

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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

June 20, 2016

Paul R.G. Cunningham, MD, FACS  
The Brody School of Medicine at East Carolina University  
600 Moye Boulevard  
Greenville, North Carolina 27834

**Exempt from Review – Replacement Equipment**

**Record #:** 1962  
**Facility Name:** ECU Physicians MRI  
**FID #:** 944666  
**Business Name:** East Carolina University School of Medicine  
**Business #:** 678  
**Project Description:** Replace existing MRI in the ECU Physicians MRI facility and the temporary utilization of a mobile rental MRI scanner until the replacement MRI scanner is installed in the Physicians MRI facility  
**County:** Pitt

Dear Dr. Cunningham:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter June 1, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(a)(7). Therefore, you may proceed to acquire, without a certificate of need, a Phillips Ingenia 1.5T MRI system and to temporarily utilize a mobile rental MRI scanner until the replacement MRI scanner is installed in the Physicians MRI facility. This determination is based on your representations that the unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need.

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



**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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Paul R. G. Cunningham, MD  
June 20, 2016  
Page 2 of 2

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

Sincerely,



Jane Rhoe-Jones  
Project Analyst



Martha J. Frisone,  
Assistant Chief, Certificate of Need

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

**Office of the Dean**

Brody School of Medicine  
AD-52 Brody Medical  
Sciences Building  
600 Moye Boulevard  
East Carolina University  
Greenville, NC 27834

252-744-2201 office  
252-744-9003 fax

June 1, 2016



Martha Frisone  
Assistant Chief Health Care Planning & CON  
Health Service Regulations  
2704 Mail Service Center  
Raleigh, NC 27699-2701

Dear Ms. Frisone:

On behalf of the Brody School of Medicine and ECU Physicians, I am respectfully requesting permission to replace our current 1998 Philips Intera/Gyrosan 1.5T MRI system, serial number 5234, site ID38966, located at our ECU Physicians MRI facility, 402 Bowman Gray Drive, Greenville, NC 27834 with a Philips Ingenia 1.5T MRI system. The cost of the new equipment is \$1,007,038 and there will be an associated construction cost of \$354,200.

I have included a letter confirming that the current system will be taken as a trade-in and removed from the state of North Carolina.

If you have any questions, please feel free to contact our Diagnostic Imaging Manager and MRI Administrator, Ms. Dawn Riddle, at the above address or by phone at 252-744-9494 or feel free to contact me at (252) 744-2201.

Thank you,



Paul R. G. Cunningham, MD, FACS  
Dean and Senior Associate Vice Chancellor for Medical Affairs  
The Brody School of Medicine at East Carolina University

Enclosure



ECU Physicians  
402 Bowman Gray Dr  
Greenville, NC 27834  
April 21, 2016

To whom it may concern:

This letter is to confirm that Philips Healthcare will accept the 1998 Philips Intera/Gyrosan 1.5T system, serial number 5234, site ID 38966, located at ECU Physicians, in Greenville, NC (the "Existing Equipment") as a trade-in for the Philips Ingenia 1.5T system (the "Replacement Equipment"). Subsequent to the Ingenia 1.5 purchase, Philips Healthcare will permanently remove the Existing Equipment from North Carolina. Philips Healthcare also acknowledges and agrees that the Existing Equipment will no longer be exempt from requirements of the North Carolina CON law and that the Existing Equipment will not be used in North Carolina without first obtaining a new CON.

If you have any questions, please feel free to contact me.

Thank you,

*Mike*

Michael Vitagliano  
Director, Trade-in and Asset Management  
Refurbished Systems  
Philips Healthcare  
595 Miner Road  
Cleveland, Ohio 44143  
Phone (440) 483-5931  
Fax (440) 483-4302  
[michael.vitagliano@philips.com](mailto:michael.vitagliano@philips.com)



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

June 14, 2016

Paul R.G. Cunningham, MD, FACS  
The Brody School of Medicine at East Carolina University  
600 Moye Boulevard  
Greenville, North Carolina 27834

**Request for Information**

Facility: ECU Physicians MRI  
Project Description: Replace MRI  
County: Pitt  
FID #: 944666

Dear Dr. Cunningham:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter June 1, 2016 regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review.

On your January 2016 Registration and Inventory of Medical Equipment – Fixed Magnetic Resonance Imaging Scanners form, page 2 of 6, you have stated “N/A” in the spaces designated for responses to Certificate of Need Project ID and Certificate Holder, as listed on Certificate of Need.

Please explain how the MRI was acquired in 1998 without a certificate of need. As of March 18, 1993, no person could acquire an MRI scanner without first obtaining a certificate of need.

Provide a written response at your earliest convenience. If you have any questions concerning this request, please do not hesitate to call this office.

Sincerely,

Jane Rhoe-Jones  
Project Analyst, Certificate of Need



**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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**rhoe-jones, jane e**

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**From:** Riddle, Dawn Denise <RIDDED@ECU.EDU>  
**Sent:** Wednesday, June 15, 2016 11:59 AM  
**To:** rhoe-jones, jane e  
**Subject:** RE: Emailing - RequestInformationExemptReplacement ECU SOM MRI



You're not going to believe this but I found the letter and Declaratory Ruling for the replacement of the very first MRI installed in 1990 granting exemption for the replacement scanner in 1998. If I scan this and email it, will that suffice to answer the questions?

