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

March 18, 2016

Greg Springfield
317 Western Boulevard
Jacksonville, North Carolina 28546

Exempt from Review – Replacement Equipment

Record #:	**1835**
Facility Name:	Onslow Memorial Hospital, Inc.
FID #:	923383
Business Name:	Onslow Memorial Hospital
Business #:	2338
Project Description:	Acquisition for replacement MRI scanner
County:	Onslow

Dear Mr. Springfield:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letters of January 15, 2016, March 3, 2016 and March 14, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(f). Therefore, you may proceed to acquire, without a certificate of need, a GE Optima 450 W MRI 1.5T scanner. 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 the Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

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

Sincerely,

Jane Rhoe-Jones
Project Analyst

Martha J. Frisone,
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR
Kelli Fisk, Program Assistant, Healthcare Planning, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

rhoe-jones, jane e

From: Kelly Ivey <kivey@pda-inc.net>
Sent: Monday, March 14, 2016 12:53 PM
To: rhoe-jones, jane e
Cc: Greg.Springfield@onslow.org
Subject: Onslow Memorial Hospital - MRI Exemption, Additional Info.
Attachments: Response to Request for Addl Info - Onslow Mem Hosp.pdf

Follow Up Flag: Follow up
Due By: Tuesday, March 15, 2016 9:00 AM
Flag Status: Flagged

Ms. Rhoe-Jones,

Attached is a letter from Onslow Memorial Hospital addressing your request for additional information regarding their MRI replacement exemption request. Please respond to this email as record of receipt.

Thank you!

Kelly Ivey
PDA, Inc.
919.754.0303
www.pdaconsultants.com
"Take a problem, make it a feature."

Onslow
MEMORIAL HOSPITAL
Where People Care

317 Western Boulevard
Jacksonville, North Carolina 28546

910.572.2345

www.onslow.org

March 14, 2016

Ms. Jane Rhoe Jones
CON Analyst
Healthcare Planning and Certificate of Need Section
Department of Health Service Regulation
809 Ruggles Drive
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

RE: Response to Request for additional information regarding Exemption from CON Review for Replacement of MRI Equipment, Onslow Memorial Hospital, Pursuant to GS 131E-184(f) Jacksonville, Onslow County, HSA VI, FID #923383

Dear Ms. Jones,

In response to your letter of March 10, 2016, I am pleased to submit the following information:

Regarding Item #7

The site where the equipment proposed for replacement is part of Onslow Memorial Hospital main campus located at 317 Western Boulevard, Jacksonville, NC. Onslow Memorial is licensed by the state of North Carolina to provide clinical services in the hospital, License #H0048.

Regarding Item #8

Onslow Memorial Hospital, Inc. is a non-profit corporation with a license to operate Onslow Memorial Hospital, an acute care hospital, thus a "health service facility" as defined by GS 131E-176(9b). The corporation's governing board exercises financial control of the hospital, including the main campus, the Imaging Department and the MRI.

Regarding Item #9

Onslow Memorial Hospital, Inc. provides administrative control of the entire licensed Onslow Memorial Hospital, including the Imaging Department and the MRI at 317 Western Boulevard, Jacksonville, NC.

Regarding Item #14

Please see the attached hospital site plan, page 1 showing location of the Imaging Department (G101). At the far right of the drawing, room 1636 is the MRI suite, which is shown in larger detail on the Rad blueprints sheet. The replacement MRI will be located in the same space.

Please do not hesitate to contact me if you have any additional questions.

Regards,

Greg Springfield RT®(CT)
Assistant Director of Imaging Services
Onslow Memorial Hospital

Attachments:

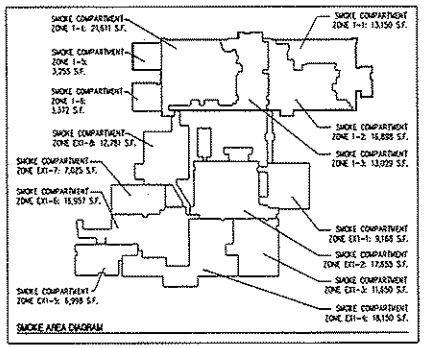
A. Sheet G101 OMH site plan to scale
B. Rad blueprints – Imaging department showing MRI location

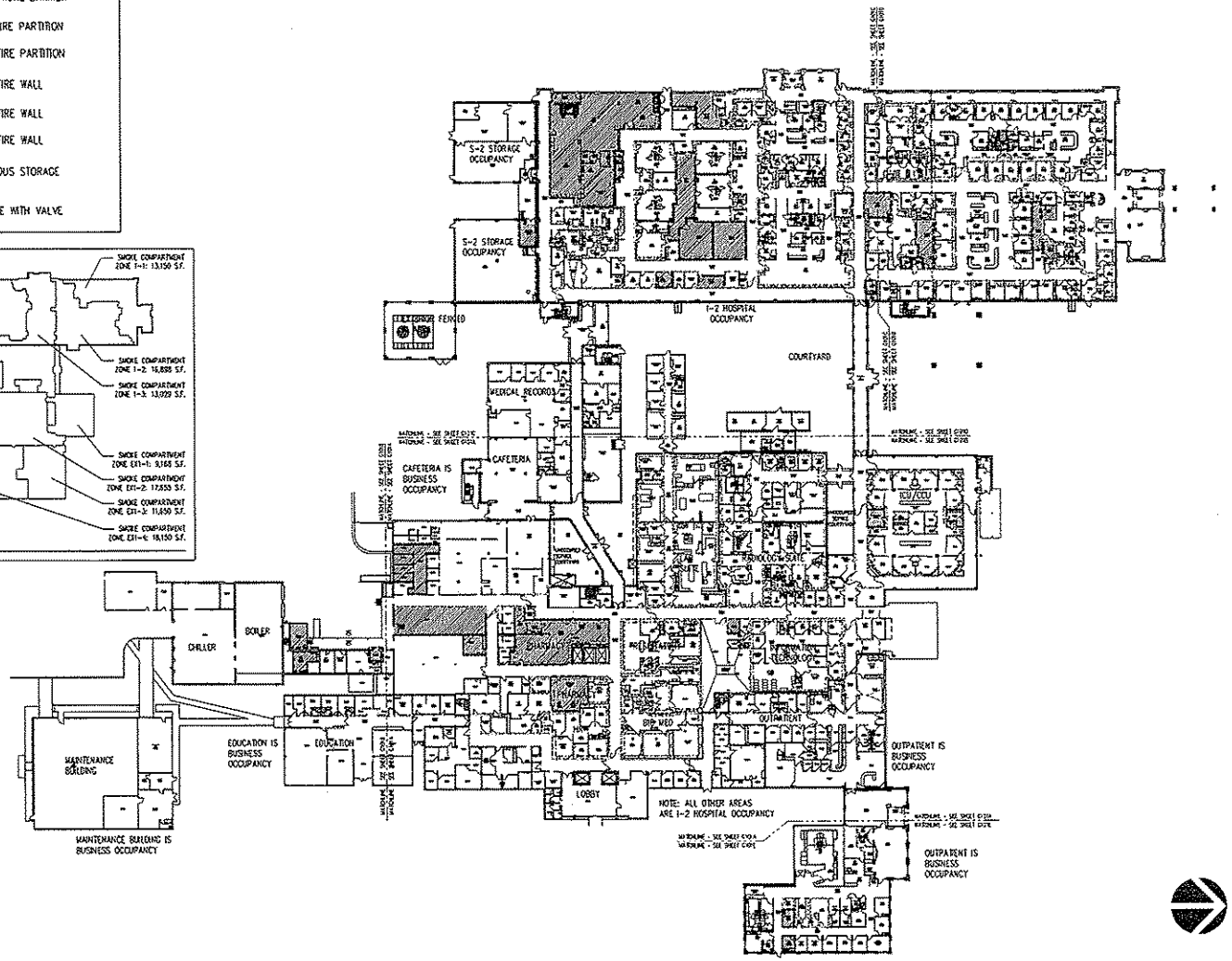
Attachment A

Sheet G101, Onslow Memorial Hospital Site Plan, to scale

FIRE RATING DESIGNATIONS

- SUITE PERIMETER DELINEATION
- NON-FIRE RATED SMOKE BARRIER
- SMOKE RESISTANT PARTITION
- 1 HOUR SMOKE BARRIER
- 1H — 1H — 1H — 1 HOUR FIRE PARTITION
- 2H — 2H — 2 HOUR FIRE PARTITION
- 2F — 2F — 2 HOUR FIRE WALL
- 3F — 3 HOUR FIRE WALL
- 4F — 4 HOUR FIRE WALL
- HAZARDOUS STORAGE
- STANDPIPE WITH VALVE





General Notes

No.	Revision/Issue	Date

Onslow Memorial Hospital
317 Western Blvd.
Jacksonville, NC
28546

OVERALL 1ST FLOOR PLAN

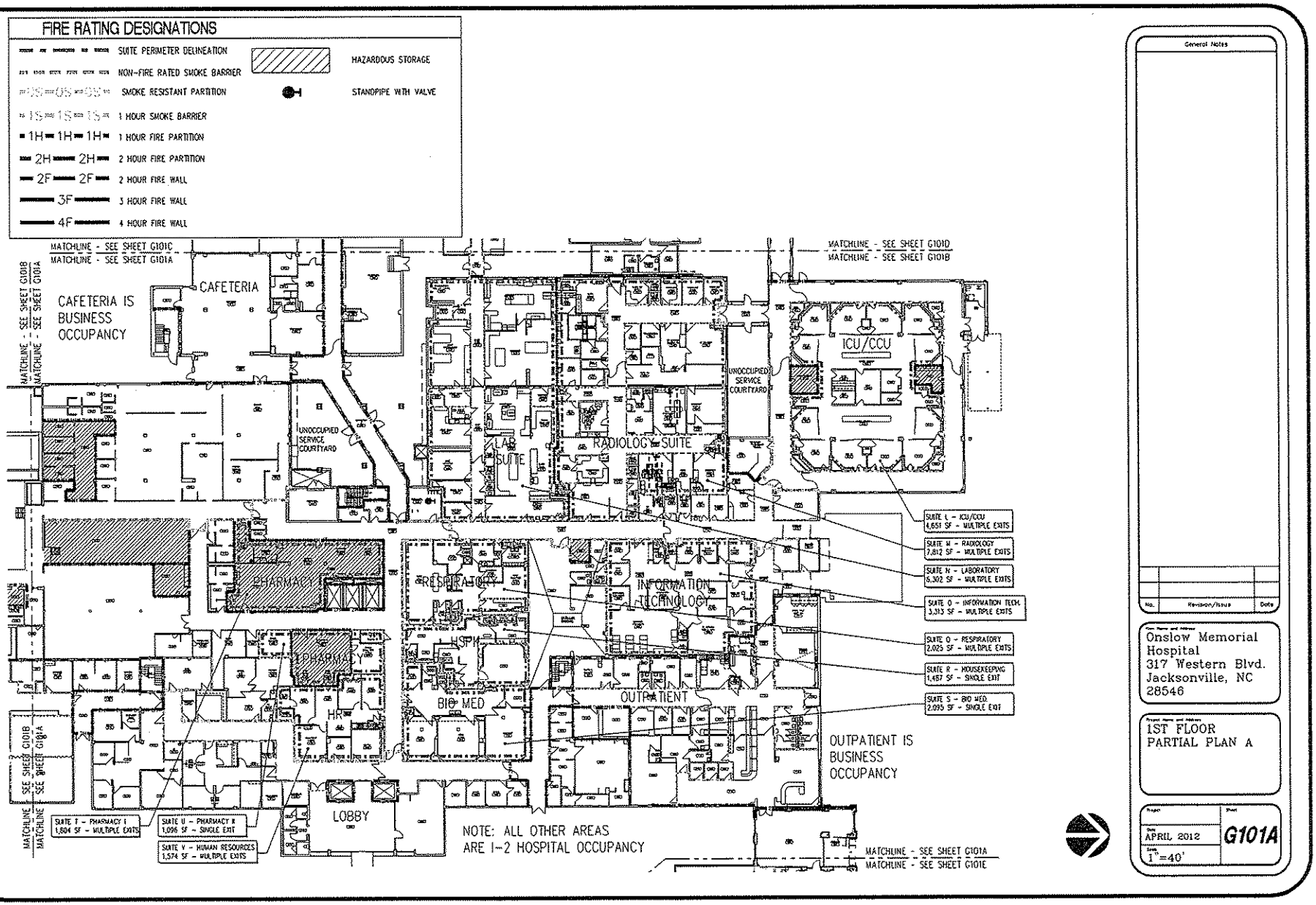
APRIL 2012

1" = 80'

