical Plaza**Addresses:**

Bill To: Novant Health South Asheville Medical Plaza 1815 Hendersonville Rd, Asheville, NC, US, 28803-3204

Ship To: Novant Health South Asheville Medical Plaza 1815 Hendersonville Rd, Asheville, NC, US, 28803-3204

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- Source of Funds (choice of Cash/Third Party Loan or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE HealthCare).
- If your purchasing process requires a purchase order, please make sure it includes:
 - The correct Quote number and Version number above
 - The correct Remit To information as indicated in "Payment Instructions" above
 - Your correct SHIP TO and BILL TO site name and address
 - The correct Total Price as indicated above

Evidence of the agreement to contract terms. Either: (a) the quotation signature filled out with signature and P.O. number; or (b) Verbiage on the purchase order stating one of the following:

- (i) "Per the terms of Quotation # _____";
- (ii) "Per the terms of GPO # _____";
- (iii) "Per the terms of MPA# _____"; or
- (iv) "Per the terms of SAA # _____".

Quote Summary

Extended Qty	Catalog	Short Description
1	H8025EE	LOGIQ E10s R4 Console
1	H44901AI	L2-9-D XDclear*Linear Array Probe
1	H44901AT	ML4-20-D Probe
1	H40472LT	C1-6-D XDclear* Convex Array Probe
1	H40442LK	IC5-9-D Microconvex Array Probe
1	H46612LF	Onboard BW Printer UP-D898DC Kit
1	H4918BT	LOGIQ E10 Bin - Twin
1	H4915P	LOGIQ E9 Probe Holder Insert

Purchases

Line	Qty.	Catalog		<u>Net Price</u>
1	1.00	H8025EE	LOGIQ E10s R4 Console	\$127,050.00

The LOGIQ E10s is GE HealthCare's premium ultrasound imaging system designed for abdominal, vascular, obstetric, gynecologic, neonatal, pediatric, urological, transcranial, cardiac, and small parts applications. The LOGIQ E10s provides the latest GE Healthcare technology to help enhance diagnostic confidence and workflow efficiency every day in a variety of challenging exams. Innovative features: cSound image former for enhanced image quality and XDclear transducer technology capabilities. The LOGIQ E10s includes: LOGIQVIEW an integrated, extended field of view B-mode imaging with measurement capability; CrossXBeam (spatial compounding), SRI HD (Speckle Reduction Imaging in High Definition) with Organ Specific Imaging, Coded Harmonics, Advanced Color Flow Imaging, eDelivery, Wireless, Tablet with Case, LOGIQ Apps, B Steer+, Strain Elastography, Probe Check, Scan Assistant, SRI HD Type 2. Productivity can be enhanced through many features such as Raw Data for post-processing of images, Breast and Thyroid Productivity packages, Automatic Optimization, Virtual Convex, Advanced 3D (w/ multiplanar displays). Advanced ergonomics including 24" wide screen high resolution HDU display (1920 x 1080) with articulating arm, motorized adjustable console, 12.1 inch color high resolution LED touch screen, four active transducer ports and 1 parking ports with patented cable hook. Scanning modes include B-Mode, M-Mode, Color Flow, Pulsed Wave, and Power Doppler. Other system features include: Windows** 10 Enterprise 2019 LTSB 64-bit operating platform, 1GB cine memory, 1TB internal SSD, DVD-R, image archive, user footrest, integrated on-board black and white printer bay, and user programmable model parameters. Includes comprehensive software annotation, calculations, and worksheets supporting obstetrical, gynecological, vascular, and general imaging applications. Security features including cyber threat protection, patient data encryption, user access controls, LDAP and audit logging.

Includes Two-year standard warranty (does not include preventative maintenance). Applicable probe coverage ends after year one. Three (3) days of Applications Training included and (3) 1-hour Remote Applications sessions. Training must be completed within twelve (12) months after Product delivery, otherwise GE Healthcare's obligation to provide the training will expire without refund. Participating in advanced technology training at the GE Healthcare Education Center in Metro Milwaukee can be purchased separately. *Trademark of GE HealthCare. **Third party trademarks are the property of their respective owners.

Line	Qty.	Catalog		<u>Net Price</u>
2	1.00	H44901AI	L2-9-D XDclear*Linear Array Probe	\$6,600.00

Linear Array Probe with GE's highest performing XDclear* transducer technology, an innovative combination of advanced materials and acoustic design providing ultra-wide bandwidth and superb image quality. Applications include Vascular, Small Parts, Musculoskeletal, Neonatal Cephalic, Pediatric, Abdominal, Obstetrical. *Trademark of General Electric Company

Line	Qty.	Catalog		<u>Net Price</u>
3	1.00	H44901AT	ML4-20-D Probe	\$10,890.00

Line	Qty.	Catalog	
4	1.00	H40472LT	C1-6-D XDclear* Convex Array Probe

Net Price
\$6,600.00

Convex Array probe with GE's highest performing XDclear* transducer technology, an innovative combination of advanced materials and acoustic design providing ultra-wide bandwidth and superb image quality. Applications vary depending on the ultrasound system and may include Abdominal, OB/GYN, Urology, and Vascular. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications. *Trademark of General Electric Company

Line	Qty.	Catalog		<u>Net Price</u>
5	1.00	H40442LK	IC5-9-D Microconvex Array Probe	\$3,960.00

Wideband Microconvex Intercavity Array Probe. Applications vary depending on the ultrasound system and may include OB/GYN and Urology. Datasheets for specific ultrasound systems contain additional details including specific applications, biopsy availability, and additional probe technical specifications.

Line	Qty.	Catalog		<u>Net Price</u>
6	1.00	H46612LF	Onboard BW Printer UP-D898DC Kit	\$495.00

Line	Qty.	Catalog		<u>Net Price</u>
7	1.00	H4918BT	LOGIQ E10 Bin - Twin	\$148.50

LOGIQ E10 twin storage bin for additional onboard storage

Line	Qty.	Catalog		<u>Net Price</u>
8	1.00	H4915P	LOGIQ E9 Probe Holder Insert	\$9.90

Insert for smaller diameter probes

Total Quote Subtotal: \$155,753.40

Qty	Credits and Adjustments	
1.00	Logiq Compassionate Purple Discount	-20,000.00
Total Quote Net Selling Price:		\$135,753.40

**ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:
 GE Medical Systems, Ultrasound & Primary Care Diagnostics, LLC
 Tax ID (92-0192942)**

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

Optional Items

Please initial by net price in terms you wish to purchase

Catalog Number	Qty.	Description	Net Price	Initial
H4920HF	1.00	L6-24-D Linear Array Probe Broad-spectrum linear probe. Preferred applications: breast, musculoskeletal, small parts, vascular	\$6,600.00	_____

January 6, 2026
Quote Number: **2012427281.1**
Customer ID: **C-6rOfgJ9**
Quotation Expiration Date: **03/31/2026**

Governing Agreement Reference Information

Customer:	Novant Health South Asheville Medical Plaza
Contract Number:	Vizient Supply LLC XR0918 – Ultrasound
Billing Terms:	100% billing at Ship Completion (Fulfillment) / Delivery
Payment Terms:	45 Net
Shipping Terms	FOB DESTINATION

Offer subject to the Terms and Conditions of the applicable Governing Agreement currently in effect between GE HealthCare and Vizient Supply LLC XR0918 – Ultrasound

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

This product offering is made per the terms and conditions of Vizient /GE Healthcare GPO Agreements as follows:

Imaging:

XR0882-MR, XR0702-Card./Vasc., XR0673-CT, XR0652-Mammo, XR0895 PET-CT & Nuc Med, XR0715-R&F/RAD & XR0592-ICAR-EP/HEMO, XR0692-BMD

Ultrasound:

XR0918-Ultrasound

LCS:

CE7152 (Anesthesia), CE7633 (Monitoring), CE9233 (Infant Care), CE7621 (DCAR) and CE7293 (Ventilators).