Also, I noticed in this prior ruling that the mobile rental was mentioned. The Dean did not mention in his letter that we would like to rent a mobile for a portion of the construction time. Do you need the information on the mobile scanner as well, we would not be using it in conjunction with the current scanner, it would be brought in when the old scanner is removed and only used until the new one has been installed.

Thank you!

*Dawn*



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**From:** rhoe-jones, jane e [mailto:jane.rhoe-jones@dhhs.nc.gov]  
**Sent:** Wednesday, June 15, 2016 11:43 AM  
**To:** Riddle, Dawn Denise <RIDDED@ECU.EDU>  
**Subject:** Emailing - RequestInformationExemptReplacement ECU SOM MRI.pdf

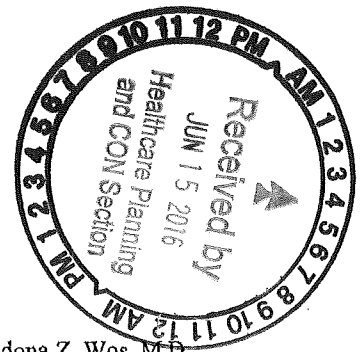
Dawn, please see attached.

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Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.



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



Pat McCrory  
Governor

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

Drexdal Pratt  
Division Director

July 2, 2013

Frank Kirschbaum  
4141 Parklake Avenue, Suite 200  
Raleigh, NC 27612

**Exempt from Review – Acquisition of Facility**

Facility: East Carolina Neurology, Inc. (ECN)/402 Bowman Gray Drive/Acquisition Magnetic Resonance Imaging (MRI) Scanner and Diagnostic Center  
Acquisition by: East Carolina University  
County: Pitt  
FID #: NA

Dear Mr. Kirschbaum:

In response to your letter of June 20, 2013, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(a)(8). Therefore, East Carolina University may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. Note that pursuant to G.S. 131E-181(b): *“A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.”*

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

Sincerely,

Jane Rhoe-Jones  
Project Analyst

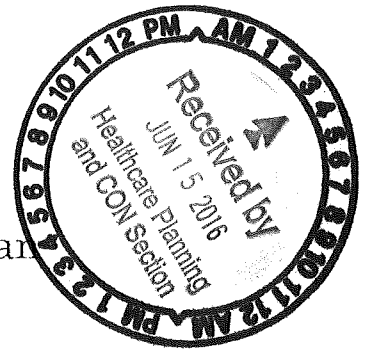
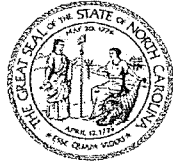
Craig R. Smith, Chief  
Certificate of Need Section

cc: Medical Facilities Planning



Certificate of Need Section  
www.ncdhhs.gov  
Telephone: 919-855-3873 • Fax: 919-733-8139  
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603  
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704  
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North Carolina Department of Human  
Resources

**Division of Facility Services**

701 Barbour Drive - Post Office Box 29530 - Raleigh, N.C. 27626-0530  
Courier Number 56-20-05

James B. Hunt, Jr., Governor  
H. David Bruton, M.D., Secretary

Lynda D. McDaniel, Director

December 11, 1998

Dawn D. Riddle, RT-R  
MRI of Eastern Carolina  
402 Bowman Gray Drive  
Greenville, NC 27834

RE: Declaratory Ruling Request for MRI of Eastern Carolina

Dear Ms. Riddle:

I am enclosing the Declaratory Ruling you requested in your letter dated October 12, 1998. If any questions arise, do not hesitate to let me know.

Sincerely,

*Lynda D. McDaniel*  
Lynda D. McDaniel

Encl.



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF FACILITY SERVICES  
RALEIGH, NORTH CAROLINA

IN RE: REQUEST FOR DECLARATORY )                   DECLARATORY  
RULING BY MRI OF EASTERN CAROLINA )                   RULING

I hereby issue this declaratory ruling to MRI of Eastern Carolina (“Petitioner”) pursuant to N.C. Gen. Stat. § 150B-4, 10 N.C.A.C. 3B .0310, and the authority granted to me by the Secretary of the Department of Health and Human Services (the “Department”). For the reasons given below, I conclude that:

- (1) Petitioner’s lease of an out-of-state mobile magnetic resonance imaging (“MRI”) scanner while Petitioner’s MRI room is being up-fitted for a new scanner is a new institutional health service pursuant to N.C. Gen. Stat. §§ 131E-176(16)f1 and 131E-176(16)s;
- (2) the mobile scanner is replacement equipment; and
- (3) the lease is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(a)(7).

This ruling is binding on the Department and the Petitioner if the material facts stated in the request are accurate and if no material facts have been omitted from the request. The ruling applies only to this request. Except as provided by N.C. Gen. Stat. § 150B-4, the Department reserves the right to change the conclusions that are contained in this ruling. Petitioner has provided the statement of facts on which this ruling is based. The material facts are summarized below.