G101

Attachment B

Radiology Blueprints – Imaging Department Showing MRI Location



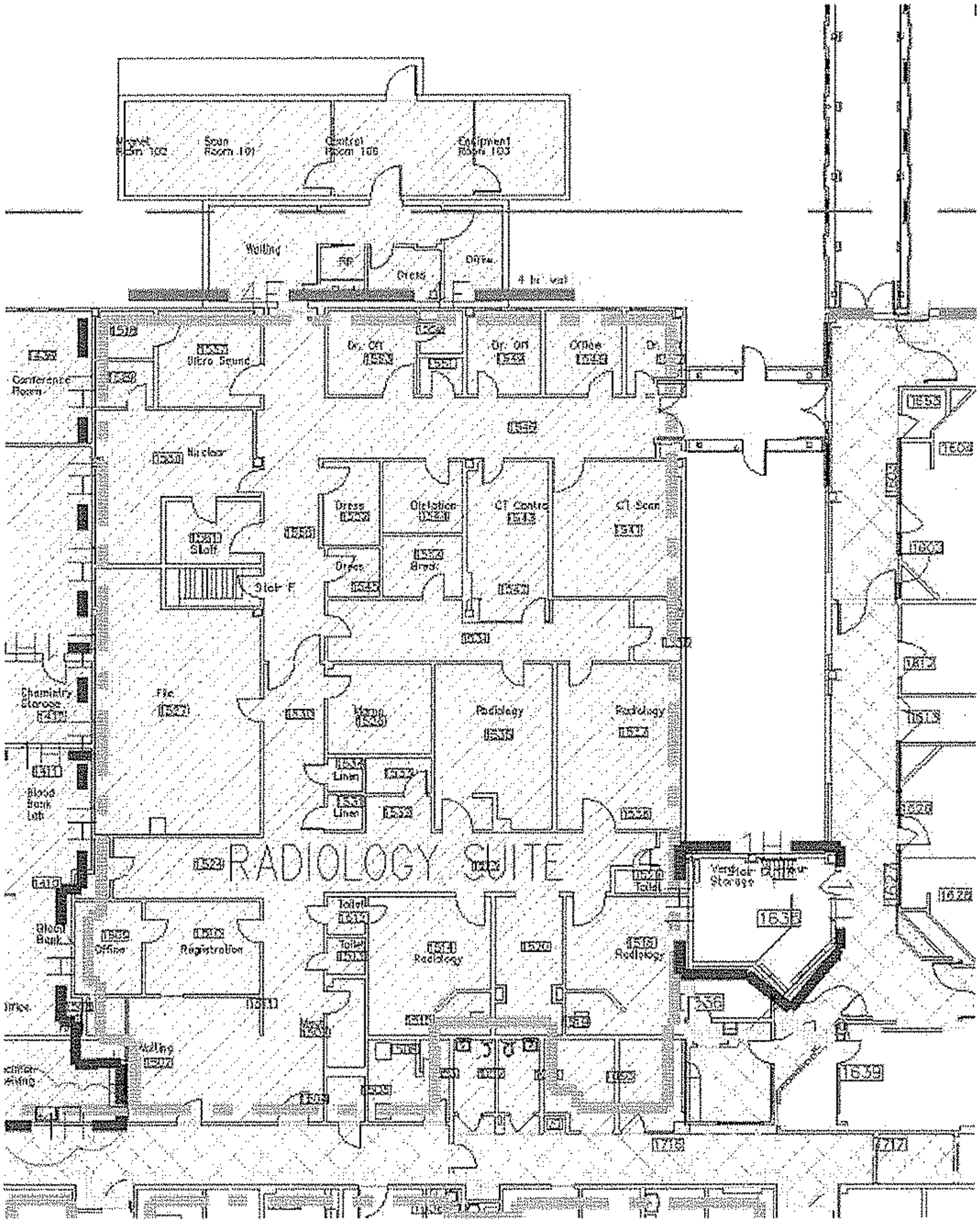
General Notes

No.	Revision/Issue	Date

Onslow Memorial Hospital
317 Western Blvd.
Jacksonville, NC
28546

1ST FLOOR
PARTIAL PLAN A

Date: APRIL 2012
Scale: 1"=40'
Sheet: G101A


Scan Room 101
Control Room 106
Equipment Room 103
Waiting
Dressing
Ultra Sound
Dr. Off
Office
Conference Room
Nuclear
Staff
Stair F
Dress
Dictation
CT Control
CT Scan
File
Chemistry Storage
Blood Bank Lab
Radiology
Linen
RADIOLOGY SUITE
Toilet
Registration
Office
Waiting

rhoe-jones, jane e

From: rhoe-jones, jane e
Sent: Thursday, March 10, 2016 2:30 PM
To: 'Greg.Springfield@onslow.org'
Subject: ExemptReplace InfoRequest MRI Onslow Memorial
Attachments: ExemptReplace InfoRequest MRI Onslow Memorial.doc

Greg,
Please see attached a request for additional information pursuant to your exemption request dated January 15, 2016. Contact me if you have questions.

Thanks,
Jane

Jane Rhoe-Jones, MSPH
Project Analyst
Health Service Regulation, Healthcare Planning & Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3873 office
jane.rhoe-jones@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2701

Twitter YouTube

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

Pat McCrory
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Richard O. Brajer
Secretary DHHS

Mark Payne
Assistant Secretary for Audit and
Health Service Regulation

VIA EMAIL

March 10, 2016

Greg Springfield
317 Western Boulevard
Jacksonville, North Carolina 28546

Information Request for Exemption Pursuant to G.S. 131E-184(f)

Facility:	Onslow Memorial Hospital
Project Description:	Acquisition for replacement MRI scanner
County:	Onslow
FID#:	923383

Dear Mr. Springfield:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letters dated January 15, 2016, February 29, 2016 and March 3, 2016 (via Nancy Lane, PDA) regarding the above referenced proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(f).

Provide a written response to questions 7, 8, 9 and 14 (highlighted) of the following:

1. A copy of the health service facility's current license.
2. A copy of the certificate of need for the equipment proposed to be replaced.
3. If no certificate of need was issued for the equipment proposed to be replaced, provide documentation that a certificate of need was not required when the equipment proposed to be replaced was initially acquired.
4. Documentation that the equipment proposed to be replaced is currently in use. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.
5. Documentation that the equipment proposed to be replaced will be sold or otherwise disposed of once the proposed replacement equipment is installed and operational. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.
6. Documentation that the proposed replacement equipment is comparable to the equipment proposed to be replaced. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.

7. Documentation that clinical patient services are provided at the site where the equipment proposed to be replaced is currently located.
8. Documentation that financial control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.
9. Documentation that administrative control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.

Existing Equipment Location

10. The street address for the site where the equipment proposed to be replaced is currently located.
11. The building name and number where the equipment proposed to be replaced is currently located.
12. The room number where the equipment proposed to be replaced is currently located.
13. A floor plan drawn to scale showing the location of the equipment proposed to be replaced.
14. A site plan drawn to scale identifying the building where the equipment proposed to be replaced is currently located.
15. If the site where the equipment proposed to be replaced consists of multiple buildings, identify which of those buildings is the main building on the site plan.
16. If the equipment proposed to be replaced is located in a building that is not strictly contiguous to the main building, provide documentation that the main building is located within 250 yards of the building where the equipment is currently located.

Proposed Replacement Equipment Location

17. The street address of the site where the proposed replacement equipment will be located.
18. The building name and number where the proposed replacement equipment will be located.
19. The room number where the proposed replacement equipment will be located.
20. A floor plan drawn to scale showing the location of the proposed replacement equipment.
21. A site plan drawn to scale identifying the building where the proposed replacement equipment will be located.
22. If the site where the proposed replacement equipment will be located consists of multiple buildings, identify which of those buildings is the main building on the site plan.
23. If the proposed replacement equipment will be located in a building that is not strictly contiguous to the main building, provide documentation that the main building is located within 250 yards of the building where the proposed replacement equipment will be located.

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

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

VIA EMAIL

January 20, 2016

Greg Springfield
317 Western Boulevard
Jacksonville, NC 28546

Information Request for Exemption Pursuant to G.S. 131E-184(f)

Facility:	Onslow Memorial Hospital
Project Description:	Acquisition for replacement MRI scanner
County:	Onslow
FID #:	923383

Dear Mr. Springfield:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter dated January 15, 2016 regarding the above reference proposal. However, additional information is needed to determine if the project is exempt from review pursuant to G.S. 131E-184(f).

Provide a written response to each of the following.

1. A copy of the health service facility's current license.
2. A copy of the certificate of need for the equipment proposed to be replaced.
3. If no certificate of need was issued for the equipment proposed to be replaced, provide documentation that a certificate of need was not required when the equipment proposed to be replaced was initially acquired.
4. Documentation that the equipment proposed to be replaced is currently in use. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.
5. Documentation that the equipment proposed to be replaced will be sold or otherwise disposed of once the proposed replacement equipment is installed and operational. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.

6. Documentation that the proposed replacement equipment is comparable to the equipment proposed to be replaced. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.
7. Documentation that clinical patient services are provided at the site where the equipment proposed to be replaced is currently located.
8. Documentation that financial control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.
9. Documentation that administrative control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.

Existing Equipment Location

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16. If the equipment proposed to be replaced is located in a building that is not strictly contiguous to the main building, provide documentation that the main building is located within 250 yards of the building where the equipment is currently located.

Proposed Replacement Equipment Location

17. The street address of the site where the proposed replacement equipment will be located.
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22. If the site where the proposed replacement equipment will be located consists of multiple buildings, identify which of those buildings is the main building on the site plan.
23. If the proposed replacement equipment will be located in a building that is not strictly contiguous to the main building, provide documentation that the main building is located within 250 yards of the building where the proposed replacement equipment will be located.

If you have any questions concerning this request, please do not hesitate to call this office.