To access the Vizient Terms & Conditions: Please login to the Vizient Catalog website: <https://www.vizientinc.com/member-login>

If you require assistance or are experiencing issues, please contact Vizient for support:

- Email: Vizientsupport@Vizientinc.com
- For Vizient customers, please contact Phone (800) 842-5146
- For Provista Customers, please contact 888-538-4662.

Quotation

Sales Support
tel (800) 633-7231
fax (412) 406-0952
radiologysolutions.bayer.com

Issue PO to:
Bayer HealthCare LLC
1 Bayer Drive
Indianola, PA 15051

Exhibit D



Quote No. Q-00096006

This quotation has been prepared for: Novant Health South Asheville Imaging Center

Issued on 12/5/2025

Valid until 3/5/2026

Trade-in required No

Your Bayer Sales Team:

Anthony Capuzzi 704-534-9391, , anthony.capuzzi@bayer.com

Quotation Overview

VIZIENT RADIOLOGY - NEW Pricing Applied

Shipment dates are subject to change as materials and components may be impacted by shortages and/or delays caused by the global pandemic.

Bayer's diagnostic imaging products, software, and equipment service help healthcare teams in radiology address their critical performance, quality, uptime, and scheduling requirements.

Please note: If pricing and terms of this [order/quote] are based upon your current Group Purchasing Organization (GPO) affiliation, any change to your current affiliation may require a new quote or updated terms and pricing.

>See [Products and Services Details](#) in this quote, or refer to your invoice, for an itemized breakdown of quoted products.

Imaging Products and Services

Product Name	Total List Price	YOUR PRICE
Stellant FLEX - Medrad® Stellant® FLEX Injection System(s)	\$56,145.49	\$31,043.69
TOTAL (Local taxes, shipping and/or handling to be invoiced when applicable)	\$56,145.49	\$31,043.69



Products and Services Details

Stellant FLEX- Medrad® Stellant® FLEX Injection System(s) and Related Products/Services

Item(s)	Catalog No.	Qty	Unit List Price	Contracted Price	YOUR PRICE
Medrad® Stellant® Flex® Pedestal CT Injection System for Contrast-Enhanced Mammography	FLEX-PED	1	\$50,951.00	\$29,120.00	\$29,120.00
INSTALL, FLEX CE MAMMO	INS FLEX CE MAMMO	1	\$1,701.00	\$0.00	\$1,701.00
2-150 ml FLEX Syringes, 60" Tubing w T-Connector, 2 Small Spikes / 20 per box	FLEXD-150-SPK	1	\$455.90	\$222.69	\$222.69
Subtotal					\$31,043.69
TOTAL					\$31,043.69
GRAND TOTAL (Local taxes, shipping and/or handling to be invoiced when applicable)					\$31,043.69



Quotation prepared for: Novant Health South Asheville Imaging Center

Issued on 12/5/2025

Valid until 3/5/2026

VirtualCARE Remote Support Acknowledgement

Please note, VirtualCARE® is available for most MEDRAD® Injection Systems. Please discuss any possible exclusions or capability limitations with your Sales Representative.

I acknowledge VirtualCARE® Remote support as an entitlement of our injector warranty and agree to the install at the time of the injector install.

IT Contact Name

Phone

Email

Type or write name

(000) 000-0000

Type or write email address

Customer Approver Name

Customer Approver Title

Type or write name

Type or write title

Customer Approver Signature

Date

X

Please print and sign

MM/DD/YY

I would like to opt out of VirtualCARE Remote Support.

Quotation

Quote No. Q-00096006

Sales Support
tel (800) 633-7231
fax (412) 406-0952
radiologysolutions.bayer.com

Bayer HealthCare LLC
1 Bayer Drive
Indianola, PA 15051

Exhibit D



This quotation has been prepared for: Novant Health South Asheville Imaging Center

Issued on 12/5/2025

Valid until 3/5/2026

Trade-in required No

Your Bayer Sales Team:

Anthony Capuzzi 704-534-9391, , anthony.capuzzi@bayer.com

If you are using this quote as a purchase order, please complete the Acceptance and Billing information below:

Acceptance and Billing

Your signature below indicates your acceptance of this Agreement, including the terms and conditions included as part of this document. Please complete the information below, along with your Purchase Order referencing Quote # Q-00096006, and email this form to Sales Support at risalesupport@bayer.com AND your SAM, Anthony Capuzzi, at anthony.capuzzi@bayer.com.

If pricing and terms of this order are based on your current Group Purchasing Organization (GPO) affiliation, any change to your current affiliation may require a new quote or updated terms and pricing. If your organization is tax exempt, please notify Sales Support at 1-800-633-7231.

Payment terms

30 days due net

Terms of Delivery

WINSTON SALEM

Customer contact

Address

2085 Frontis Plaza Blvd
Winston Salem, NC 27103

Billing Information

2085 Frontis Plaza Blvd
Winston Salem, NC 27103

Customer Number

3897527

Phone

Additional Customer Comments

PO#

Write PO number

PO Amount

Write PO amount

Customer Approver

Write customer name

Customer Approver Title

Write customer title

Billing Email Address (if applicable)

Write email address

Customer Approver Signature

X

Date

Please print and sign

MM/DD/YYYY

BAYER, the Bayer Cross, Certegra, P3T, Medrad, Stellant, XDS, Veris, Spectris Solaris, Spectris, DirectCARE, PartnerCARE, VirtualCare, SelectCARE, Mark 7 Arterion, and Mark V ProVis are registered trademarks of the Bayer group of companies. Radimetrics, MRXperion, Avanta, Twist & Go, and VFlow are trademarks of the Bayer group of companies.
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Quotation continued

Quotation prepared for: Novant Health South Asheville Imaging Center

Issued on 12/5/2025

Valid until 3/5/2026



Quotation continued

Quotation prepared for: Novant Health South Asheville Imaging Center

Issued on 12/5/2025

Valid until 3/5/2026



Quotation continued

Quotation prepared for: Novant Health South Asheville Imaging Center

Issued on 12/5/2025

Valid until 3/5/2026

Bayer Product Terms and Conditions

Please click on the relevant product name below to review terms and conditions

DEVICES

[Bayer Product Terms and Conditions](#)



Purchase Quotation

Exhibit E
PLEASE REFER TO THIS NUMBER ON
ALL CORRESPONDENCES AND ORDERS
Quote #: Q-426968
Status: Executed
Quote Expiration Date: 2/27/2026

TO:

CUSTOMER NAME	CUSTOMER NUMBER
NOVANT HEALTH INC	82397
BILL TO ADDRESS	SHIP TO ADDRESS
PO BOX 25686 WINSTON SALEM NC US 27114	1815 HENDERSONVILLE RD ASHEVILLE NC US 28803

TAX INFO:

Hologic is required by law to collect all state and local taxes on all sales. If an exemption certificate is not provided by customer at time of order, final invoices will include these amounts. Many states require both specific operator qualifications and/or licensing and registration of x-ray devices. Hologic is not responsible for fulfilling customer's regulatory obligations.