SUMMARY OF THE MATERIAL FACTS

Petitioner bought a Picker 1.0 Tesla MRI scanner in 1990 and operated it at 402 Bowman Gray Drive in Greenville, North Carolina until mid-1998, when it sold the unit in order to replace it with a more up-to-date unit. Petitioner has leased a mobile MRI from the Sovereign Group, Ltd.

so Petitioner's MRI service is not be interrupted while Petitioner renovates its MRI room to accommodate the replacement scanner. The mobile scanner is from another state and is not authorized for use in this State.

Petitioner's 1.0 Tesla MRI was new when Petitioner first acquired it. The mobile scanner is functionally similar to, and is being used for the same diagnostic purposes as, Petitioner's old scanner. Both scanners were manufactured by Picker. Petitioner's old scanner was a 1.0 Tesla magnet and the mobile scanner is a 0.5 Tesla magnet. It is not being used to provide a new health service. In fact, the mobile scanner cannot perform all of the procedures Petitioner previously provided with the 1.0 Tesla magnet and the scanning times are longer. The mobile scanner is not capable of performing any procedures that were not provided with Petitioner's old scanner. The temporary acquisition of the mobile scanner has not resulted in any increase in patient charges or per procedure operating expenses. The mobile scanner is being used at the same site as Petitioner's old scanner. The monthly lease payment for the mobile scanner is \$25,000.

Petitioner did not place the mobile scanner into service until its own scanner was taken out of service and Petitioner will discontinue its use of the mobile scanner as soon as its permanent replacement scanner is placed into service. The vender will promptly remove the mobile scanner from the State of North Carolina upon the termination of the lease. During the term of the lease, the scanner is being used exclusively at 402 Bowman Gray Drive in Greenville, North Carolina.

Petitioner seeks a ruling that its lease of a mobile MRI scanner from another state while its MRI room is being up-fitted for the permanent replacement MRI is not a new institutional health service pursuant to N.C. Gen. Stat. § 131E-176 (16) f1 or N.C. Gen. Stat. § 131E-176 (16) s.

## ANALYSIS

No person may offer or develop a new institutional health service in this State without first obtaining a certificate of need from the Department. N.C. Gen. Stat. § 131E-178(a). Pursuant to N.C. Gen. Stat. § 131E-176(16)f1, the acquisition of an MRI scanner by any person by lease is a new institutional health service. Pursuant to N.C. Gen. Stat. § 131E-176(16)s, the furnishing of mobile medical equipment to any person in this State is a new institutional health service if the scanner was not in use in the State prior to March 18, 1993, when subsection (16)s was enacted. Petitioner's lease of an out-of state mobile MRI scanner for even a limited time is a new institutional health service pursuant to both N.C. Gen. Stat. § 131E-176(16)f1 and N.C. Gen. Stat. § 131E-176(16) s.

However, the certificate of need law provides that "the Department shall exempt from certificate of need review [certain specified new institutional health services] if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required . . . ." N.C. Gen. Stat. § 131E-184(a). The provision of "replacement equipment" is one of the new institutional health services that is eligible for exemption. N.C. Gen. Stat. § 131E-184(a)(7). Replacement equipment is "equipment that costs less than two million dollars (\$2,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced." N.C. Gen. Stat. § 131E-176(22a). Thus, medical equipment qualifies as "replacement equipment" if it:

1. costs less than two million dollars; and
2. is purchased;
3. for the sole purpose of replacing;
4. comparable medical equipment;
5. currently in use;

6. which will be sold or otherwise disposed of when replaced.

Each of these six elements of the definition of replacement equipment is addressed below.

The mobile scanner meets the first part of the test. The statutory definition of “replacement equipment” provides that the cost of the equipment “shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.” *Id.* Petitioner states that its monthly lease payment is only \$25,000. Petitioner has not provided a statement of the fair market value of the mobile MRI. However, Petitioner states that it has a contract to purchase its permanent replacement MRI, a new Philips 1.5 Tesla magnet, for \$1,716,985. This figure includes installation. Because the mobile MRI is used and has a less powerful magnet than the MRI Petitioner is buying, I am satisfied that the fair market value of the leased unit is less than two million dollars.

The mobile scanner does not meet the second part of the test because Petitioner does not intend to purchase it. Instead, it is merely leasing the scanner while its MRI room is being renovated. This part of the test is addressed further, below.

The mobile scanner meets the third part of the test. Petitioner is leasing the mobile scanner solely to replace its old scanner while its MRI room is being up-fitted for the permanent replacement scanner.