Sincerely,

Fatimah Wilson for Jane Rhoe-Jones
Team Leader, Certificate of Need

rhoe-jones, jane e

From: Wilson, Fatimah
Sent: Thursday, February 11, 2016 1:42 PM
To: rhoe-jones, jane e
Subject: FW: Request for Additional Information Exemption Notice to Replace MRI Scanner
Attachments: Onslow Onslow Memorial Hospital 923383 Replace MRI Scanner Request for Additional Info.doc

Follow Up Flag: Follow up
Due By: Monday, February 15, 2016 9:00 AM
Flag Status: Flagged

From: Wilson, Fatimah
Sent: Wednesday, January 20, 2016 11:42 AM
To: Greg Springfield <Greg.Springfield@onslow.org>
Subject: Request for Additional Information Exemption Notice to Replace MRI Scanner

Greg,

Please see attached a request for additional information pursuant to your exemption request dated January 15, 2016. For this type of request we will need additional documentation. I would advise that you take each question and respond with an answer or reference to an exhibit or attachment where documentation is being provided. If you need further assistance feel free to contact me.

Thanks

Fatimah Wilson, MHA
Team Leader Certificate of Need
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

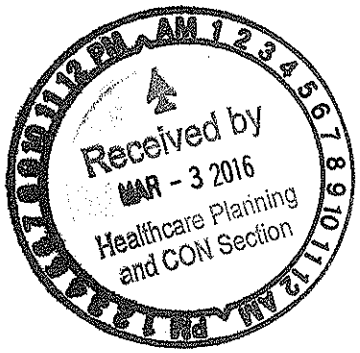
919-855-3873 office
Fatimah.Wilson@dhhs.nc.gov

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

Nothing Compares

PDA

2016 Cameron Street
Suite 210
P.O. Box 12844
Raleigh, NC 27605
PH: 919.754.0303
FX: 919.754.0328
www.pdaconsultants.com



March 3, 2016

Martha Frisone, Assistant Section Chief
Jane Rhoe-Jones, Project Analyst
Healthcare Planning and Certificate of Need Section
NC Division of Health Service Regulation
2704 Mail ServiceCenter
Raleigh, NC 27604

Re: Onslow Memorial Hospital MRI replacement Exemption, Jacksonville, Onslow County, FID 923383

Dear Ms. Frisone and Ms. Rhoe-Jones,

On behalf of Onslow Memorial Hospital we are submitting the attached request for an Exemption under GS 131E-184(f). The existing MRI scanner is 13 years old and the hospital needs newer technology to improve image quality and patient accommodation.

The attached documentation from the hospital supports conformance with the requirements of GS 131E-184(f). You may note that the quote from GE includes state and county taxes. These were excluded from the capital cost summary, because the hospital is a tax-exempt not for profit entity.

We appreciate your confirmation that the project is exempt from Certificate of Need review.

Sincerely,

Nancy M. Lane
President

Attachment: Correspondence from Greg Springfield, Assistant Director of Imaging Services, Onslow Memorial Hospital

Onslow
MEMORIAL HOSPITAL
Where People Care

317 Western Boulevard
Jacksonville, North Carolina 28546
910.577.2345
www.onslow.org

February 29, 2016

Ms. Martha Frisone
Assistant Chief
Healthcare Planning and Certificate of Need Section
Department of Health Service Regulation
809 Ruggles Drive
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

RE: Request for Exemption from CON Review for Replacement of MRI Equipment, Onslow Memorial Hospital, Jacksonville, Onslow County, HSA VI, FID #923383

Dear Ms. Frisone,

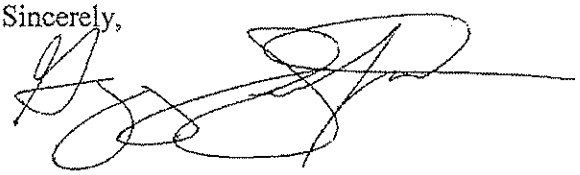
Please accept this letter as the required prior notification that Onslow Memorial Hospital intends to replace its Magnetic Resonance Imaging (MRI) equipment. The proposed replacement MRI equipment meets the exemption requirements of GS 131E-184(f).

- The replacement equipment is comparable to the equipment being replaced, with the exception of technological improvements that increase its diagnostic capabilities;
- The equipment to be replaced is currently in use in the hospital on the main campus in the Imaging Department;
- The existing equipment has been in operation for 13years; was originally obtained in 2004, under a determination of Non-Reviewability, thus did not require a certificate of need;
- The estimated capital costs for the replacement are more than $2.0 million, including the cost of studies, drawings, designs, specification, construction, installation and calibration; and other activities required to make it operational. (See Exhibit B).
- The existing 1.5 Tesla Signa Infinity EchoSpeed MRI will be removed from service in North Carolina; it will be sold and removed by GE. If the magnet is to be is to be put back into service in North Carolina, it will be GE's responsibility to ensure that the new owner goes through the appropriate CON review process.
- The replacement equipment will be located in the hospital on the main campus. Please see Drawings in Exhibit D. A renovation will replace the modular pod in which the current equipment is located.
- Charges will not increase as a result of the new equipment; costs per procedure will not increase more than 10 percent within twelve months after acquisition.

Onslow Memorial Hospital will maintain continuous service during the replacement by using a temporary MRI leased from a vendor authorized to provide mobile services. At no time will Onslow Memorial Hospital operate more than one MRI unit. The project does not involve a new health service as defined in GS 131E-176(9b).

These data demonstrate that the project meets the requirements for an Exemption under of GS 131E-184(f)(1), (2) and (3). We would appreciate your earliest possible confirmation, so that we can proceed with the purchase. Thank you for your time and consideration. Please do not hesitate to contact us should you have questions.

Sincerely,



Greg Springfield RT(R)(CT)
Assistant Director of Imaging Services
Onslow Memorial Hospital

Attachments:
Exhibit A – Vendor Contract
Exhibit B – Estimated Capital Cost
Exhibit C - Existing/Replacement Equipment Comparison
Exhibit D – Proposed MRI drawings
Exhibit E – No Review Approval dated December 4, 2003

Exhibit A

Vendor Contract

FROM: OMH MAIN PURCHASING FACILITY
317 WESTERN BLVD
JACKSONVILLE, NC 28546

PURCHASE ORDER #: 036565

TO: GE HEALTHCARE TECHNOLOGIES
3200 N GRANDVIEW BLVD
WAUKESHA, WI 53188

SHIP VIA:

*** IMPORTANT ***

1. ALL DELIVERIES MUST BE MADE TO: 414 WHITE ST UNIT 1
JACKSONVILLE, NC 28546
2. INCLUDE IN ALL SHIPMENTS A PACKING SLIP SHOWING CONTENTS AND PURCHASE ORDER NUMBER.
3. SHOW OUR ORDER NUMBER ON ALL INVOICES, PACKAGES, SHIPPING PAPERS, PACKING SLIPS AND CORRESPONDENCE.
4. RENDER INVOICE IN DUPLICATE TO: AP
PO BOX 1358 JACKSONVILLE, NC 28541
5. IF SHIPPING CHARGES CONTRACTUALLY APPLY, SHIP BILL 3RD PARTY VIA FEDEX #245677625, FOB DESTINATION. INSERT OUR PO# IN RECIPIENT 2ND ADDRESS FIELD. IF COMBINED SHIPPING WEIGHT EXCEEDS 150LBS, CALL 888-457-4579 FOR CARRIER INSTRUCTIONS PRIOR TO SHIPPING.

VENDOR #: M00356 ACCT #: 143120
TERMS: INV NET 30
FOB: DEST
PO#: 036565 PO DATE: 02/01/16 EXPECTED DELIVERY: 03/04/16
PO TYPE: REGULAR CAPITAL STATUS: WORKING PURCHASE ORDER TYPE: REGULAR
BUYER: DSIGMAN - DOTTIE SIGMAN

LINE	ITEM # / MANUF CATLG # / MANUFACTURER	VENDOR CATLG #	QTY UP / PACKAGING INFO	DESCRIPTION / DEPT or INVEN/ADD'L DESC	COST UP / G/L ACCOUNT	EXT COST	TX CD	STA	CTY
1	000009634	S7525AW	1 EA / EA	MRI OPTIMA MR450W 001.8331 - OMH MATERIALS MANAGEMENT	1350080.4000 EA 001.1180.0000	1350080.40	TAX	Y	Y
2	000001042	OPS MANUALS	1 EA / EA	OPERATORS & SERVICE MANUALS 001.8331 - OMH MATERIALS MANAGEMENT OPS & SRV MANUALS REQUIRED FOR APPLICABLE EQUIP UL CERTIFICATIONS REQUIRED FOR APPLICABLE EQUIP	0.0000 EA 001.1180.0000	0.00	TAX	Y	Y

SUBTOTAL:	1350080.40
STA:	64128.82
CTY:	30376.81
TOTAL:	1444585.03

VENDOR REGISTRATION #:

*** QUOTE PR11-C61389 SUBMITTED BY KIMBERLY ALLEN

*** 80% ON DELIVERY/20% ON ACCEPTANCE OR FIRST PATIENT USE

*** ***CONTINGENT ON CON/NO REVIEW ***

*** DEL TO:

*** OMH

*** 317 WESTERN BLVD

*** JACKSONVILLE, NC 28546

*** E-MAIL

*** ACKNOWLEDGE TO PURCHASING - DOTTIE SIGMAN
*** PHONE - 910-577-2216 - EMAIL - dottie.sigman@onslow.org

NOTE: ACCEPTANCE OF THIS ORDER CONSTITUTES AGREEMENT WITH ALL TERMS AND CONDITIONS ON THE FACE AND REVERSE SIDE OF THIS ORDER. A COPY OF YOUR ACKNOWLEDGEMENT TERMS WILL NOT BE ACCEPTED AS AN OBJECTION TO OUR TERMS AND CONDITIONS.

BY: Dottie Sigman
AUTHORIZED SIGNATURE

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

Onslow Memorial Hospital
317 Western Blvd
Jacksonville NC 28546-6338

Attn: Tom Jenkins
317 Western Blvd Jacksonville
NC 28546

Customer Number : 1-231713
Quotation Expiration Date: 01-29-2016

The terms of the Master Purchasing Agreement, Strategic Alliance Agreement or GPO Agreement referenced below as the Governing Agreement shall govern this Quotation. No additional or different terms shall apply unless agreed to in writing by authorized representatives of both parties.

Governing Agreement:	MedAssets
Terms of Delivery:	FOB Destination
Billing Terms:	80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms:	Upon Receipt
Total Quote Net Selling Price:	$1,350,080.40

INDICATE FORM OF PAYMENT:

If "GE HFS Loan" or "GE HFS Lease" is NOT selected at the time of signature, then you may NOT elect to seek financing with GE Healthcare Financial Services (GE HFS) to fund this arrangement after shipment.