This Quotation is based on the information known by Hologic regarding your needs and is subject to change or withdrawal by Hologic prior to acceptance. Notwithstanding the foregoing, Hologic may cancel any signed Quotation and/or Customer submitted purchase order if Customer does not take delivery of the Products quoted within one (1) year of execution. This Quotation and the governing terms as noted herein shall supersede all other quotations, agreements, understandings, warranties and representations, whether written or oral, between us, and may be accepted only in accord with their terms. In the event of a conflict between this Quotation and the governing terms, this Quotation shall prevail. To accept, please have an authorized representative sign this Quotation and/or submit a purchase order to your Hologic Representative or to BSH Sales Support as listed below:

BSH Sales Support:
 HOLOGIC SALES AND SERVICE, LLC
 250 Campus Drive
 Marlborough, MA 01752
 Fax: (203) 731-8463
 BSHSalesSupportUS@hologic.com

ATTN: Jonathan Davis **Phone:** 7048077282 **Fax:** **Email:** jonathan.davis@novanthealth.org

Quote Date	Requested Date	Hologic Representative	Quote Currency
4/14/2025	10/6/2025	Sarah Claeys sarah.claeys@hologic.com +1-502-413-7756	U.S. Dollar

Summary of Governing Terms/Contracts	Contract Number	FOB	Payment Terms	Freight Terms
Hologic Std T&C*		ORIGIN	45 NET	NO CHARGE
VIZIENT (XR0653) - MAMMO	XR0653	ORIGIN	45 NET	NO CHARGE

3Dimensions with Affirm Upright and Contrast

Qty	Product Name	Description
1	3DM-SYS-STD	3DIMENSIONS MAMMOGRAPHY SYSTEM 3D US
1	PRD-04420	HIGH RESOLUTION READY DETECTOR
1	3DM-KIT-ERGO-XRAY	3DM UAWS ERGONOMIC UPGRADE
1	STLC-00004	AFFIRM BREAST BIOPSY GUIDANCE SYSTEM
1	ASY-06484	KIT, FMI, DIMENSIONS TOMO BIOPSY
1	BI-FURN-0002	AKRUS STANDARD MAMMOGRAPHY CHAIR (AK 5010 MBS)
1	ASY-04662	RACK, PADDLE STORAGE

Qty	Product Name	Description
1	SDM-TRAIN-INIT-02	AFFIRM, INITIAL TRAINING, 3 DAYS, 1 SITE, MAX 3 TECHNOLOGISTS & 3 PHYSICIANS
1	DIM-LIC-IVIEW-ACB	I-VIEW 2.0 AND AFFIRM CONTRAST BIOPSY LICENSES
1	SDM-TRAIN-INIT-06	TECHNOLOGIST, CONTRAST-ENHANCED MAMMOGRAPHY, INITIAL TRAINING, 1 DAY, 1 SITE, MAX 5 TECHNOLOGISTS
1	ACB-TRAIN-INIT-01	AFFIRM CONTRAST BIOPSY TRAINING, INITIAL, 1 DAY, 1 SITE, MAX 3 TECHNOLOGISTS & 3 PHYSICIANS
1	DIM-KIT-NLOC	DIMENSIONS NEEDLE LOCALIZATION KIT
3	ASY-04662	RACK, PADDLE STORAGE
1	SVC-SDM-OPT-BTO	CONFIGURE SYSTEM OUTPUT TO BTO FORMAT
1	DIM-TRAIN-APPS-INIT	TECHNOLOGISTS, DIMENSIONS, INITIAL TRAINING, 2 DAYS, 1 SITE, MAX 5 TECHNOLOGISTS
1	DIM-TRAIN-PHY-INIT	MEDICAL PHYSICIST, DIMENSIONS, INITIAL TRAINING, 8 HRS (5 HRS LIVE - 3 HRS ONLINE TRAINING), 1 SITE, MAX 2 PHYSICISTS
1	DIM-TRAIN-RAD-INIT	RADIOLOGISTS, TOMOSYNTHESIS, INITIAL TRAINING, 8 HOURS VIRTUAL TRAINING, 14 RADIOLOGISTS
1	HLX-NEW CUSTOMER-DISCOUNT	HOLOGIC NEW CUSTOMER DISCOUNT. Please see the Product Long Description for terms and conditions.
1	PHANTOM-ACR-156	ACR 156 PHANTOM
1	PHANTOMCASE-ACR-156	ACR 156 PHANTOM CASE
1	DIM-LIC-I2D3DQ	INTELLIGENT 2D AND 3DQUORUM LICENSES FOR NEW 3DIMENSIONS SYSTEM
1	3DQ-TRAIN-INIT-01	3DQUORUM, INITIAL TRAINING, VIDEO-ON-DEMAND, UNLIMITED TECHNOLOGISTS AND PHYSICIANS
1	FLY25-PROMO-DIMSW	HOLOGIC SOFTWARE DISCOUNT. Please see the Product Long Description for terms and conditions.
1	BSH-VOLUME-DISCOUNT	BSH PORTFOLIO VOLUME DISCOUNT
3Dimensions with Affirm Upright and Contrast TOTAL:		\$574,291.20

Screening Unit

Qty	Product Name	Description
1	SDA-SYS-3000-3D	SELENIA® DIMENSIONS® 3D™ PERFORMANCE SYSTEM
1	DIM-ASY-SCS-3PACK	SMARTCURVE BREAST STABILIZATION SYSTEM 3-PACK
1	ASY-10935	3D KIT MAMMOPAD ACCESSORY
1	PRD-04420	HIGH RESOLUTION READY DETECTOR
1	PRD-04749	KIT, NON-TOUCH SCREEN CONTROL MONITOR, UNIVERSAL ERGO AWS
1	FAB-12469	SHIELD, UNIVERSAL AWS
1	DIM-DISP-3MP	SDM; 3MP DISPLAY OPTION
1	ASY-17329	KIT, ARTICULATED ARM, 3MP LED DISPLAY, UNIVERSAL ERGO AWS (CMP-02000)
1	SDM-LIC-0005	C-VIEW SOFTWARE LICENSE
1	PHANTOM-ACR-156	ACR 156 PHANTOM
1	PHANTOMCASE-ACR-156	ACR 156 PHANTOM CASE
3	ASY-04662	RACK, PADDLE STORAGE
1	ASY-08451	KIT, X-RAY FOOTSWITCH, UNIVERSAL AWS
1	ASY-04194	KIT, DIAGNOSTIC PADDLES