The mobile scanner meets the fourth part of the test because it is “comparable” to Petitioner’s old scanner, as that term has been defined by the Department by rule. *See* 10 N.C.A.C. 3R .0214(c)-(e). A copy of the rule is attached to this declaratory ruling. The mobile scanner is functionally similar to, and is being used for the same diagnostic purposes as, Petitioner’s old scanner. 10 N.C.A.C. 3R .0214(c) and (d)(2). The mobile scanner has the same technology as the old scanner. 10 N.C.A.C. 3R .0214(d)(1). Petitioner’s old scanner was a 1.0 Tesla magnet and the mobile scanner

is a 0.5 Tesla magnet. It is not being used to provide a new health service. 10 N.C.A.C. 3R .0214(d)(2) and (e)(4). In fact, the mobile scanner does not allow Petitioner to perform all of the procedures Petitioner provided on the old scanner and the scanning times are longer. The temporary acquisition of the mobile scanner by lease has not resulted in any increase in patient charges or per procedure operating expenses. 10 N.C.A.C. 3R .0214 (d) (3). The mobile scanner is located on the same site as the old scanner. 10 N.C.A.C. 3R .0214 (d) (4). The provisions of 10 N.C.A.C. 3R .0214(e)(1) and (2) do not apply to Petitioner's proposal because Petitioner's old scanner was new when Petitioner first acquired it. The provisions of 10 N.C.A.C. 3R .0214(e)(3) do not apply to the proposal because Petitioner's scanner was a fixed scanner rather than a mobile scanner. The mobile scanner is not capable of performing procedures that could result in the provision of a type of procedure that was not provided with Petitioner's old scanner. 10 N.C.A.C. 3R .0214(e)(4). Finally, 10 N.C.A.C. 3R .0214(e)(5) doesn't apply to the proposal because Petitioner owned the old scanner.

The mobile scanner meets the fifth part of the test because the old scanner was in use at 402 Bowman Gray Drive in Greenville, North Carolina up to the time Petitioner sold it in order to replace it. The mobile scanner meets the sixth and final part of the test because Petitioner's old scanner has been taken out of service in the State of North Carolina.

The mobile scanner meets all but one of the parts of the test for replacement equipment. It does not meet the second part of the test because Petitioner does not intend to purchase the mobile scanner. I nevertheless conclude that the mobile scanner is replacement equipment for the reasons given below.

It is a well-settled principle of statutory construction that "[w]here the language of a statute is clear and unambiguous, there is no room for judicial construction and the courts must give [the

statute] its plain and definite meaning, and are without power to interpolate, or superimpose, provisions and limitations not contained therein.” *State v. Camp*, 286 N.C. 148, 151, 209 S.E.2d 754, 756 (1974). However, the case law in this State also states that “[i]n construing statutes courts normally adopt an interpretation which will avoid absurd or bizarre consequences, the presumption being that the legislature acted in accordance with reason and common sense and did not intend untoward results. *State ex rel. Com’r of Ins. v. North Carolina Auto. Rate Administrative Office*, 294 N.C. 60, 68, 241 S.E.2d 324, 329 (1978). In this case, I find that a literal interpretation of the definition of “replacement equipment” would lead to “absurd and bizarre consequences” and “untoward results.”

Pursuant to the plain and unambiguous language of N.C. Gen. Stat. § 131E-176 (22a), Petitioner may permanently replace its old scanner without a certificate of need. Yet, pursuant to the same plain and unambiguous language, Petitioner may not temporarily replace that same scanner without a certificate. It makes no sense to require Petitioner to obtain a certificate of need before it can lease a replacement scanner for a period of a few months months when it does not have to obtain a certificate of need before it can purchase a replacement scanner outright. I cannot believe that the General Assembly foresaw or intended this result when it enacted the replacement equipment exemption in 1993. Therefore, I conclude that leased equipment may qualify as replacement equipment, pursuant to N.C. Gen. Stat. § 131E-176 (22a). Furthermore, I conclude that the scanner that Petitioner has leased is replacement equipment.

Petitioner did not give the Department prior notice of its intent to replace its old MRI temporarily with leased equipment, as is required by N.C. Gen. Stat. § 131E-184(a). However, it has provided a good and sufficient explanation of why the proposed new institutional health service

was needed. Therefore, given the absence of any evidence that Petitioner acted in bad faith and given further that Petitioner otherwise qualifies for an exemption, I hereby declare that Petitioner's temporary acquisition of a mobile MRI by lease while its MRI room is being up-fitted is exempt from certificate of need review, pursuant to N.C. Gen. Stat. § 131E-184(a) (7).

#### CONCLUSION

For the reasons given above, I conclude that:

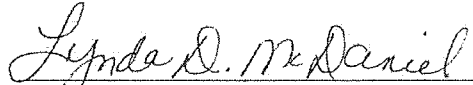
(1) Petitioner's lease of an out-of-state mobile MRI scanner while Petitioner's MRI room is being up fitted for a new scanner is a new institutional health service pursuant to N.C. Gen. Stat. §§ 131E-176(16)f1 and 131E-176(16)s;

(2) the mobile scanner is replacement equipment; and

(3) the lease is exempt from certificate of need review pursuant to N.C. Gen.

Stat. § 131E-184(a) (7).

This the 11<sup>th</sup> day of December, 1998.