____Cash/Third Party Loan

____GE HFS Lease

____GE HFS Loan

____Third Party Lease (please identify financing company) _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER

Andra Davis 2/1/2016
Authorized Customer Signature Date

ANDRIA DAVIS DIRECTOR, MATERIALS
Print Name Print Title

135305
Purchase Order Number (if applicable)

GE HEALTHCARE

Kimberly Allen 01-14-2016
Signature Date

Vaso Healthcare - Authorized Manufacturer Rep

Email: Kimberly.Allen@ge.com
Office: +1 704 983 2170
Mobile: 704-577-2484

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

Total Quote Selling Price	**$1,350,080.40**
Trade-In and Other Credits	$0.00
Total Quote Net Selling Price	**$1,350,080.40**

To Accept this Quotation

Please sign and return this Quotation together with your Purchase Order To:
Kimberly Allen
Office: +1 704 983 2170
Mobile: 704-577-2484
Email: Kimberly.Allen@ge.com

Payment Instructions

Please **Remit** Payment for invoices associated with this quotation to:
GE Healthcare
P.O. Box 96483
Chicago, IL 60693

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate, your form of payment.
- If you include the purchase order, please make sure it references the following information
  - The correct Quote number and version number above
  - The correct Remit To information as indicated in **"Payment Instructions"** above
  - The correct SHIP TO site name and address
  - The correct BILL TO site name and address
  - The correct Total Quote Net Selling Price as indicated above

"Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms. Signature page on quote filled out with signature and P.O. number.
**********OR**********
Verbiage on the purchase order must state 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 #_____. Include the applicable quote/agreement number with the reference on the purchase order.
In addition, source of funds (choice of: Cash/Third Party Loan or GE HFS Lease or GE HFS Loan or Third Party Lease through _____), must be indicated, which may be done on the quote signature page (for signed quotes), on the purchase order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

01-14-2016

GPO Agreement Reference Information

Customer:	Tom Jenkins
Contract Number:	PLEASE SEE MEDASSETS CONTRACT # BELOW
Start Date:	
End Date:	07/31/2019
Billing Terms:	80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms:	Upon Receipt
Shipping Terms:	FOB Destination

For a copy of the GPO contract or summary, please go to your GPO Membership login page connect.medassets.com. If a copy of the contract is not available on your membership page, please contact your GPO client manager.

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and MedAssets include MS03244 (General Radiology).

Exhibit B

Estimated Capital Costs

PROPOSED CAPITAL COSTS

Project name: Replacement MRI

Proponent: Onslow Memorial Hospital, Onslow County, HSA VI

A. Site Costs (1) Full purchase price of land _____ Acres at $_____ per acre	$0
(2) Closing costs	$0
(3) Site inspection and survey	$0
(4) Legal fees/subsoil investigation	$0
(5) Site preparation costs Soil borings Clearing-earthwork Fine grade for slab Roads-paving-sidewalks Water and sewer Footings Termite treatment Other (specify) Sub-total site preparation costs	$0
(6) Other Installation	$0
(7) Sub-Total Site Costs	$0
B. Construction Contract (8) Cost of materials General requirements Concrete/masonry Woods/doors/windows finishes Thermal & moisture protection Equipment and specialty items Mechanical/electrical/plumbing Other: (Specify) Sub-total materials and labor	$729,620
(10) Other (Escalation and cost 33%)	$0
Sub-Total Construction Contract	$729,620

C. Miscellaneous Project Costs	
(11) Building purchase	$0
(12) Fixed equipment purchase	$1,350,081
(13) Movable equipment purchase/lease	$75,500
(14) Furniture	$0
(15) Landscaping	$0
(13) Consultant fees: Architect and engineering Certificate of need prep Legal fees Market analysis Other (Specify) Sub-Total Consultant Fees	$66,300
(14) Financing costs (e.g. bond, loan, etc.)	$0
(15) Interest during construction	$0
(16) Other (Contingency)	$172,765
(17) Sub-Total Miscellaneous	$0
(18) TOTAL CAPITAL COST OF PROJECT	$2,394,266

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Greg Springfield RT(R)(CT)
Assistant Director of Imaging Services
Onslow Memorial Hospital

3/2/16
Date

Architect/ Engineer
H. Ned Jennings, PE
Branch Manager, Raleigh Office
The East Group, PA

March 2, 2016
Date

EQUIPMENT COMPARISON for REPLACEMENT EQUIPMENT EXEMPTION – Onslow Memorial Hospital

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	MRI	MRI
Manufacturer of Equipment	GE	GE
Tesla Rating for MRIs	1.5	1.5
Model Number	Signa Infinity EchoSpeed	Optima 450 W
Serial Number	MSU118-GE13+2822468+1P1-000000000701239	TBD
Provider's Method of Identifying Equipment	910577OMR	
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN#	NA	NA
Mobile Tractor Serial Number/VIN#	NA	NA
Date of Acquisition of Each Component	2003	2016
Does Provider Hold Title to Equipment or Have a Capital Lease?	Owns	Own
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) *See Exhibit B*	$1,849,285.40	$2,394,266
Total Cost of Equipment	$1,644,265.40	$1,350,081
Fair Market Value of Equipment	$1,644,265.40	Same as Quote
Net Purchase Price of Equipment	$1,644,265.40	$1,350,081

Exhibit C

Existing/Replacement Equipment Comparison

EQUIPMENT COMPARISON for REPLACEMENT EQUIPMENT EXEMPTION – Onslow Memorial Hospital

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Locations Where Operated	Hospital Imaging Department	Hospital Imaging Department
Number Days in Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)		none
Percent of Change in Per Procedure Operating Expenses (by Procedure)		Less than 10
Type of Procedures Currently Performed on Existing Equipment	MRI	
Type of Procedures New Equipment is Capable of Performing		MRI

Exhibit D

Proposed MRI Drawings

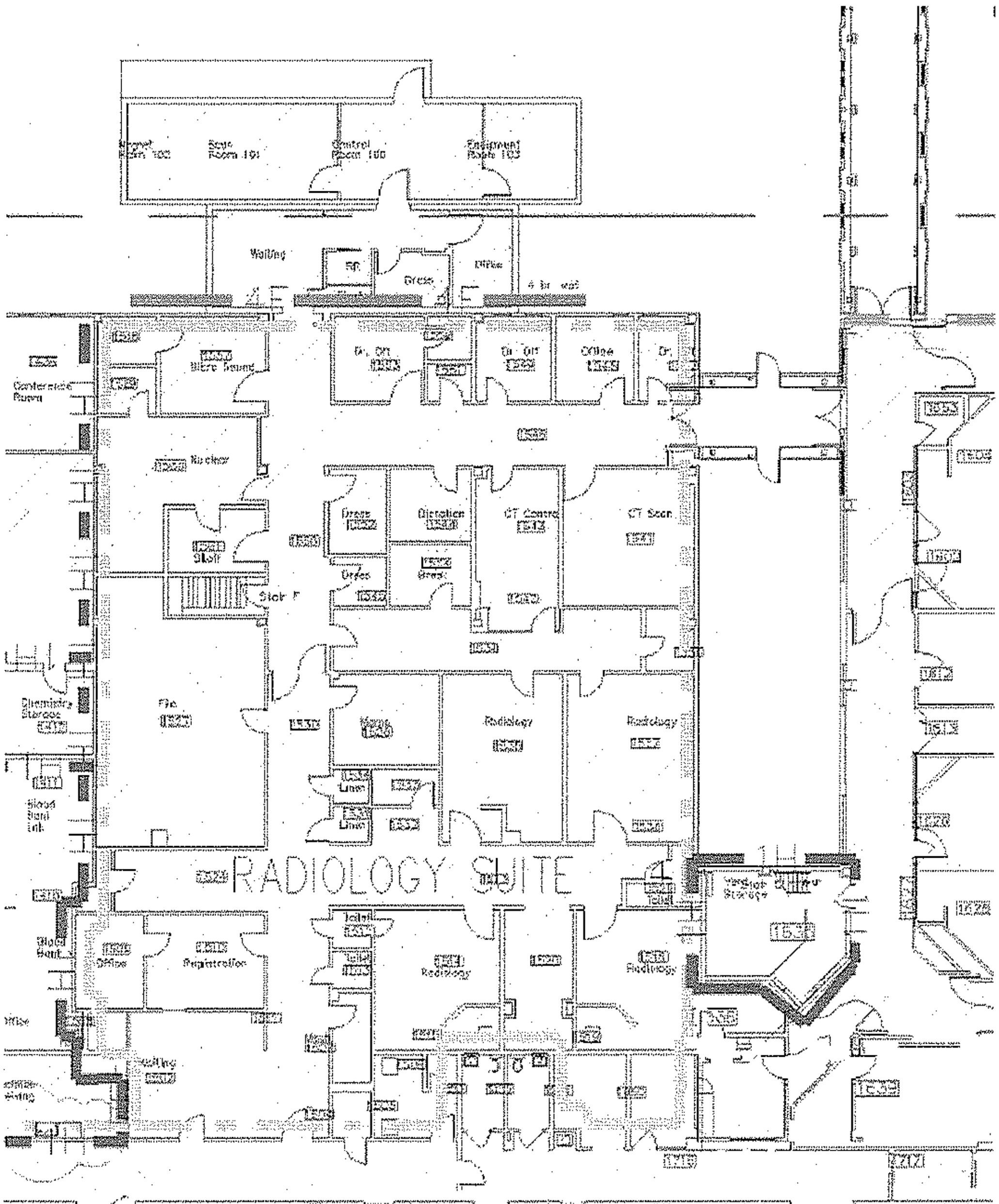

RADIOLOGY SUITE
Waiting
Office
Dr. Off
Nuclear
Dress
Dictation
CT Control
CT Scan
File
Mamo
Radiology
Registration
Toilet

Exhibit E

No Review Approval, dated December 4, 2003

North Carolina Department of Health and Human Services
Division of Facility Services
Certificate of Need Section
2704 Mail Service Center ▪ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

http://facility-services.state.nc.us

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

December 4, 2003

Forrest W. Campbell, Jr.
Brooks, Pierce, McLendon, Humphrey & Leonard, LLP
PO Box 26000
Greensboro NC 27420

RE: Exempt from Review/ Onslow Memorial Hospital /Replace existing GE 1.0 Tesla Signa Horizon LX Serial Number 282473CN8 with a temporary mobile GE 1.0T High Speed Horizon LX/ Onslow County

Exempt from Review/ Onslow Memorial Hospital/ Replace temporary mobile GE 1.0T High Speed Horizon LX MRI with a fixed GE 1.5 Tesla Signa Infinity EchoSpeed MRI/ Onslow County
FID # 923383

Dear Mr. Campbell:

In response to your letters of October 3, and November 11, 2003, the above referenced proposals are exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, your client may proceed to acquire, without a certificate of need, the mobile GE 1.0T High Speed Horizon LX to replace the existing GE 1.0 Tesla Signa Horizon LX Serial Number 282473CN. Further, your client may proceed to acquire, without a certificate of need, the fixed GE 1.5 Tesla Signa Infinity EchoSpeed MRI to replace the mobile GE 1.0T High Speed Horizon LX MRI scanner. This determination is based on your representations that the existing GE 1.0 Tesla Signa Horizon LX MRI scanner and eventually the mobile GE 1.0T High Speed Horizon LX will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need. Further, please be advised that as soon as the replacement GE 1.5 Tesla Signa Infinity EchoSpeed MRI equipment is acquired, you must provide the CON Section and the Medical Facilities Planning Section with the serial number of the new equipment to update the inventory, if not already provided.