Qty	Product Name	Description
1	SVC-SDM-OPT-BTO	CONFIGURE SYSTEM OUTPUT TO BTO FORMAT
1	DIM-TRAIN-APPS-INIT	TECHNOLOGISTS, DIMENSIONS, INITIAL TRAINING, 2 DAYS, 1 SITE, MAX 5 TECHNOLOGISTS
1	SDM-TRAIN-INIT-03	MEDICAL PHYSICIST, DIMENSIONS, INITIAL TRAINING, 8 HRS (5 HRS LIVE - 3 HRS ONLINE TRAINING), 1 SITE, MAX 2 PHYSICISTS
1	SDM-TRAIN-INIT-04	RADIOLOGISTS, TOMOSYNTHESIS, INITIAL TRAINING, 8 HOURS VIRTUAL TRAINING, 14 RADIOLOGISTS
1	HLX-NEW CUSTOMER-DISCOUNT	HOLOGIC NEW CUSTOMER DISCOUNT. Please see the Product Long Description for terms and conditions.
1	ASY-08446	KIT, UPS, UNIVERSAL AWS
1	BSH-VOLUME-DISCOUNT	BSH PORTFOLIO VOLUME DISCOUNT
Screening Unit TOTAL:		\$352,945.34

*To the extent this Quotation contains any Professional Services for Equipment relocation or clinical training, such Professional Services shall be governed by the Hologic Professional Services Terms and Conditions (US Customers), available at <https://www.hologic.com/hologic-master-sales-terms-conditions>. To the extent this Quotation contains any Products with Product Name UA-SUB-SW-0001, UA-SW-002, UEQ-SUB, DIM-LIC-QT-SUB (collectively "Subscription Products"), such Subscription Products shall be governed by the Hologic Subscription Terms and Conditions US, available at available at <https://www.hologic.com/hologic-master-sales-terms-conditions>, and the Effective Term for said Subscription Products shall be a twelve (12) month period beginning on the date of designated Equipment for such Subscription Software. Otherwise, any Products with Governing Terms listed as "Hologic Std T&C" shall be governed by the Hologic Sales Terms and Conditions US, available at <https://www.hologic.com/hologic-master-sales-terms-conditions>.

Final Quote Price: USD 927,236.54

Customer agrees to keep the discount price provided to them in this Quotation or agreement confidential and not disclose it to anyone other than as required by law or court order.

The BSH Portfolio Volume Discount for multi-product purchases is offered to Customer for purchase of the Products herein. Customer is prohibited from returning any Portfolio Volume Discount products purchased hereunder except as outlined in the applicable terms and conditions.

The following terms apply in order to receive discount under part # FLY25-PROMO-DIMSW: Installation and activation of software must occur by June 13, 2025 for this discount to apply, unless otherwise agreed in writing. Applicable to I-View 2.0, Affirm Contrast Biopsy, CHD, I2D, 3DQ, GAID & Quantra software. Total Software Cost is calculated by summing individual costs of all applicable software, after all other discounts are applied. If combined with any other limited-time discount with an earlier date for signing, installation, and/or activation, the earlier dates will apply in order to be eligible for such other limited-time discounts.

Upon receipt of a purchase order and/or signed Quote, your Hologic team will work collaboratively on an installation timeline.

Sales Orders that are requested to be cancelled within forty-five (45) days of the confirmed installation date must be approved by Hologic and may be subject to a cancellation fee of ten percent (10%) of the total Quote price for the items contained herein.

Once the installation confirmation is provided by Hologic, all requests to reschedule an installation within seven (7) business days of the confirmed installation date may be subject to a rescheduling fee of \$2,500.00 USD.

Please provide the Shipping and Billing address here if different from the quote address above
(If this section is left blank, the product will ship and bill to the addresses printed at the top)

Shipping Address

Billing Address:

_____ I will issue a PO for this purchase. Please do not ship the Products until a PO is issued.

_____ I will not issue a PO for this purchase. A PO is not required for shipment and invoicing. Please ship the Products based on this signed Quotation.

Accepted and agreed to:

Customer (by its authorized representative)	
Name	Title
Signature	Date

3Dimensions with Affirm Upright and Contrast

Product Name	Long Description
3DM-SYS-STD	<p>3Dimensions™ mammography system for Genius®3D Mammography screening and diagnostic mammography with 2D capabilities. Includes Hologic Clarity HD™ technology and SmartCurve™ breast stabilization system. Upgradeable to interventional imaging.</p> <p>INCLUDES:</p> <p>X-ray Gantry:</p> <ul style="list-style-type: none"> • Generator: Fully integrated constant potential, high frequency, inverter type. • Detector: Hologic Clarity HD High-resolution enabled detector. • X-ray Tube: Tungsten, bi-angular, high speed, high heat capacity. • X-ray Filters: Rhodium, silver, aluminum. • Anti-scatter Grid: Auto-retracting linear grid. • Dual-function gantry footswitches (2).. <p>Adjustable-height Acquisition Workstation:</p> <ul style="list-style-type: none"> • CPU: High-performance computer, multi-core Intel-based CPU, minimum 32 GB RAM, minimum 4 TB disk, Windows 10/64, high-performance NVIDIA GPU. • Includes DVD +/- R/W. • User Interface: 1.2 MP color LCD touchscreen. • Image Review: 21.3" 3 MP, medical-grade color, DICOM monitor, double-jointed articulating arm. • Full X-ray shield, X-ray exposure footswitch, pull-out keyboard drawer, keyboard and mouse, Uninterruptible Power Supply (UPS). <p>3Dimensions System Software:</p> <ul style="list-style-type: none"> • User access control, patient and study selection, imaging procedure selection and definition, X-ray parameter control, image review and acceptance/rejection, quality control. • Licenses: Hologic Clarity HD Imaging, Tomosynthesis Imaging, SmartCurve System, Diagnostic Imaging, Dynamic Tube Head Motion, Advanced Connectivity, Bi-directional Communication (Notices). <p>Connectivity:</p> <ul style="list-style-type: none"> • DICOM: Modality work list, storage, storage commitment, query/retrieve, print. • IHE Profiles: Scheduled workflow, patient information reconciliation, mammography image. • Advanced Connectivity: Ability for the system to participate in DICOM Modality Performed Procedure Step (MPPS) transactions and to output DICOM Radiation Dose Structured Report (RDSR) objects to third-party dose aggregation and reporting systems. The MPPS and RDSR capabilities can be enabled and disabled independently. <p>Accessories:</p> <ul style="list-style-type: none"> • SmartCurve System (3): Small 18 x 24 cm, large 24 x 29 cm, Mini 18 x 4. • Screening Paddles (3): 18 x 24 cm, 24 x 29 cm, small breast. • Diagnostic Paddles (5): Frameless spot contact, 7.5 cm spot contact, 10 cm spot contact, 10 cm magnification, 7.5 cm spot magnification. • Magnification stand with platform, flat field phantom and case, ACR tomosynthesis geometry calibration phantom, Dimensions interconnect cable kit, 2D fixed face shield, retractable 3DMammography face shield. User, service, maintenance, and QC manuals. MammoPad® Breast Cushion trial box <p>Installation: Installation by Hologic certified technicians.</p> <p>Warranty: Standard one-year parts and labor warranty.</p> <p>Warranty service coverage is Monday-Friday from 8:00 am to 5:00 pm local time.</p> <p>CONDITIONS:</p> <ul style="list-style-type: none"> • Required but independently sold software features are not included gratis under Hologic Warranties, Hologic Service Contracts that include software upgrades, and must be ordered separately. • Required system software updates that are included under Hologic Warranty, or Hologic Service Contracts will be provided at no charge.