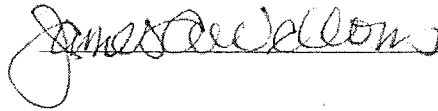
  
Lynda D. McDaniel, Director  
Division of Facility Services

CERTIFICATE OF SERVICE

I certify that I have served a copy of the foregoing Declaratory Ruling on the following person(s) by depositing the copy in an official depository under the exclusive care and custody of the United States Postal Service in a properly addressed postage-paid wrapper.

Dawn D. Riddle, RT-R  
MRI of Eastern Carolina  
402 Bowman Gray Drive  
Greenville, NC 27834

This the 11<sup>th</sup> day of December, 1998.

 \_\_\_\_\_





**Registration and Inventory of Medical Equipment**  
**Fixed Magnetic Resonance Imaging Scanners**  
 January 2016

**Instructions**

This is the legally required "Registration and Inventory of Medical Equipment" (G.S. 131E-177) for fixed magnetic resonance imaging (MRI) scanners. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2016**.

1. Complete and sign the form
2. Return the form by one of two methods:
  - a. Email a scanned copy to [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Kelli Fisk, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

Note: Fixed equipment operated in a facility licensed under a hospital should be reported on that hospital's license renewal application, and not duplicated on this form.

If you have questions, call Kelli Fisk in Healthcare Planning at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).

**Section 1: Contact Information**

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

\_\_\_\_\_ Brody School of Medicine at East Carolina University \_\_\_\_\_  
 (Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

\_\_\_\_\_ 600 Moye Boulevard \_\_\_\_\_  
 (Street and Number)

\_\_\_\_\_ Greenville \_\_\_\_\_ NC 27834 \_\_\_\_\_ ( 252 ) 744-1020 \_\_\_\_\_  
 (City) (State) (Zip) (Phone Number)

3. Chief Executive Officer or approved designee who is certifying the information in this registration form:

\_\_\_\_\_ Paul R.G. Cunningham, MD, FACS \_\_\_\_\_ Dean and Senior Associate Vice. Chancellor \_\_\_\_\_  
 (Name) (Title)

402 Bowman Gray Drive \_\_\_\_\_ Greenville \_\_\_\_\_ NC 27834 \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip)

( 252 ) 744-9490 \_\_\_\_\_ riddled@ecu.edu \_\_\_\_\_  
 (Phone Number) (Email)

4. Information Compiled or Prepared by: \_\_\_\_\_ Dawn Riddle RT R MR \_\_\_\_\_  
 (Name)

( 252 ) 744-9494 \_\_\_\_\_ riddled@ecu.edu \_\_\_\_\_  
 (Phone Number) (Email)

**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2014 – 9/30/2015     Other time period: \_\_\_\_\_

(Please make additional copies of pages of this form as needed.)

	Scanner Number	Scanner Number
Manufacturer/Tesla	Philips 1.5 T	
Model Number	ACS NT	
Open or Closed Scanner	Closed	
Serial or I.D. Number	5324	
Date of acquisition	November 1998	
Purchase price (if purchased)	1,700,000	
Certificate of Need Project ID	N/A	
Certificate Holder, as listed on Certificate of Need	N/A	
If Leased or Rented, Name Owner of Equipment	N/A	
Service Site Information: Please include <b>all</b> of the information requested for each location.	Service Site ECU Physicians MRI _____ Address 402 Bowman Gray Dr. _____  City, State, Zip Greenville, NC 27834 _____ County Pitt _____	Service Site _____ Address _____  City, State, Zip _____ County _____
Inpatient Procedures*: - with Contrast or Sedation - without Contrast or Sedation  Outpatient Procedures*: - with Contrast or Sedation - without Contrast or Sedation	Inpatient: N/A with: _____ w/out: _____ Total: _____  Outpatient: with: 1102 _____ w/out: 3032 _____ Total: 4134 _____	Inpatient: with: _____ w/out: _____ Total: _____  Outpatient: with: _____ w/out: _____ Total: _____
<b>Total Number of Procedures</b>	<b>Total:</b> _____	<b>Total:</b> _____
Put a check by the days per week, and write in the number of hours per day, the scanner is in operation.	____ Sun: ____ hours <input checked="" type="checkbox"/> Mon: 10 ____ hours <input checked="" type="checkbox"/> Tue: 10 ____ hours <input checked="" type="checkbox"/> Wed: 10 ____ hours <input checked="" type="checkbox"/> Thu: 10 ____ hours <input checked="" type="checkbox"/> Fri: 10 ____ hours ____ Sat: ____ hours	____ Sun: ____ hours ____ Mon: ____ hours ____ Tue: ____ hours ____ Wed: ____ hours ____ Thu: ____ hours ____ Fri: ____ hours ____ Sat: ____ hours
Total number of hours in operation for report period	Approximately 2490	

\*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. The total number of procedures should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 5 of this form.

Name of entity that acquired the equipment (from page 1) \_\_\_\_\_ Brody School of Medicine at East Carolina University \_\_\_\_\_

**Section 3: MRI Procedures by CPT Code by Service Site**

Please write the number of procedures provided by CPT Code during the time period of this report. Report separately for each service site. Make additional copies of pages 3 and 4 as needed. The total number of procedures should equal the total number of procedures reported on page 2 of this form.