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,

Louise C. Beville

Louise C. Beville, Project Analyst
Certificate of Need Section

Lee B. Hoffman

Lee B. Hoffman, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DFS

Onslow
MEMORIAL HOSPITAL
Where People Care

317 Western Boulevard
Jacksonville, North Carolina 28546
910.577.2345
www.onslow.org

January 15, 2016

Martha Frisone, Assistant Section Chief
Healthcare Planning and Certificate of Need Section
N.C. Department of Health and Human Services
809 Ruggles Drive
Raleigh, NC 27603

RE: Onslow Memorial Hospital's Exemption Notice for Acquisition of Replacement Magnetic Resonance Imaging Equipment

Dear Ms. Frisone,

Onslow Memorial hospital seeks to acquire a GE 450w Optima 32-channel 1.5T Magnetic Resonance Imaging system. The equipment will replace our current GE 1.5T Signa system. The existing equipment is currently housed and used in a modular building on the first floor of the radiology department on our main campus. The new equipment will be housed in the same place once the renovation of the modular building is completed.

The purpose of this letter is to provide the Agency with notice and to request a determination that OMH's purchase of the replacement equipment is exempt from Certificate of Need review under the replacement equipment exemption provisions contained in Session Law 2013-360, Section 12G.39(b) and Session Law 2013-363, Section 4.6 (which are codified at N.C. Gen. Stat. 131E-184(f)(1)-(3)).

I believe our organization meets all of the criteria for exemption.

A. Cost of the Replacement Equipment

The purchase price of the new equipment is $1,350,080.40. Quotes from GE are provide. The projected total capital for the project is $2,200,000.40. The total capital cost estimates renovation of the modular building that contains the MRI and includes the removal of the old Signa MRI unit and the installation of the new Optima unit.

B. Equipment being replaced is on the main campus

The existing equipment is currently located in a modular assembly on the first floor of the main campus of the hospital. The replacement equipment will be in the same place once renovations of the modular unit are complete.

C. Certificate of Need Issued for Equipment Being Replaced

This proposal also fits within the new exemption criteria because we were granted a CON previously for our current equipment.

D. Comparable Equipment

OMH intends to use the replacement equipment for the same procedures for which it utilizes our current scanner. Our current equipment was installed in 1998 and has been used for MRI procedures since. The new equipment does have some expanded capabilities due to technological improvements.

E. Disposition of Equipment

Our existing equipment will be removed prior to installation and will be traded in to GE and will not be reinstalled or sold without the requisite approval.

Conclusion

Based on the above information, OHM hereby requests that the agency provide a written response confirming that the acquisition of the replacement equipment described herein is exempt from CON review. If the agency requires additional information regarding this request, please do not hesitate to contact us. Thank you for your time.

Sincerely,

Gregory Springfield RT(R)(CT)
Assistant Director of Imaging Services
Onslow Memorial Hospital

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2015, this license is issued to

Onslow Memorial Hospital, Inc.

to operate a hospital known as

Onslow Memorial Hospital, Inc.

located in Jacksonville, North Carolina, Onslow County.

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

Facility ID: 923383

License Number: H0048

Bed Capacity: *162*

General Acute 162

Dedicated Inpatient Surgical Operating Rooms: 1
Dedicated Ambulatory Surgical Operating Rooms: 4
Shared Surgical Operating Rooms: 5
Dedicated Endoscopy Rooms: 3

Authorized by:

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

Director, Division of Health Service Regulation

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

Onslow Memorial Hospital
317 Western Blvd
Jacksonville NC 28546-6338

Attn: Tom Jenkins
317 Western Blvd Jacksonville
NC 28546

Customer Number : 1-231713
Quotation Expiration Date: 01-29-2016

The terms of the Master Purchasing Agreement, Strategic Alliance Agreement or GPO Agreement referenced below as the Governing Agreement shall govern this Quotation. No additional or different terms shall apply unless agreed to in writing by authorized representatives of both parties.

Governing Agreement:	MedAssets
Terms of Delivery:	FOB Destination
Billing Terms:	80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms:	Upon Receipt
Total Quote Net Selling Price:	$1,350,080.40

INDICATE FORM OF PAYMENT:

If "GE HFS Loan" or "GE HFS Lease" is NOT selected at the time of signature, then you may NOT elect to seek financing with GE Healthcare Financial Services (GE HFS) to fund this arrangement after shipment.

____Cash/Third Party Loan

____GE HFS Lease

____GE HFS Loan

____Third Party Lease (please identify financing company) _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER

_____ _____
Authorized Customer Signature Date

_____ _____
Print Name Print Title

_____
Purchase Order Number (if applicable)

GE HEALTHCARE
Kimberly Allen 01-14-2016
Signature Date

Vaso Healthcare - Authorized Manufacturer Rep

Email: Kimberly.Allen@ge.com
Office: +1 704 983 2170
Mobile: 704-577-2484

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

Total Quote Selling Price	**$1,350,080.40**
Trade-In and Other Credits	$0.00
Total Quote Net Selling Price	**$1,350,080.40**

To Accept this Quotation

Please sign and return this Quotation together with your Purchase Order To:
Kimberly Allen
Office: +1 704 983 2170
Mobile: 704-577-2484
Email: Kimberly.Allen@ge.com

Payment Instructions

Please **Remit** Payment for invoices associated with this quotation to:
GE Healthcare
P.O. Box 96483
Chicago, IL 60693

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate, your form of payment.
- If you include the purchase order, please make sure it references the following information
  - The correct Quote number and version number above
  - The correct Remit To information as indicated in **"Payment Instructions"** above
  - The correct SHIP TO site name and address
  - The correct BILL TO site name and address
  - The correct Total Quote Net Selling Price as indicated above

"Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms.
Signature page on quote filled out with signature and P.O. number.
**********OR**********
Verbiage on the purchase order must state 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 #_____. Include the applicable quote/agreement number with the reference on the purchase order.
In addition, source of funds (choice of: Cash/Third Party Loan or GE HFS Lease or GE HFS Loan or Third Party Lease through _____), must be indicated, which may be done on the quote signature page (for signed quotes), on the purchase order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

01-14-2016

GPO Agreement Reference Information

Customer:	Tom Jenkins
Contract Number:	PLEASE SEE MEDASSETS CONTRACT # BELOW
Start Date:	
End Date:	07/31/2019
Billing Terms:	80% on Delivery/ 20% on Acceptance or First Patient Use
Payment Terms:	Upon Receipt
Shipping Terms:	FOB Destination

For a copy of the GPO contract or summary, please go to your GPO Membership login page connect.medassets.com. If a copy of the contract is not available on your membership page, please contact your GPO client manager.

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and MedAssets include MS03244 (General Radiology).

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

Item No.	Qty	Catalog No.	Description	Ext Sell Price
	1		**Optima MR450w 1.5T GEM - ES Silent**	
1	1	S7525GE	Optima MR450w 1.5T GEM MR System ES Platform with Silent Optima MR450w 1.5T GEM MR System ES Platform with Silent The Optima MR450w 1.5T GEM MRI system from GE Healthcare is designed to deliver a comfortable patient-friendly environment while also delivering uncompromised clinical performance and streamlined workflow. The ES configuration includes the system electronics, operating software, imaging software, post-processing software and RF coil suite: • eXtreme Gradient Technology • Acoustic Reduction Technology • OpTix RF Receive Technology • Volume Reconstruction Engine • Computing Platform and DICOM • GEM Express Patient Table with IntelliTouch • GEM Suite - ES Coil Package • Express 2.0 Workflow • ScanTools and ES Tools • Silent Suite eXtreme Gradient Technology: The Optima MR450w delivers high temporal resolution through 3-axis gradient amplifier power supply and efficient gradient coil design as well as high spatial integrity through excellent magnet homogeneity and gradient linearity over a large FOV. In addition, the XRM gradients are non-resonant and actively shielded to minimize eddy currents, and use an innovative digital control architecture design to deliver high fidelity, accuracy and reproducibility. • Peak amplitude per axis: 34 mT/m • Peak slew rate per axis: 150 T/m/s • Peak current & voltage: 660 Amps, 1650 Volts	$180,000.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price

- Digital PI feedback loop control
- Maximum FOV: 50cm
- Duty Cycle: 100%

Acoustic Noise Reduction Technology: The Optima MR450w GEM system features five levels of acoustic reduction technology to deliver an enhanced patient environment.

- Gradient & RF coil isolation
- Acoustic dampening material
- Vibro-acoustic isolation
- Gradient waveform optimization

OpTix RF Receive Technology: The OpTix RF receive chain enables high bandwidth, high channel count reception with improved SNR over conventional MR receiver designs. The MR signal is digitized within the scan room and then optically transmitted to the reconstruction engine in the electronics room increasing SNR for all volume acquisitions.

- Coil input ports: 138
- Simultaneous channel/receivers: 32
- Receiver sampling per channel: 80 MHz
- Receiver dynamic range at 1 Hz BW: >165 dB
- Receiver resolution: up to 32 bits
- Digital quadrature demodulation

Computing Platform: The Intel Xeon Nehalem Dual Core Processor computing platform utilizes a parallel, multi-processor design to enable simultaneous scanning, reconstruction, filming, post-processing, archiving, and networking. The keyboard assembly integrates an intercom speaker, microphone, volume controls, and emergency stop switch. Start scan, pause scan, stop scan and table advanced to center hot keys are also included.

- 8GB DDR3 Memory
- 146GB SAS disk subsystem
- 24" flat panel LCD with 1920x1200 resolution

Item No.	Qty	Catalog No.	Description	Ext Sell Price

- Single tower configuration
- DVD interchange

DICOM: The Optima MR450w GEM system generates MR Image, Secondary Capture, Structured Report, and Gray Scale Softcopy Presentation State DICOM objects. The DICOM networking supports both send and query retrieve as well as send with storage commit to integrate with PACS archive. Please refer to the DICOM Compliance Statement for Optima MR450w GEM for further details.

M7000ZM (1 unit included in S7525GE) GEM Express Patient Table with IntelliTouch: The GEM Express table is a mobile patient transport device with an embedded high-density, GEM Posterior RF Array and touch sensitive IntelliTouch land-marking. The fully detachable GEM Express table is easily docked and undocked by a single operator and simple to move in and out of the exam room for patient transport and preparation. These features can be vital in instances where multiple patient transfers can negatively impact patient care or when emergency extraction is required.

The GEM Express table and embedded GEM PA coil are designed to accommodate head-first or feet-first imaging for all supported exams. The table features three high-density coil connection ports: one at each end and one embedded for the GEM PA. Two additional coil connection ports are included in the docking mechanism.

- Maximum patient weight for scanning: 500 lbs
- Maximum patient weight mobile: 500 lbs
- Maximum patient weight for lift: 500 lbs
- 205 cm symmetrical scan range
- Automated vertical and longitudinal power drive
- Fast longitudinal speed: 30 cm/sec
- Slow longitudinal speed: 0.5 cm/sec
- Integrated arm boards & non-ferrous IV pole
- IntelliTouch & laser land-marking

Item No.	Qty	Catalog No.	Description	Ext Sell Price

GEM Suite - ES Coil Package: The Geometry Embracing Method - GEM - Suite of coils is designed to enhance patient comfort and image quality while simplifying workflow by ensuring that the geometry of the surface coil matches the geometry of the patient. The ES Coil Package includes:

- T/R Body Coil & T/R Head Coil
- GEM PA, HNU & AA Arrays
- GEM Standard Flex Suite & Positioners
- 3-channel Shoulder Array

M7000AA (1 unit included in S7525GE) The GEM Posterior Array is designed to provide optimal element geometry for each targeted anatomy by using different element geometries for the cervical-to-thoracic spine transition, thoracic and lumbar spine, and the body.