Product Name	Long Description
PRD-04420	<p>Hologic 3D Mammography™ high-resolution ready digital image receptor for 3Dimensions™ mammography systems or Selenia® Dimensions® systems.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Digital Image Receptor • Amorphous selenium, TFT • Structure: Single 24 x 29 cm plate • Image Matrix Sizes: 2560 x 3328 (18 x 24 cm); 3328 x 4096 (24 x 29 cm) •Pixel Size: 0.070 mm • Limiting Spatial Resolution: 7.1 lp/mm. <p>(Hologic Clarity HD license purchase required to enable Clarity HD high-resolution imaging on 3D Performance and Dimensions 6000 and 9000 systems. This license is included with a 3Dimensions system.)</p>
3DM-KIT-ERGO-XRAY	<p>Provides an integrated ergonomic package for the 3Dimensions™ system.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Fingerprint reader for quick biometric login of the technologist, manager or other site personnel • Powered memory height adjust • Bar code scanner <p>Note:</p> <ul style="list-style-type: none"> • Kit only available for 3Dimensions systems
STLC-00004	<p>The Affirm® upright breast biopsy guidance system for a 3Dimensions™ system or Selenia® Dimensions® system supports stereotactic 2D biopsy and wire localization. Supports fast positioning through motorized X and Y axis guidance with manual Z direction positioning. The Affirm upright does more than deliver superior imaging performance to 2D biopsy. It is designed to integrate with the Selenia Dimensions system from the ground up to streamline workflow and accelerate the journey from screening to breast biopsy.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Affirm breast biopsy guidance module • Biopsy control module with touchscreen display • One (1) Stereotactic 2D Biopsy software license for one gantry; additional licenses may be purchased • Biopsy compression paddles (3): Standard biopsy compression paddle (biopsy window: 5.4 x 5.2 cm); axillary biopsy compression paddle (biopsy window: 5.4 x 5.2 cm); wide biopsy compression paddle (biopsy window: 7.4 x 6.2 cm) • Quality assurance needle and needle guide holder • Fine needle guide • Geometry calibration and targeting phantoms • Affirm tabletop stand • User and service manuals <p>TRAINING:</p> <ul style="list-style-type: none"> • Three days onsite training for 3 technologists and 3 radiologists <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • 2MP medical grade LCD display • Dimensions software minimum v. 1.9 • 3Dimensions or Selenia Dimensions system with both diagnostic and dynamic tube head motion for 2D Biopsy license installed • 3Dimensions or Selenia Dimensions system serial number at time of order <p>RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • 3MP medical grade DICOM monitor

Product Name	Long Description
ASY-06484	<p>Affirm® Tomosynthesis Biopsy software license provides the ability to easily and accurately target lesions with tomosynthesis imaging including lesions that may only be found under tomosynthesis.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • 3D biopsy license • 3D QAS target • Tomosynthesis biopsy QAS needle <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • Affirm breast biopsy guidance system and license. • Dimensions system with minimum software version 1.9 and tomosynthesis imaging license <p>RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • 3MP medical grade DICOM monitor • Two (2) dual-function gantry footswitches
BI-FURN-0002	<p>AKRUS mammography positioning and biopsy chair. Supports seated, decubitus and Trendelenburg positioning. Includes: • Adjustable backrest (0 to 90 degrees) • Adjustable backrest segments • Adjustable arm supports • Adjustable headrest • Lateral back support • Electronic lift • Three position braking system • Max pt weight 297 lb Warranty: • Standard one-year parts and labor warranty</p>
ASY-04662	<p>Wall-mounted, felt-lined rack for storing system compression paddles. Each rack, sold separately, provides enough storage room for 3-4 compression paddles.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Paddle storage rack with felt lining • Wall-mounting bracket (installation not included) • Graphic paddle labels <p>Dimensions:</p> <ul style="list-style-type: none"> • W x H x D: 36 1/4" x 7" x 4" (from the wall) • Minimum Vertical Pitch: 12" to 14" when multiple racks are installed one above another <p>Recommended:</p> <ul style="list-style-type: none"> • Selenia® Dimension® Avia systems: min. 1 rack • Selenia Dimensions 2D systems: min. 2 racks • Selenia Dimensions 3D™ systems: min. 3 racks • 3Dimensions™ systems: min. 3 racks <p>Requirements:</p> <ul style="list-style-type: none"> • Must be securely attached to the wall • Must be installed by a professional installer
SDM-TRAIN-INIT-02	<p>Training on the Affirm® upright biopsy system. Initial training is included in the purchase price of your system.</p> <ul style="list-style-type: none"> • One 3-day session of onsite applications training or other clinical support for maximum of 3 technologists and 3 physicians based on training effectiveness and space limitations. • For additional groups of up to 3 technologists and 3 physicians add purchasable SDM-TRAIN-ADDL-02. • Training must be completed within 24 months of equipment installation. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>

Product Name	Long Description
DIM-LIC-IVIEW-ACB	<p>The I-View™ 2.0 and Affirm® Contrast Biopsy Licenses provide Contrast Enhanced Mammography (CEM) and Contrast Enhanced Biopsy (CEB) for one (1) new Selenia® Dimensions® system, or one (1) 3Dimensions™ system.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Contrast enhanced mammography and contrast enhanced biopsy software licenses • Copper filter <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • Dimensions software minimum v. 1.12/2.3.0 with Windows 10 OS • Selenia Dimensions/3Dimensions system with Diagnostic license installed • HDT detector • Affirm Breast Biopsy Guidance System
SDM-TRAIN-INIT-06	<p>Technologist training for I-View™ contrast-enhanced mammography including both didactic instruction and hands-on clinical patient examinations. Initial training is included in the purchase price of your license.</p> <ul style="list-style-type: none"> • One 1-day session of technologist onsite applications training with clinical patients scheduled in the afternoon. For maximum of 5 technologists based on training effectiveness and space limitations. • Additional sessions may be needed. For additional groups of up to five technologists add purchasable SDM-TRAIN-ADDL-06. • Technologists must be available for the entire training. • Hologic recommends that Radiologists attend the course "Contrast-enhanced Mammography" available from www.ICPME.us. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>
ACB-TRAIN-INIT-01	<p>Training for Affirm™ contrast biopsy including both didactic instruction and hands-on clinical patient examinations. Initial training is included in the purchase price of your license.</p> <ul style="list-style-type: none"> • One 1-day session of onsite applications training with clinical patients scheduled in the afternoon. For maximum of 3 technologists and 3 physicians based on training effectiveness and space limitations. • Additional sessions may be needed. For additional groups add purchasable ACB-TRAIN-ADDL-02. • Participants must be available for the entire training. • Please refer to the CEB Preparation Guide and Agenda for Applications Training for additional information. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>
DIM-KIT-NLOC	<p>Optional kit for needle localization procedures for 3Dimensions™ systems. Includes: crosshairs paddle, magnification crosshairs paddle, 10 cm open localization paddle, 10 cm open magnification localization paddle.</p>