Service Site Name: ECU Physicians MRI

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o	1		
70542	MRI Orbit/Face/Neck with contrast	12		
70543	MRI Orbit/Face/Neck w/o & with	9		
70544	MRA Head w/o	348		
70545	MRA Head with contrast	1		
70546	MRA Head w/o & with	2		
70547	MRA Neck w/o	225		
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with			
70551	MRI Brain w/o	1410		
70552	MRI Brain with contrast	4		
70553	MRI Brain w/o & with	997		
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	354		
72142	MRI Cervical Spine with contrast	1		
72156	MRI Cervical Spine w/o & with	144		
72146	MRI Thoracic Spine w/o	69		
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	75		
72148	MRI Lumbar Spine w/o	354		
72149	MRI Lumbar Spine with contrast	1		
72158	MRI Lumbar Spine w/o & with	50		
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	3		
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	2		
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o			
73219	MRI Upper Ext, other than joint with contrast			
<b>Subtotals for this page</b>		4062		

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University

10a. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with			
73221	MRI Upper Ext, any joint w/o	45		
73222	MRI Upper Ext, any joint with contrast	20		
73223	MRI Upper Ext, any joint w/o & with			
73225	MRA Upper Ext, w/o OR with contrast			
73718	MRI Lower Ext other than joint w/o	6		
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with	1		
73721	MRI Lower Ext any joint w/o			
73722	MRI Lower Ext any joint with contrast			
73723	MRI Lower Ext any joint w/o & with			
73725	MRA Lower Ext w/o OR with contrast			
74181	MRI Abdomen w/o			
74182	MRI Abdomen with contrast			
74183	MRI Abdomen w/o & with			
74185	MRA Abdomen w/o OR with contrast			
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast			
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page	72		
	<b>Total Number of Procedures for all pages*</b>	4134		

Total Number of Procedures for All Service Sites: 4134

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University

**Section 4: Patient Origin Data by Service Site**

Please provide the county of residence for each patient who received MRI services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be equal to or less than the total number of procedures reported on page 2 of this form.

Service Site Name: \_\_\_\_\_

County in which service was provided: \_\_\_\_\_

Patient County	Number of Patients	Patient County	Number of Patients	Patient County	Number of Patients
1. Alamance		37. Gates	10	73. Person	
2. Alexander		38. Graham		74. Pitt	937
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	127	76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax	152	78. Robeson	
7. Beaufort	445	43. Harnett	1	79. Rockingham	
8. Bertie	102	44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick	6	46. Hertford	52	82. Sampson	9
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	24	84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	26	87. Swain	
16. Carteret	95	52. Jones	25	88. Transylvania	
17. Caswell		53. Lee	3	89. Tyrrell	16
18. Catawba	1	54. Lenoir	315	90. Union	
19. Chatham	4	55. Lincoln		91. Vance	
20. Cherokee	2	56. Macon		92. Wake	13
21. Chowan	36	57. Madison		93. Warren	9
22. Clay		58. Martin	245	94. Washington	83
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg		96. Wayne	301
25. Craven	177	61. Mitchell		97. Wilkes	
26. Cumberland	13	62. Montgomery		98. Wilson	140
27. Currituck	1	63. Moore	1	99. Yadkin	
28. Dare	13	64. Nash	159	100. Yancey	
29. Davidson		65. New Hanover	9		
30. Davie		66. Northampton	46	101. Georgia	
31. Duplin	84	67. Onslow	131	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe	235	69. Pamlico	36	104. Virginia	
34. Forsyth	1	70. Pasquotank	23	105. Other (specify)	
35. Franklin	1	71. Pender	3	Unreported	
36. Gaston		72. Perquimans	21	<b>Total Number of Patients</b>	<b>4134</b>

Name of entity that acquired the equipment (from page 1) \_\_\_ Brody School of Medicine at East Carolina University \_\_\_



**Section 5: Reimbursement/Payment Source**

Please provide the source of reimbursement/payment for MRI procedures. Total procedures should equal the total number of procedures reported on page 2 of this form.

Primary Payer Source	Number of MRI Procedures
Self Pay	26
Medicare & Medicare Managed Care	1520
Medicaid	834
Commercial Insurance	1737
Managed Care	
Unreimbursed Care (Indigent/Charity)	13
Other (Specify) Workers Comp	4
<b>Total</b>	<b>4134</b>

**Section 6: Certification and Signature**

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature *P. Cunningham*  
 Print Name Paul R. G. Cunningham  
 Date signed 12/10/2015

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 29, 2016**.

1. Complete and sign the form
2. Return the form by one of two methods:
  - a. Email a scanned copy to [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Kelli Fisk in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Kelli Fisk in Healthcare Planning at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University

March 1, 1993  
CON

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**Registration and Inventory of Medical Equipment**  
**Fixed Magnetic Resonance Imaging Scanners**  
**January 2015**

**Instructions**

This is the legally required "Registration and Inventory of Medical Equipment" (G.S. 131E-177) for fixed magnetic resonance imaging (MRI) scanners. Please complete all sections of this form and return to the Medical Facilities Planning Branch by **Friday, January 30, 2015**.