- Elements: 40
- Length: 100 cm; Width: 40cm
- S/I coverage: 100cm head-first or feet-first
- Parallel imaging in all three scan planes
- Head-first or feet-first positioning

The GEM PA is designed to be used in conjunction with the GEM HNU, GEM AA or GEM Small AA (purchased separately), and the GEM PV Array (purchased separately). The GEM PA is invisible to additional surface coils placed directly on top of the table surface.

M7000AB (1 unit included in S7525GE) The GEM Head and Neck Unit includes the head base-plate and three anatomically optimized anterior arrays: the anterior Neuro-vascular array, the anterior cervical spine array, the anterior open-face array.

The GEM HNU may be positioned at either end of the GEM Express table to support head-first or feet-first imaging and may remain in place for all body, vascular, spine, and the majority of MSK exams. The GEM HNU base plate supports the patient's head

Item No.	Qty	Catalog No.	Description	Ext Sell Price

and the Comfort Tilt variable-degree ramp can be positioned under the HNU base plate to elevate the coil to match the patient's head and neck position.

- Elements: up to 28 combined with PA and AA
- Length: 49.5 cm; Width: 38.8cm
- Height with NV Array: 36.8 cm
- Height with Cervical Array: 33.6 cm
- Height with Open Array: 25.7 cm
- S/I coverage: up to 50 cm with PA and AA
- Parallel imaging in all three scan planes
- Head-first or feet-first positioning

M7000AD (1 unit included in S7525GE) The GEM Large Anterior Array facilitates chest, abdomen, pelvis, and cardiac imaging. The GEM AA is lightweight, thin and flexible, and pre-formed to conform to the patient's size and shape. The GEM AA permits upper abdomen and pelvis imaging without repositioning the coil.

- Elements: up to 36 combined with PA
- Length: 55.6 cm; Width: 67.3cm
- S/I coverage: 54 cm
- R/L coverage: up to the full 50 cm FOV
- Parallel imaging in all three scan planes
- Head-first or feet-first positioning

M7000SC (1 package included in S7525GE) and M7005BE (1 unit included in S7525GE) The GEM Flex Suite is a versatile set of high-density 16CH receive arrays designed to provide high quality imaging in a wide range of clinical applications. The high degree of flexibility is particularly advantageous when imaging patients that do not fit the constraints of rigid coils. This standard set includes:

- Large Flex Array: 23 cm x 70 cm
- Medium Flex Array: 23 cm x 48 cm
- GEM Flex Interface Module P-Connector

Item No.	Qty	Catalog No.	Description	Ext Sell Price

• Positioning Devices

M7000AT (1 unit included in S7525GE) The 3-channel Shoulder Array offers the increased signal-to-noise characteristic of phased-array technology, along with unique sleeve design that delivers exceptional joint-imaging capabilities.

Workflow: Express Workflow 2.0 incorporates features designed to streamline and automate exams.

• In-Room Operator Console and controls
• IntelliTouch land-marking
• Protocol Libraries & Management Tools
• Workflow Manager & Auto Functions
• Inline Processing, Networking & Viewing
• Start Scan, Stop Scan, Pause/Resume Scan

The In-Room Operator Console and dual-sided controls enable interaction with the host computer from the magnet room. The user has direct control or selection of:

• Display of patient name, ID, study description
• Display and entry of patient weight
• Display and entry of patient orientation and position
• Cardiac gating waveform display
• EKG lead confirmation with gating control
• Respiratory waveform display
• IntelliTouch Landmarking
• AutoStart
• Display of coil connection and status
• Display of table location and scan time
• Screen saver

Express Exam enables complete control of protocols for prescription, archiving, searching, and sharing. Protocols are organized into two libraries – GE authored and Site authored – and Protocol Notes allow customized notes to be saved with each protocol. ProtoCopy enables a complete exam protocol,

Item No.	Qty	Catalog No.	Description	Ext Sell Price

from either a library or previous exam, to be shared with a mouse click, and the Modality Worklist provides an automated method of linking exam and protocol information for a patient directly from a DICOM Worklist server.

The Workflow Manager controls the execution of scan prescription, acquisition, processing, viewing and networking and may automate these steps, when requested by the user. Auto Coil Prescription automatically selects the optimum subset of elements, and AutoStart automatically starts the first acquisition as soon as the technologist exits the magnet room.

Processing steps are automatically completed with Inline Processing once the data have been reconstructed and the images saved into the database. For certain tasks, the user must accept the results or complete additional steps prior to saving the images. These automatic Inline Processing steps can be saved into the Protocol Library.

Inline Viewing allows the user to conveniently view, compare, and analyze images from the Scan Desktop by selecting the desired series from the Workflow Manager.

ScanTools: ScanTools 25.0 and the ES clinical package deliver an expansive portfolio of advanced applications, imaging options, and visualization tools packaged with the system operating software to provide extensive clinical capability and enhanced productivity.

Advanced Neuro Applications:

- Silent Suite with 3D Silenz
- PROPELLER 3.0 motion robust radial FSE
- PROPELLER 3.0 FSE-based diffusion imaging
- 3D Cube 2.0 FSE-based 3D imaging
- Dual Inversion 3D Cube imaging
- Spin Echo & Fast Spin Echo Suites
- T1-FLAIR & T2-FLAIR Suite

Item No.	Qty	Catalog No.	Description	Ext Sell Price

- Gradient Echo & Fast GRE Suites
- Spoiled Gradient Echo & Fast SPGR Suites
- Echo Planar, EPI FLAIR & fMRI EPI Suites
- EchoPlus with RTFA diffusion imaging
- 3D FIESTA & 3D FIESTA-C steady-state imaging
- 3D BRAVO IR-prepped fast SPGR imaging
- 3D COSMIC modified steady-state imaging
- 2D/3D MERGE multi-echo recombined GRE imaging
- PROBE PRESS single voxel spectroscopy
- BrainSTAT GVF & AIF parametric maps
- Ready Brain automated brain exam prescription
- DWI Prep

Advanced Spine & MSK Applications:

- Silent Suite for Spine & MSK
- PROPELLER 3.0 motion-robust radial FSE
- 3D Cube 2.0 FSE-based 3D imaging
- Spin Echo & Fast Spin Echo Suites
- Gradient Echo & Fast GRE Suites
- 3D COSMIC modified steady-state imaging
- 2D/3D MERGE multi-echo recombined GRE imaging
- High Bandwidth FSE artifact reduction
- Spectral Spatial Fat Suppression

Advanced Body Applications:

- Body Navigators pencil-beam diaphragm tracker
- PROPELLER 3.0 motion robust radial FSE
- Spin Echo & Fast Spin Echo Suites
- Gradient Echo & Fast GRE Suites
- 3D Cube 2.0 FSE-based 3D imaging
- 3D LAVA T1 DCE imaging with Turbo ARC
- 2D/3D Dual Echo Fat-Water Imaging
- 3D FRFSE MRCP & HYDRO imaging

Item No.	Qty	Catalog No.	Description	Ext Sell Price

- Enhanced SSFSE single-shot FSE imaging
- 2D FS FIESTA steady-state imaging
- Multi-phase DynaPlan
- SmartPrep automated bolus detection
- Fluoro Trigger real-time bolus monitoring
- Respiratory Compensation, Gating & Triggering
- iDrivePro & iDrivePro Plus real-time imaging
- SPECIAL IR Fat Saturation

Advanced Vascular Applications:

- Body Navigators pencil-beam diaphragm tracker
- 2D/3D Time-Of-Flight & 2D Gated Time-of-Flight
- 2D/3D Phase Contrast & Phase Contrast Cine
- SmartPrep automated bolus detection
- Fluoro Trigger real-time bolus monitoring
- 3D QuickStep automated multi-station imaging
- Magnetization Transfer& Flow Compensation
- Peripheral & EKG Gating & Triggering
- Respiratory Compensation, Gating & Triggering

Advanced Cardiac Applications:

- Double-Triple IR-FSE with spectral fat suppression
- FastCine FGRE-based, gated multi-phase imaging
- 2D FIESTA Cine steady-state, gated multi-phase imaging
- 3D FS FIESTA steady-state coronary imaging
- iDrivePro Plus real-time inter-active imaging
- Blood Suppression
- Cardiac Navigator diaphragm tracker
- Cardiac Compensation, Gating & Triggering
- Respiratory Compensation, Gating & Triggering
- Cine Paging (128 images/4 windows @ 30fps)

Advanced Imaging Tools:

- ARC & Turbo ARC data-based parallel acceleration

Item No.	Qty	Catalog No.	Description	Ext Sell Price

- ASSET 3.0 image-based parallel acceleration
- Real Time Field Adjustment for DWI
- Chemical Shift Direction Selection
- 2D/3D GradWarp compensation
- Acoustic Reduction Technology
- IR Prep, DE Prep & T2 Prep
- Full Echo Train & Tailored RF
- Spectral Spatial Fat Suppression
- SPECIAL IR Fat Suppression
- ASPIR Fat Suppression
- Matrix ZIP 512 & ZIP 1024
- 3D Slice 2X ZIP & 4X ZIP
- Square Pixel & Rectangular FOV
- No Phase Wrap & No Frequency Wrap
- Extended Dynamic Range

Advanced Processing & Display:

- Inline Viewing & Inline Processing
- Image Fusion & Image Pasting
- SCIC & PURE surface coil intensity correction
- Multi-planar Volume Reformat
- Interactive Vascular Reformat
- ClariView Image Filtering
- Compare Mode & Reference Image
- Cine Paging (128 images/4 windows @ 30fps)

Advanced FuncTool Analysis:

- ADC maps & eADC mapping
- Correlation Coefficient analysis
- NEI Negative Enhancement Integral analysis
- MTE Mean Time To Enhance analysis
- Positive Enhancement Integral analysis
- Signal Enhancement Ratio analysis