Product Name	Long Description
SVC-SDM-OPT-BTO	<p>This configuration enables output of tomosynthesis slices in DICOM Breast Tomosynthesis Image Object form. Use of this configuration will first require an integrated planning team, including your IT department, Hologic and other vendors, to work together to ensure that your enterprise is ready for use of the tomosynthesis data in DICOM Breast Tomosynthesis Image Object form. The completion of critical feasibility questions included in Hologic's Enterprise Survey will guide the team through understanding any infrastructure requirements and changes necessary.</p> <p>Note: While a preliminary check by your Hologic representatives may have allowed the ability to quote this output configuration, completion of the Enterprise Survey is required before Dimensions Tomosynthesis system or option is enabled. Software and hardware upgrades may be required. Hologic makes no guarantees of software and hardware performance for products not associated to Hologic. By signing this quote, the customer agrees that the completion of purchase of the accompanying Hologic products shall not be contingent on the implementation of this no-charge configuration.</p> <p>Requires:</p> <ul style="list-style-type: none"> • Completion of Hologic Enterprise Survey by site personnel in conjunction with Hologic representatives • PACS system including Deep Archive capable of storing / retrieving DICOM Breast Tomosynthesis Image Objects and with suitable storage capacity • Softcopy review workstation capable of displaying DICOM Breast Tomosynthesis Image Objects
DIM-TRAIN-APPS-INIT	<p>Technologist training for a new 3Dimensions™ or Selenia® Dimensions® system. Initial training is included in the purchase price of your system. Training duration to be determined by customer needs up to 2 days.</p> <ul style="list-style-type: none"> • One session of technologist onsite applications training or other clinical support for maximum of 5 technologists based on training effectiveness and space limitations. • Additional sessions may be needed. For additional groups of up to 5 technologists add purchasable DIM-TRAIN-APPS-ADDL. • Online CEU courses required prior to onsite training. • Video training available during and post training. • Onsite portion of training or other clinical support must be completed within 24 months of equipment installation. <p>Required FDA training:</p> <ul style="list-style-type: none"> • FFDM accreditation is required: apply to the ACR or your State for FFDM certification. • Once FFDM accredited, contact the MQSA FFDM Certification Extension Program for Tomosynthesis. • Sites must obtain ACR or State FFDM accreditation before using the tomosynthesis modality. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>
DIM-TRAIN-PHY-INIT	<p>Medical physicists training for a 3Dimensions™ or Selenia® Dimensions® system. Initial training is included in the purchase price of your system and is valued at \$1,500 (unused training cannot be deducted from your purchase price). Five (5) hours of live tomosynthesis training for up to 2 medical physicists with a Field Service Engineer during the installation of the system and access to Hologic's 3-hour online tomosynthesis training course for medical physicists to fulfill the 8-hour FDA requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.</p> <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>

Product Name	Long Description
DIM-TRAIN-RAD-INIT	Radiologist training for new 3Dimensions™ or Selenia® Dimensions® system(s). Initial training is included in the purchase price of your system and is valued at \$5,250 (unused training cannot be deducted from your purchase price). Access to Hologic's virtual tomosynthesis training course for up to 14 radiologists. This program fulfills the 8-hour FDA training requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.
HLX-NEW CUSTOMER-DISCOUNT	Customers who have not currently own a mammography system and do not have a trade in credit, are eligible for an additional "New Customer Discount" along with their purchase of a new Hologic 3D™ capable system. Please see notes section for additional eligibility requirements.
PHANTOM-ACR-156	<p>The Mammographic Accreditation Phantom manufactured by Gammex is designed to test the performance of a mammography system's image quality and sensitivity using target objects in the phantom to simulate calcifications, fibrous calcifications in ducts, and tumor masses. The phantom simulates the X-ray attenuation of a 4.2 cm compressed human breast composed of 50% adipose tissue and 50% glandular tissue. Target objects within the phantom range in size, shape, and density, similar to those found clinically.</p> <ul style="list-style-type: none"> • Breast phantom is compatible with digital and analog equipment. • Approved by ACR for Mammography. Image quality and system sensitivity follow ACR and MQSA guidelines. • Dimensions: Height 1.75 in. (4.5 cm) x width 4 in. (10.2 cm) x depth 4.25 in. (10.8 cm)
PHANTOMCASE-ACR-156	<p>Compact and lightweight carrying case with shoulder strap designed with custom foam cutouts to hold each of the Gammex 156 phantom's components to help protect them during transport and storage.</p> <ul style="list-style-type: none"> • Material: Outer case black Cordura, inside black nylon, foam lining • Dimensions: Exterior 9 x 6 x 4 in., interior 8.63 x 5.5 x 3.5 in. • Weight: 0.5 lbs.

Product Name	Long Description
DIM-LIC-I2D3DQ	<p>3DQuorum® and Intelligent 2D® technology for new 3Dimensions™ systems. 3DQuorum technology utilizes Genius AI®-powered analytics to uniquely reconstruct 1mm high-resolution 3D™ data to produce 6mm high-resolution SmartSlices. SmartSlices are designed to expedite reading time by reducing the number of images to review. Intelligent 2D technology generates 70µm resolution synthesized 2D images that are smart mapped to the 3D™ data.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • 3DQuorum and Intelligent 2D software licenses. <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> • Hologic Clarity HD® high resolution 3D™ imaging technology. • Tomosynthesis license. • High-performance AWS computer (provided if needed). • Dimensions software minimum version 1.10/2.1 with Windows 10 OS. • BTO image data format is required for 3DQuorum technology. 3DQuorum software is unable to process SCO data. <p>NOTES:</p> <ul style="list-style-type: none"> • Hologic SecurView® workstation software 10.4 minimum. • For customers reading on PACS workstations minimum requirements will vary depending on the vendor. • Licenses are non-transferable to other mammography systems. • The licenses do not extend the Dimensions system warranty. New hardware, if needed, has a replacement part warranty as per Hologic Sales Terms and Conditions.
3DQ-TRAIN-INIT-01	<p>3DQuorum™ imaging technology training provided via Video-On-Demand from www.hologic.com/training and/or for physicians from HologicAce.com. The Hologic Ace portal also has a DICOM viewer and images for physicians to review. Training may be accessed at any time for unlimited staff for an unlimited period. Initial training is included in the purchase price of your license.</p>
FLY25-PROMO-DIMSW	<p>Customers who purchase any combination of the indicated software will be eligible for discount, above specified cost thresholds.</p> <p>Applicable to: I-View 2.0, Affirm Contrast Biopsy, CHD, I2D, 3DQ, GAID/CAD & Quantra software.</p>