1. Complete and sign the form
2. Return the form by one of two methods:
  - a. Email a scanned copy to [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Kelli Fisk, Medical Facilities Planning Branch, 2714 Mail Service Center, Raleigh, NC 27699-2714.

Note: Fixed equipment operated in a facility licensed under a hospital should be reported on that hospital's license renewal application, and not duplicated on this form.

If you have questions, call Kelli Fisk in the Medical Facilities Planning Branch at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).

**Section 1: Contact Information**

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

\_\_\_\_\_ Brody School of Medicine at East Carolina University \_\_\_\_\_  
(Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

\_\_\_\_\_ 600 Moye Boulevard \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_ Greenville \_\_\_\_\_ NC 27834 \_\_\_\_\_ (252) 744-1020 \_\_\_\_\_  
(City) (State) (Zip) (Phone Number)

3. Chief Executive Officer or approved designee who is certifying the information in this registration form:

\_\_\_\_\_ Paul R.G. Cunningham, MD, FACS \_\_\_\_\_ Dean and Senior Associate Vice Chancellor \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_ 402 Bowman Gray Drive \_\_\_\_\_ Greenville \_\_\_\_\_ NC 27834 \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

(252) 744-9494 \_\_\_\_\_ riddled@ecu.edu \_\_\_\_\_  
(Phone Number) (Email)

4. Information Compiled or Prepared by: \_\_\_\_\_ Dawn Riddle \_\_\_\_\_  
(Name)

(252) 744-9494 \_\_\_\_\_ riddled@ecu.edu \_\_\_\_\_  
(Phone Number) (Email)



**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2013 – 9/30/2014     Other time period: \_\_\_\_\_

(Please make additional copies of pages of this form as needed.)

	Scanner Number _____	Scanner Number _____
Manufacturer/Tesla	Philips / 1.5 T	
Model Number	ACS NT	
Open or Closed Scanner	Closed	
Serial or I.D. Number	5324	
Date of acquisition	November 1998	
Purchase price (if purchased)	1,700,000	
Certificate of Need Project ID	n/a	
Certificate Holder, as listed on Certificate of Need	n/a	
If Leased or Rented, Name Owner of Equipment	n/a	
Service Site Information: Please include all of the information requested for each location.	Service Site_ECU Physicians MRI _____ Address _402 Bowman Gray Drive_____	Service Site _____ Address _____
	City, State, Zip ___ Greenville, NC 27834 ___	City, State, Zip _____
	County _____ Pitt _____	County _____
Inpatient Procedures*: - with Contrast or Sedation - without Contrast or Sedation	Inpatient: with: ___ 0 ___ w/out: ___ 0 ___ Total: ___ 0 ___	Inpatient: with: _____ w/out: _____ Total: _____
Outpatient Procedures*: - with Contrast or Sedation - without Contrast or Sedation	Outpatient: with: ___ 1388 ___ w/out: ___ 3240 ___ Total: ___ 4628 ___ ✓	Outpatient: with: _____ w/out: _____ Total: _____
<b>Total Number of Procedures</b>	<b>Total:</b> _____	<b>Total:</b> _____
Put a check by the days per week, and write in the number of hours per day, the scanner is in operation.	___ Sun: ___ hours <input checked="" type="checkbox"/> Mon: ___ 11 ___ hours <input checked="" type="checkbox"/> Tue: ___ 11 ___ hours <input checked="" type="checkbox"/> Wed: ___ 11 ___ hours <input checked="" type="checkbox"/> Thu: ___ 11 ___ hours <input checked="" type="checkbox"/> Fri: ___ 11 ___ hours ___ Sat: ___ hours	___ Sun: ___ hours ___ Mon: ___ hours ___ Tue: ___ hours ___ Wed: ___ hours ___ Thu: ___ hours ___ Fri: ___ hours ___ Sat: ___ hours
Total number of hours in operation for report period	Approximately 2600	

\*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. The total number of procedures should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 5 of this form.

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University \_\_\_\_\_





**Section 3: MRI Procedures by CPT Code by Service Site**

Please write the number of procedures provided by CPT Code during the time period of this report. Report separately for each service site. Make additional copies of pages 3 and 4 as needed. The total number of procedures should equal the total number of procedures reported on page 2 of this form.