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			• Maximum Slope Increase analysis • Maximum Difference Function analysis • Difference Function analysis	
2	1	M7000ZR	Optima MR450w with GEM Magnet Design and Vibroacoustic Dampening Kit Optima MR450w with GEM Magnet Design and Vibroacoustic Dampening Kit To improve the patient experience and provide high image quality, no other component of an MRI system has greater impact than the magnet. The Optima MR450w system features a short, wide bore magnet that delivers a large field of view. The magnet geometry has been optimized to reduce patient anxiety by providing more space in the bore and more exams with the patient's head outside of the magnet. The 50cm field of view provides uniform image quality and can reduce exam times since fewer acquisitions may be necessary to cover large areas of anatomy. Complemented by GE's active shielding technology, the Optima MR450w has very flexible installation specifications to provide easy siting. And with zero-boil-off magnet technology, helium refills are effectively eliminated, thus reducing operating costs and maximizing uptime. Magnet: • Manufactured by GE Healthcare. • Operating field strength 1.5T (63.86 MHz). • Active magnet shielding. • Zero boil-off Cryogens. • Magnet length 145cm. • Patient Aperture 76 cm. • Patient Bore Diameter 70cm. • Patient Bore Length 105cm. • Maximum Field of View 50 cm x 50 cm x 50 cm. Magnet Homogeneity: Typical ppm and Guaranteed ppm shown. • 10cm DSV 0.007 and 0.02. • 20cm DSV 0.035 and 0.06. • 30cm DSV 0.11 and 0.18.	$426,600.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			• 40cm DSV 0.5 and 0.7. • 45cm DSV 1.2 and 1.6. • 50x50x45cm 2.3 and 3.6. • 50cm DSV 3.3. DSV = Diameter Spherical Volume. Homogeneity for an elliptical volume of 50cm (x,y) by 45cm (z) dimension volume is shown for reference. Fringe field (axial x radial): • 5 Gauss = 4.0 m x 2.5 m. • 1 Gauss = 6.2 m x 3.7 m. Quiet Technology: GE has implemented Quiet Technology on critical components of the Optima MR system to reduce acoustic noise and improve the patient environment. This technology enables full use of the eXtreme Gradient Platform for excellent image quality, while maintaining a safe environment for the patient. The technology encompasses the gradient coil, RF body coil, and magnet mounting.	
3	1	M7005ZJ	Optima MR450w 1.5T GEM 32ch System Electronics Optima MR450w 1.5T GEM 32ch System Electronics Patient expectations of MR have shifted in recent years, as patients have begun to demand a better, more comfortable scanning experience. Increasing the size of the bore is a good first step, but it's only the beginning. The right system should overcome traditional limitations of wide-bore MR, offering both excellent images and a user-friendly experience. Patients should be more comfortable during their scan, and clinicians more comfortable in making a diagnosis. All the while, organizations should expect their MR system to help them deliver solid financial returns, maintain a high standard of patient safety, and increase the quality of their care. The Optima MR450w with GEM 1.5T MRI scanner from GE Healthcare offers a range of new functionality, provides a more patient-friendly environment, and is a clinical workhorse system for practices of all sizes and specialties.	$324,000.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			Volume Reconstruction Engine Architecture: The backbone of any high-channel count system is the reconstruction architecture. The MR450w utilizes the latest multi-core processing engine acquisition to disk technology, and bulk-access memory to deliver the necessary processing power to reconstruct data from high channel count coils. With 36,000 2D FFTs/sec an impressive volume to ensure you are not hampered in image reconstruction speed. The result is reliable and efficient processing MR data that enhances exam productivity.	
4	1	S7505EK	Preinstallation Collector and Cable Concealment Kit Preinstallation Collector and Cable Concealment Kit The Preinstallation Collector delivers to the site in advance of the magnet and main electronic components. This facilitates the later delivery and installation of supporting electronics. The following are the main components in the Preinstallation collector: • Heat exchange cabinet for distribution of chilled water. • Primary Penetration wall panel for support of the penetration cabinet. • Secondary Penetration wall panel for support of gradient filters, helium cables, and chilled air and water. • Helium cryocooler hose kit. The Cable Concealment Kit accommodates a wide-range of scan room ceiling heights and is designed to provide a clean-look installation by concealing the overhead cabling from view.	$37,440.00
5	1	M7004ZP	MR450w Dock and 32-Channel Switch Collector MR450w Dock and 32-Channel Switch Collector The MR450w Dock and 32-Channel Switch collector provides the interface between the magnet and GEM Express Patient Table with IntelliTouch. Also included is the RF signal switching hardware that routes the input signals to the respective OpTix receivers.	$33,840.00
6	1	S4500YH	Optima MR450w Cable Configuration - A	$14,400.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			Optima MR450w Cable Configuration - A To accommodate various electronic and scan room configurations and sizes, the MR450w has preset lengths of cables and connector kits to speed system installation. This cable collection is compatible with fixed and relocatable building configurations.	
7	1	M7000WL	Main Disconnect Panel Main Disconnect Panel The Main Disconnect Panel safeguards the MR system's critical electrical components, by providing complete power distribution and emergency-off control.	$4,320.00
8	1	M3335JZ	English Keyboard English Keyboard Required for our operator console. This keyboard is ergonomically designed to keep your staff comfortable even through the longest shifts. The scan control keyboard assembly has an intercom speaker, microphone, volume controls and emergency stop switch.	Incl.
9	1	M1000MW	Operator's Console Table Operator's Console Table Wide table designed specifically for the color LCD monitor and keyboard.	$918.00
10	1	M3335CB	1.5T Calibration Phantom Kit 1.5T Calibration Phantom Kit This 1.5T calibration kit contains a large volume shim phantom, a daily quality assurance phantom, an echo-planar calibration phantom, and the associated loader shells.	$2,520.00
11	1	M3335CA	Calibration Kit Phantom Holder Cart Calibration Kit Phantom Holder Cart	$1,080.00
12	1	R32052AC	Standard Service Package for Warranty Period	Incl.

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			Standard service package delivered for the warranty period.	
13	1	S7024CB	Neuro Expert Package Neuro Expert Package • eDWI • SWAN • DTI • FiberTrak The eDWI application includes the acquisition sequence and post-processing tools. It is designed to provide high signal-to-noise-ratio diffusion images of the brain and liver with short-acquisition time. Its multi-B feature is designed to provide measurement of apparent diffusion coefficient (ADC) map with reduced effect of perfusion. In addition, "3 in 1" B value combining technique, applies diffusion weighting to all three gradients simultaneously, helping improve sensitivity. Its smart NEX feature significantly reduces the acquisition time. Inversion recovery has been deployed to provide robust fat suppression. SWAN is a volumetric 3D acquisition technique that is sensitive to differences in susceptibility between different tissues. This technique acquires multiple-echoes at different echo times to highlight regions with increased T2* (susceptibility-induced) decay. Utilizing multiple-echoes, SWAN generates images with higher SNR when compared with similar techniques that rely on a single echo. Diffusion Tensor Imaging (DTI) creates contrast based on the degree of diffusion anisotropy in cerebral tissues such as white matter. The DTI method expands Echo planar imaging capability to include diffusion imaging sequence using motion sensing gradient pulses along 6 to 155 orientations in order to generate tensor component images. With the Express Workflow, fractional anisotropy (FA) and Volume Ratio Anisotropy (VRA) maps may be automatically created after image acquisition without any user intervention. FiberTrak is a host computer post processing tool expands the capability of Diffusion Tensor imaging by generation of 2D color orientation maps, 2D eigenvector maps, and 3D tractography	$28,485.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			maps from the diffusion tensor image data. The resulting datasets may be easily saved and archived for later use.	
14	1	S7024CD	MSK Elite Package MSK Elite Package • MAVRIC SL • Cartigram MAVRIC SL is a new advanced magnetic resonance imaging technique for imaging soft tissue and bone near MR conditional metallic devices. MAVRIC SL is designed to greatly reduce susceptibility artifacts, compared to conventional fast spin echo techniques, and is suitable for use on all patients cleared for MR exams. Cartigram is a non-invasive imaging method for early detection of osteoarthritis. It quantifies the T2 relaxation of knee cartilage and can overlay the quantified parametric maps over high resolution images for clear visualization of the anatomy.	$24,300.00
15	1	S7024CK	Vascular Expert Package Vascular Expert Package • Inhance Suite 2.0 • TRICKS • Flow Analysis The Inhance Suite application consists of several sequences designed to provide high-resolution images of the vasculature with short-acquisition times and excellent vessel detail. These sequences include: Inhance Inflow IR: Inhance Inflow IR is an angiographic method, which has been developed to image renal arteries with ability to suppress static background tissue and venous flow. This sequence is based on 3D FIESTA, which improves SNR, as well as produce bright blood images. Inhance 3D Velocity: Inhance 3D Velocity is designed to acquire angiography images in brain and renal arteries with excellent background suppression in a short scan time. By combining a volumetric 3D phase contrast acquisition with parallel imaging, efficient k-space traversal, and pulse sequence optimization,	$40,716.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price

Inhance 3D Velocity is capable of obtaining complete Neurovascular imaging in 5-6 minutes.

Inhance 3D Deltaflow is a 3D non-contrast enhanced MRA application for peripheral arterial imaging. Inhance 3D Deltaflow is based on the 3D Fast Spin Echo technique and it utilizes the systolic and diastolic flow differences to help generate arterial signal contrast. A subtraction of the systolic phase from the diastolic phase images results in arterial only images, with venous and background suppression.

Inhance 2D Inflow: The Inhance 2D Inflow pulse sequence is designed to acquire angiography images of arteries, which follow almost a straight path, i.e. femoral, popliteal, carotid arteries, etc.

TRICKS provides high resolution multi-phase 3D volumes of any anatomy for fast accurate visualization of the vasculature. With segmented complex data recombination, TRICKS can accelerate 3D dynamic vascular imaging without compromising spatial detail. TRICKS also uses elliptic centric data collection for optimized contrast resolution and auto-subtraction for optimized background suppression. The result is time course imaging that does not require timing or triggering, provides high temporal and high spatial resolution, and enables the extraction of optimum phases of data. As a result, TRICKS enables reliable, high quality vascular imaging.

Flow Analysis automates the review and analysis of gated phase contrast magnetic resonance (MR) images and generates a report for the referring physician. This version is available on the host computer.

Flow Analysis has an automated edge detection algorithm that propagates through all the phases of the cine phase contrast series.

The flow analysis measurement tab displays a summary chart of peak velocities in addition to individual velocity results from each phase of the cardiac cycle. A background correction may also be applied which is particularly suited to slow flowing fluid such as cerebrospinal fluid.

Customizable Macros are a feature of Flow Analysis 4.0. These

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			Marcos allow the user to quickly write a report specific to the patient being assessed with simple mouse clicks. The macros are customizable to reflect the language used by the reporting physician. Flow Analysis offers the capability to archive reports or cine images as seen in a DICOM format so they may be viewed on any DICOM viewer.	
16	1	S7525CN	Body Expert Package Body Expert Package • IDEAL & Flex • IDEAL IQ • StarMap IDEAL and Flex generates consistent tissue contrast and reduces the number of series in an exam. The IDEAL acquisition and reconstruction methods can generate a water-only, fat-only, in-phase and out-of-phase data sets for clear tissue differentiation in a single series. In addition, susceptibility artifacts common to MR imaging such as incomplete or inaccurate fat saturation, and chemical shift can be eliminated. The IDEAL application acquires multiple echoes and uses unique reconstruction routines to generate the four image contrasts and correct for errors due to tissue susceptibility. For fast T1w multi-phase imaging of the abdomen and pelvis, LAVA Flex acquisition uses 2D ARC parallel imaging to reduce artifacts from breath hold misregistration and incorrect FOV placement while providing up to four types of T1w-based tissue contrasts: water-only, fat-only, in-phase and out-of-phase. For fast T1w multi-phase imaging of the breast, VIBRANT Flex acquisition uses 2D ARC parallel imaging to enable higher acceleration factors over ASSET parallel imaging, and reduce artifacts from breath hold misregistration and eliminates artifacts due to incorrect FOV placement, while providing up to four types	$33,750.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price

of T1w-based tissue contrasts: water-only, fat-only, in-phase and out-of-phase. VIBRANT Flex requires VIBRANT, which must be purchased separately.