Product Name	Long Description
SDA-SYS-3000-3D	<p>Hologic Selenia® Dimensions® 3000 system for Genius® 3D Mammography™ screening and diagnostic imaging. Upgradable to interventional or mobile imaging.</p> <p>INCLUDES:</p> <p>X-ray Gantry:</p> <ul style="list-style-type: none"> • Generator: Fully integrated constant potential, high frequency, inverter type. • Detector: High-resolution ready detector. • X-ray Tube: Tungsten, bi-angular, high speed, high heat capacity. • X-ray Filters: Rhodium, silver, aluminum. • Anti-scatter Grid: Auto-retracting linear grid. <p>Fixed-height Acquisition Workstation:</p> <ul style="list-style-type: none"> • CPU: Standard computer, multi-core Intel-based CPU, minimum 16 GB RAM, minimum 2 TB disk, Windows 10/64, NVIDIA GPU. • Includes DVD +/- R/W. • User Interface: 1.2 MP color LCD control monitor. Full X-ray shield, pull-out keyboard drawer, keyboard and mouse. <p>Selenia Dimensions Software:</p> <ul style="list-style-type: none"> • User access control, patient and study selection, imaging procedure selection and definition, X-ray parameter control, image review and acceptance/rejection, quality control. • Licenses: Tomosynthesis imaging, Diagnostic Imaging, Dynamic Tube Head Motion. <p>Connectivity:</p> <ul style="list-style-type: none"> • DICOM: Modality work list, storage, storage commitment, query/retrieve, print. • IHE Profiles: Scheduled workflow, patient information reconciliation, mammography image. • Advanced Connectivity: Ability for the system to participate in DICOM Modality Performed Procedure Step (MPPS) transactions and to output DICOM Radiation Dose Structured Report (RDSR) objects to third-party dose aggregation and reporting systems. The MPPS and RDSR capabilities can be enabled and disabled independently. <p>Accessories:</p> <ul style="list-style-type: none"> • Screening Paddles (3): 24 x 29 cm, 18 x 24 cm, small breast. • Other Paddles (3): 10 cm contact, 10 cm magnification, 7.5 cm spot contact for use during QC testing only. • Other: Magnification stand with mag platform, flat field phantom and case, ACR tomosynthesis geometry calibration phantom, Dimensions interconnect cable kit, 2D fixed face shield, retractable 3DMammography™ face shield, User, service, maintenance, and QC manuals. MammoPad® Breast Cushion trial box. <p>Installation: Installation by Hologic certified technicians.</p> <p>Warranty: Standard one-year parts and labor warranty.</p> <p>Warranty service coverage is Monday-Friday from 8:00 am to 5:00 pm local time.</p> <p>CONDITIONS:</p> <ul style="list-style-type: none"> • Required but independently sold software features are not included gratis under Hologic Warranty, or Hologic Service Contracts that include software upgrades, and must be ordered separately. • Required system software updates that are included under Hologic Warranty, or Hologic Service Contracts will be provided at no charge. • FFDM accreditation is required, apply to the ACR or your State for FFDM certification.

Product Name	Long Description
DIM-ASY-SCS-3PACK	<p>SmartCurve™ Breast Stabilization System for Selenia® Dimensions® systems.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Small 18 x 24 cm SmartCurve System version 2 • Large 24 x 29 cm SmartCurve System version 2 • SmartCurve Mini small breast paddle • SmartCurve System license Requirements: •Dimensions software version 1.11 or later, 3Dimensions™ 2.2 or later
PRD-04420	<p>Hologic 3D Mammography™ high-resolution ready digital image receptor for 3Dimensions™ mammography systems or Selenia® Dimensions® systems.</p> <p>INCLUDES:</p> <ul style="list-style-type: none"> • Digital Image Receptor • Amorphous selenium, TFT • Structure: Single 24 x 29 cm plate • Image Matrix Sizes: 2560 x 3328 (18 x 24 cm); 3328 x 4096 (24 x 29 cm) •Pixel Size: 0.070 mm • Limiting Spatial Resolution: 7.1 lp/mm. <p>(Hologic Clarity HD license purchase required to enable Clarity HD high-resolution imaging on 3D Performance and Dimensions 6000 and 9000 systems. This license is included with a 3Dimensions system.)</p>
PRD-04749	<p>A 17" flat panel color monitor available on the Selenia Dimensions Avia 3000 and 6000 packages (1280X1024 viewing area, 56-76HZ).</p>
FAB-12469	<p>Shield, Universal AWS</p>
DIM-DISP-3MP	<p>Selenia Dimensions 3MP Display Option.</p> <p>Includes:</p> <ul style="list-style-type: none"> • 21.3" clinical display monitor for hospital wide-viewing of clinical data and images, with 2048x1538 maximum resolution tft am color LCD.
ASY-17329	<p>Provides all mounting hardware and cabling necessary for mounting a 3MP Monochrome Monitor onto a double-articulating swing-arm on the Selenia Dimensions system Avia 3000, 6000 and 9000 packages. Monitor sold separately.</p>
SDM-LIC-0005	<p>Enables creation of C-View™ generated 2D images on Selenia® Dimensions® systems or 3Dimensions™ systems configured with Hologic standard resolution 3D™ imaging. The C-View software license adds the ability to create low dose tomosynthesis studies in Tomo HD (standard tomo + C-View) and Combo HD (standard tomo + FFDM + C-View) imaging modes.</p> <p>Includes:</p> <ul style="list-style-type: none"> • C-View Generated 2D Imaging software license
PHANTOM-ACR-156	<p>The Mammographic Accreditation Phantom manufactured by Gammex is designed to test the performance of a mammography system's image quality and sensitivity using target objects in the phantom to simulate calcifications, fibrous calcifications in ducts, and tumor masses. The phantom simulates the X-ray attenuation of a 4.2 cm compressed human breast composed of 50% adipose tissue and 50% glandular tissue. Target objects within the phantom range in size, shape, and density, similar to those found clinically.</p> <ul style="list-style-type: none"> • Breast phantom is compatible with digital and analog equipment. • Approved by ACR for Mammography. Image quality and system sensitivity follow ACR and MQSA guidelines. • Dimensions: Height 1.75 in. (4.5 cm) x width 4 in. (10.2 cm) x depth 4.25 in. (10.8 cm)