Service Site Name: \_\_\_\_\_

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o contrast	1
70542	MRI Orbit/Face/Neck with contrast	17
70543	MRI Orbit/Face/Neck w/o & with contrast	29
70544	MRA Head w/o contrast	351
70545	MRA Head with contrast	
70546	MRA Head w/o & with contrast	
70547	MRA Neck w/o contrast	203
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with contrast	1
70551	MRI Brain w/o contrast	1760
70552	MRI Brain with contrast	10
70553	MRI Brain w/o & with contrast	1043
7055A	IAC Screening	
71550	MRI Chest w/o contrast	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with contrast	
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o contrast	403
72142	MRI Cervical Spine with contrast	2
72156	MRI Cervical Spine w/o & with contrast	162
72146	MRI Thoracic Spine w/o contrast	84
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with contrast	70
72148	MRI Lumbar Spine w/o contrast	353
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with contrast	53
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o contrast	1
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with contrast	1
72198	MRA Pelvis w/o OR with contrast	
73218	MRI Upper Ext, other than joint w/o contrast	
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with contrast	
	<b>Subtotal for page</b>	4544

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University \_\_\_\_\_



**Section 3: MRI Procedures by CPT Code by Service Site continued**

Service Site Name: \_\_\_\_\_

CPT Code	CPT Description	Number of Procedures
73221	MRI Upper Ext, any joint w/o contrast	31
73222	MRI Upper Ext, any joint with contrast	
73223	MRI Upper Ext, any joint w/o & with contrast	
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o contrast	2
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with contrast	
73721	MRI Lower Ext any joint w/o contrast	51
73722	MRI Lower Ext any joint with contrast	
73723	MRI Lower Ext any joint w/o & with contrast	
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o contrast	
74182	MRI Abdomen with contrast	
74183	MRI Abdomen w/o & with contrast	
74185	MRA Abdomen w/o OR with contrast	
75557	MRI Cardiac Morphology w/o contrast	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75563	MRI Cardiac Velocity Flow Mapping	
77058	MRI Breast, unilateral w/o and/or with contrast	
77059	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	<b>Subtotal for page</b>	84
	<b>Total Number of Procedures (both pages)</b>	4628

**Total Number of Procedures for All Service Sites:** \_\_\_\_\_ **4628**

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University \_\_\_\_\_



**Section 4: Patient Origin Data by Service Site**

Please provide the county of residence for each patient who received MRI services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be equal to or less than the total number of procedures reported on page 2 of this form.

Service Site Name: \_\_\_\_\_

County in which service was provided: \_\_\_\_\_

Patient County	Number of Patients	Patient County	Number of Patients	Patient County	Number of Patients
1. Alamance	1	37. Gates	21	73. Person	
2. Alexander		38. Graham		74. Pitt	468
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	29	76. Randolph	
5. Ashe		41. Guilford	3	77. Richmond	
6. Avery		42. Halifax	47	78. Robeson	
7. Beaufort	90	43. Harnett		79. Rockingham	3
8. Bertie	78	44. Haywood		80. Rowan	3
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	79	82. Sampson	5
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke		48. Hyde	4	84. Stanly	
13. Cabarrus		49. Iredell	3	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	2	51. Johnston	9	87. Swain	
16. Carteret	33	52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	5
18. Catawba		54. Lenoir	87	90. Union	
19. Chatham	1	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	22
21. Chowan	55	57. Madison		93. Warren	1
22. Clay		58. Martin	60	94. Washington	39
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	1	60. Mecklenburg	8	96. Wayne	71
25. Craven	70	61. Mitchell		97. Wilkes	
26. Cumberland	9	62. Montgomery		98. Wilson	70
27. Currituck	14	63. Moore		99. Yadkin	
28. Dare	62	64. Nash	70	100. Yancey	
29. Davidson	2	65. New Hanover	9		
30. Davie	2	66. Northampton	42	101. Georgia	
31. Duplin	32	67. Onslow	71	102. South Carolina	
32. Durham	2	68. Orange	1	103. Tennessee	
33. Edgecombe	115	69. Pamlico	7	104. Virginia	
34. Forsyth	3	70. Pasquotank	11	105. Unreported	2495
35. Franklin	3	71. Pender	2		
36. Gaston	1	72. Perquimans	9		
				<b>Total Number of Patients</b>	<b>4628</b>

*Total*  
*4332*

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University \_\_\_\_\_



**Section 5: Reimbursement/Payment Source**

Please provide the source of reimbursement/payment for MRI procedures. Total procedures should equal the total number of procedures reported on page 2 of this form.

Primary Payer Source	Number of MRI Procedures
Self Pay	74
Medicare & Medicare Managed Care	1556
Medicaid	947
Commercial Insurance	2027
Managed Care	
Unreimbursed Care (Indigent/Charity)	18
Other (Specify)	6
<b>Total</b>	<b>4628</b>

**Section 6: Certification and Signature**

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature: *P. Cunningham*  
 Print Name: Paul R. Cunningham, MD, FACS  
 Date signed: 04/20/2015

Please complete all sections of this form and return to the Medical Facilities Planning Branch by **Friday, January 30, 2015**.

1. Complete and sign the form
2. Return the form by one of two methods:
  - a. Email a scanned copy to [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Kelli Fisk in the Medical Facilities Planning Branch, 2714 Mail Service Center, Raleigh, NC 27699-2714.

If you have questions, call Kelli Fisk in the Medical Facilities Planning Branch at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).

Name of entity that acquired the equipment (from page 1) Brody School of Medicine at East Carolina University \_\_\_\_\_