Product Name	Long Description
PHANTOMCASE-ACR-156	<p>Compact and lightweight carrying case with shoulder strap designed with custom foam cutouts to hold each of the Gammex 156 phantom's components to help protect them during transport and storage.</p> <ul style="list-style-type: none"> • Material: Outer case black Cordura, inside black nylon, foam lining • Dimensions: Exterior 9 x 6 x 4 in., interior 8.63 x 5.5 x 3.5 in. • Weight: 0.5 lbs.
ASY-04662	<p>Wall-mounted, felt-lined rack for storing system compression paddles. Each rack, sold separately, provides enough storage room for 3-4 compression paddles.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Paddle storage rack with felt lining • Wall-mounting bracket (installation not included) • Graphic paddle labels <p>Dimensions:</p> <ul style="list-style-type: none"> • W x H x D: 36 1/4" x 7" x 4" (from the wall) • Minimum Vertical Pitch: 12" to 14" when multiple racks are installed one above another <p>Recommended:</p> <ul style="list-style-type: none"> • Selenia® Dimension® Avia systems: min. 1 rack • Selenia Dimensions 2D systems: min. 2 racks • Selenia Dimensions 3D™ systems: min. 3 racks • 3Dimensions™ systems: min. 3 racks <p>Requirements:</p> <ul style="list-style-type: none"> • Must be securely attached to the wall • Must be installed by a professional installer
ASY-08451	<p>Provides an ergonomic X-ray trigger footswitch for Selenia Dimensions system Avia 3000, 6000 and 9000 packages. The footswitch serves as an optional means of triggering image acquisition for all imaging studies.</p>
ASY-04194	<p>The diagnostic paddle kit for Selenia® Dimensions®. Includes: frameless spot contact paddle (ASY-01950), 7.5cm spot contact paddle (ASY-01986), 7.5cm spot magnification paddle (ASY-02162).</p>
SVC-SDM-OPT-BTO	<p>This configuration enables output of tomosynthesis slices in DICOM Breast Tomosynthesis Image Object form. Use of this configuration will first require an integrated planning team, including your IT department, Hologic and other vendors, to work together to ensure that your enterprise is ready for use of the tomosynthesis data in DICOM Breast Tomosynthesis Image Object form. The completion of critical feasibility questions included in Hologic's Enterprise Survey will guide the team through understanding any infrastructure requirements and changes necessary.</p> <p>Note: While a preliminary check by your Hologic representatives may have allowed the ability to quote this output configuration, completion of the Enterprise Survey is required before Dimensions Tomosynthesis system or option is enabled. Software and hardware upgrades may be required. Hologic makes no guarantees of software and hardware performance for products not associated to Hologic. By signing this quote, the customer agrees that the completion of purchase of the accompanying Hologic products shall not be contingent on the implementation of this no-charge configuration.</p> <p>Requires:</p> <ul style="list-style-type: none"> • Completion of Hologic Enterprise Survey by site personnel in conjunction with Hologic representatives • PACS system including Deep Archive capable of storing / retrieving DICOM Breast Tomosynthesis Image Objects and with suitable storage capacity • Softcopy review workstation capable of displaying DICOM Breast Tomosynthesis Image Objects

Product Name	Long Description
DIM-TRAIN-APPS-INIT	<p>Technologist training for a new 3Dimensions™ or Selenia® Dimensions® system. Initial training is included in the purchase price of your system. Training duration to be determined by customer needs up to 2 days.</p> <ul style="list-style-type: none"> • One session of technologist onsite applications training or other clinical support for maximum of 5 technologists based on training effectiveness and space limitations. • Additional sessions may be needed. For additional groups of up to 5 technologists add purchasable DIM-TRAIN-APPS-ADDL. • Online CEU courses required prior to onsite training. • Video training available during and post training. • Onsite portion of training or other clinical support must be completed within 24 months of equipment installation. <p>Required FDA training:</p> <ul style="list-style-type: none"> • FFDM accreditation is required: apply to the ACR or your State for FFDM certification. • Once FFDM accredited, contact the MQSA FFDM Certification Extension Program for Tomosynthesis. • Sites must obtain ACR or State FFDM accreditation before using the tomosynthesis modality. <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>
SDM-TRAIN-INIT-03	<p>Medical physicists training for a new mammography system. Included in in the purchase price of your system are (8) hours of Hologic tomosynthesis educational training for up to (2) physicists. Initial training is included in the purchase price of your system/license. Five (5) hours of live tomosynthesis training for up to 2 medical physicists with a Hologic Field Service Engineer during the installation of the system and access to Hologic's 3-hour online tomosynthesis training course for medical physicists to fulfill the 8-hour FDA requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.</p> <p>Please note: Cancellation must be made 6 business days prior to the confirmed and scheduled training start date. Fee for cancellation within 6 business days of confirmed training is \$2,000.</p>
SDM-TRAIN-INIT-04	<p>Radiologist training for 3Dimensions™ or Selenia® Dimensions® system(s). Initial training is included in the purchase price of your system. Access to Hologic's virtual tomosynthesis training course for up to 14 radiologists. This program will fulfill the 8-hour FDA training requirement. See course description for more details and requirements. Visit www.hologic.com/training for a complete list of Hologic educational opportunities.</p>
HLX-NEW CUSTOMER-DISCOUNT	<p>Customers who have not currently own a mammography system and do not have a trade in credit, are eligible for an additional "New Customer Discount" along with their purchase of a new Hologic 3D™ capable system. Please see notes section for additional eligibility requirements.</p>
ASY-08446	<p>Provides an Uninterruptible Power Supply module to help protect the computer subsystems in the Selenia Dimensions system Avia 3000, 6000 and 9000 packages. Supports organized shutdown should the acquisition workstation lose power.</p>



North Carolina Radiation Control Regulations Requirements Form

Rule 0603(b) of 10A NCAC 15.0101 “The North Carolina Regulations for Protection Against Radiation” requires a plan review/shielding design be submitted to the North Carolina Radiation Protection Section. The plan review/shielding design must be performed by a registered quality expert, submitted, reviewed, and acknowledged by the Radiation Protection Section **PRIOR** to installation of all mammography units.

A post-installation survey is also required. The registrant (Customer site) is responsible for ensuring the post installation survey is performed within 30 days of initial use by a service provider, registered to perform that service.

A copy of the written acknowledgement letter from the Division of Health Service Regulation, Radiation Protection Section, and the actual shielding plan must be provided to Hologic prior to installation. A post installation radiation survey must be performed by a registered qualified expert within 30 days of activation of an x-ray machine. A list of registered qualified experts is available from the Division of Health Service Regulation, Radiation Protection Section.

Each unregistered radiation machine or facility must be registered within 30 days of installation.

To register your facility and/or submit a plans review/shielding design. Please contact:
North Carolina Department of Health and Human Services

Division of Health Service Regulation

Radiation Protection Section

5505 Creedmoor Road, Suite 100

Raleigh, NC 27612

Phone: (919) 814-2250

Registration: Diane Singleton

Plans Review: Kahee Kim

Hologic Vendor Registration number: **S000330**

Please complete the following information, attach a copy of the plan review/shielding design acknowledgment letter and the shielding plan and return to your Hologic, Inc. contact.

Facility Name: _____

Street Address: _____

City: _____ Zip Code: _____

Name: _____

Title: _____ Phone Number: _____

Signature: _____ Date: _____

From: [Denise Gunter](#)
To: [Stancil, Tiffany C](#); [Lightbourne, Ena](#); [Hale, Gloria](#)
Subject: [External] No Review Letter for HSA I Buncombe County
Date: Friday, January 9, 2026 2:34:47 PM
Attachments: [NHI South Asheville No Review Letter.pdf](#)
[Exhibit A to NH South Asheville.pdf](#)
[Exhibit B to NHI South Asheville.pdf](#)
[Exhibit C to NHI South Asheville.pdf](#)
[Exhibit D to NHI South Asheville.pdf](#)
[Exhibit E to NHI South Asheville.pdf](#)

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good afternoon and Happy New Year,

I hope everyone is doing well, and had a great holiday season.

Attached for filing is a no review letter for Novant Health in Buncombe County. Could you please let me know that you have received this?

Thanks and have a nice weekend.



DENISE M. GUNTER **PARTNER**
denise.gunter@nelsonmullins.com

She/Her/Hers

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