IDEAL IQ is an acquisition and reconstruction software package that generates water and fat images, relative fat concentration, and R2* relaxation maps. This technique builds upon GE's IDEAL (Iterative Decomposition of water and fat with Echo Asymmetry and Least-squares estimation) technology by incorporating a fast, volumetric multi-echo imaging sequence and an enhanced reconstruction algorithm to improve the visualization of regional fat deposits in-vivo.

IDEAL IQ incorporates the following features and functionality:

- A fast, multi-echo 3D gradient echo imaging sequence to generate volumetric data.
- Parallel imaging to improve acquisition speed and allow breath hold acquisitions.
- A low flip angle excitation scheme to reduce T1 bias in the fat, water, and fat fraction maps.
- Multi-echo reconstruction processing to calculate R2* decay rate maps.
- Magnitude fitting to reduce the influence of phase errors due to system imperfections.
- A multi-peak fat model to account for the multiple resonant peaks of fat.
- Fully automated, generation and storage of R2* corrected fat and water maps, fat fraction maps, and R2* maps from the data acquired.

The IDEAL IQ reconstruction generates R2* corrected fat and water maps as well as an R2* map depicting the signal decay at each voxel in the image. Water and fat images produce the fat fraction map, a relative measure of the quantity of fat to total signal (water and fat signal combined) at each voxel in the image. The fat fraction image is scaled such that a full-scale value represents a voxel containing only fat while a value of zero

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			represents no fat in that voxel. StarMap enables the acquisition of multiple gradient echo images at each 2D slice at a range of echo-times. The resultant images can be processed using FuncTool to provide T2* maps within the anatomy of interest.	
17	1	S7525CR	Breast Expert Package - GEM 1.5T Breast Expert Package - GEM 1.5T • VIBRANT • 1.5T 8-channel GEM Breast Array VIBRANT is a fast, high resolution T1-weighted imaging sequence and application optimized for evaluation of breast tissue. VIBRANT uses parallel imaging acceleration to quickly acquire multi-phase data without compromising spatial resolution. This 3D gradient echo technique, optimized for sagittal or axial acquisitions, uses an optimized inversion pulse and dual-shimming technology that yields enhanced image contrast and robust, uniform, bilateral fat suppression. For improved tissue contrast, VIBRANT is compatible with Flex imaging (sold separately). VIBRANT Flex acquisition will provide a water-only, fat-only, in-phase and out of phase data sets in a single acquisition and produce images with significantly reduced chemical shift and susceptibility artifacts. The GEM Breast Array generates high-definition breast images, designed for optimized use with ASSET and ARC parallel imaging techniques to accelerate image acquisition for both 2D and 3D data sets. The eight element phased-array coil helps ensure excellent temporal and spatial resolution, patient after patient. The array is compatible with VIBRANT, VIBRANT Flex, IDEAL, Fast Spin Echo, Fast Gradient Echo, spectroscopy and diffusion imaging sequences, and includes a set of MR compatible biopsy grids.	$35,235.00
18	1	S7525DM	MR450w 1.5T GEM MSK Package	$33,858.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			MR450w 1.5T GEM MSK Package • 8-channel Knee Array • 8-channel Foot/Ankle Array • 8-channel Wrist Array The 8-channel Transmit and Receive Knee Array is designed for high definition imaging of the knee. This array uses unique hybrid technology where separate birdcage coils are used for RF transmission and excitation, and independent receive elements. The array is compatible with PURE for uniform signal intensity, and ASSET and ARC parallel imaging method for accelerated acquisition speed. The 8-channel receive-only Foot/Ankle Array is designed for high-resolution and high-SNR imaging of the Foot and Ankle without compromising patient comfort. The 8-channel Wrist Array generates high definition images of the hand and wrist. The one-piece, ovoid, hinged design is optimal for small-FOV imaging and provides 12-cm S/I coverage. The coil can be positioned overhead or at the patient's side in either a vertical or horizontal orientation. The array is compatible with PURE processing for uniform signal intensity, and ASSET and ARC parallel imaging methods for accelerated acquisition speed.	
19	1	E8912CB	MR Heat Exchanger for MR450w & Pioneer - Standard Ambient Temp near Coast GE Optima MR450w/Pioneer Heat Exchangers - 49kW (20Tons) Cooling for your GE Healthcare MR system has never been so easy. GE Healthcare has partnered with the Glen Dimplex Group, a world leader in cooling systems, to offer heat exchangers designed to meet the needs of your MR System. Now you can look to GE Healthcare for your entire MR purchase and support. This heat exchanger is highly reliable and the only unit verified to perform with the new platform of GE Healthcare MR systems. As part of your integrated GE Healthcare solution, you'll work with a single contact throughout the whole installation. A Project	$49,500.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price

Manager of Installation will help with building layout, room designs, delivery and installation - every step until your system is ready to scan. Our team will work seamlessly with architects, contractors and your internal team to help ensure timely, cost-effective completion.

Once your cooling system is running, you'll get fast, highly-skilled service support managed through GE Healthcare - with the same quality and response time you expect from your MR system.

FEATURES AND BENEFITS

- Designed to provide stable fully dedicated cooling for your MR system's needs
- Water/glycol outdoor-air-cooled heat exchangers to support your highest exam volumes and your full range of diagnostic procedures
- Redundant fluid pumps with automatic switchover let you keep operating with no loss of cooling even if one pump goes down
- Quad compressor, dual tandem refrigeration circuit design saves on energy while your system smoothly transitions through the 10% to 100% heat load capacity cycles of patient scanning and idling
- Quiet operation between patient exams and overnight - ideal for facilities in residential areas
- Comes with installation support, installation visits, preventative maintenance visit and 1 full year of parts and labor warranty
- Installation support includes: support through GE's Project Manager of Install, GE's Design Center, technical support from the Glen Dimplex company, two (2) installation visits
- Comprehensive and quality service rapidly delivered through our CARES service solution
- 65 gallons of 100% glycol concentrate for complete system filling and diluting
- Wall mounted remote display panel provides the ability to monitor the system's operation and indicates possible system errors

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			• Filter kit with flow meter helps to ensure purity of water prior to entry to the MR system • Rust inhibiting configuration specifically designed to deal with corrosive environments typical within 10 miles of coastline • Highly recommended that Vibration Isolation Spring Kit (E8911CJ) be added for systems that will be roof top mounted SPECIFICATIONS • Net Cooling Capacity: 49 kW / 20 Ton • Maximum Coolant Flow: 35 gpm (132 l/m) • Coolant Outlet Temperature: 48 F (8.9 C) • Coolant Temp Stability: E 1.8 F (E1.0 C) • Max Coolant Pressure : 70 Psi (4.8 Bar) • Refrigerant: R407C • Ambient Temp Range: -20 to 120 F (-30 to 50 C) • Condenser Air Flow (Approx): 18,000 Cfm • Tank Capacity: 100 gal (378 l) • Flow Meter Range: 4-40 gpm • Filters: 50 micron cartridge filters • Supply Voltage: 460v / 3 phase / 60 Hz • Coolant Connections: 2" NPTF • Overall Size (L x W x H) 44" x 136" x 84.5" COMPATIBILITY: • GE MR450w or Pioneer MR System NOTES: • Item is NON-RETURNABLE and NON-REFUNDABLE	
20	1	E4504FM	700 VA Partial System UPS - MR 700 VA Partial System UPS - MR Tested with all MR system computers, the 700VA Partial System UPS provides reliable, clean, consistent power for the data processing portion of the MR imaging system. The use of the	$1,199.20

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			double conversion UPS enables the MR system data processing portion electronics to operate when there is a power anomaly or total power loss. Valuable data and the system operating software are protected, if there is an extended outage the UPS allows for an orderly shutdown of the system. FEATURES/BENEFITS • True double-conversion, online technology provides reliable operation and uninterrupted glitch free power • Automatic frequency selection eases startup, i.e., 50 or 60 Hz compatible • Integral Electronic Static Bypass switch means zero transfer time • Improves user productivity, system reliability, reduces service costs and increases system uptime • Advanced Battery Management (ABM) software monitors / indicates battery health and improves battery service life SPECIFICATIONS • Dimensions (H x W x D): 9.09" x 6.3" x 13.9" • Weight: 26 lbs. • Input Voltage Range: Single Phase 80-138 V • Input Frequency Range: 47-70 Hz • Rating: 700 VA / 630 W COMPATIBILITY • MR Systems NOTES • This is a partial system UPS - it covers only the computer, not the entire MR imaging system. After a power event portions of the system will have to be reset before operation can resume • Customer is responsible for rigging and arranging for installation with a certified electrician • ITEM IS NON-RETURNABLE AND NON-REFUNDABLE	
21	1	E8803BE	Physician's Chair with Padded Arms	$719.20

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			Physician's Chair with Padded Arms Physician's chair has padded arms for comfort and comes in a charcoal gray color that blends with any environment. Chair adjusts from 16.75 in. to 21 in. (42.5 cm x 53.3cm) and is only for use in the MR Control Room. Weighs 45 lbs.	
22	1	W0106MR	TiP Discovery and Optima Family Training 10 Days Onsite Plus 10 Hrs TVA TiP Discovery and Optima Family Training 10 Days Onsite Plus 10 Hrs TVA The TiP Training Choices program is designed for CURRENT GE customers WITHOUT HDx experience who purchase a Discovery or Optima system. Training is delivered onsite at the customer's facility and instructs students in start-up operation of the system and introduces participants to the system design, workflow, new options and clinical applications included. Extended TVA support ensures learners maintain performance over the long term. This training program must be scheduled and completed within 36 months after the date of product delivery.	$24,000.00
23	1	W0013MR	TiP Applications Onsite MR Training 4 Days per year over 3 years TiP Applications Onsite MR Training 4 Days per year over 3 Years Four consecutive days of TiP Applications Onsite MR training presented during the 2nd, 3rd, and 4th year after system purchase. Onsite training provided from 8AM to 5PM, Monday through Friday. Includes T&L expenses.	$26,800.00
	1		**NonProducts**	
24	1		HFS Deinstallatrion and Return Fee $15,900	$15,900.00
	1		**Optima MR450w 1.5T IB Options**	
25	1	M7001SE	FOCUS FOCUS FOCUS delivers a highly efficient method for increasing the	$10,500.00

Item No.	Qty	Catalog No.	Description	Ext Sell Price
			resolution in Single Shot DW EPI sequences. The outcome delivers robust high resolution results while removing artifacts typically induced from motion, image backfolding or unsuppressed tissue. In addition, with the higher efficiency of the application, the reduced field of view imaging leads to a reduction in blurring that translates into an overall improvement to the image quality result. The sequence utilizes 2D selective excitation pulses in DW-EPI acquisitions to limit the prescribed phase encoded field of view at both 1.5T and 3.0T field strengths.	

Quote Summary:

Total List Price:	**$3,553,923.00**
Total Discount: (62.01%)	**($2,203,842.60)**
Total Extended Selling Price:	**$1,350,080.40**
Total Quote Net Selling Price	**$1,350,080.40**

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)

GE Healthcare

Date: 01-14-2016
Quote #: PR11-C61389
Version #: 1

Options

(These items are not included in the total quotation amount)

Item No.	Qty	Catalog No.	Description	Ext Sell Price	
26	1	E8804SB	Medrad Spectris Solaris EP Injector w/ICBC - NOT FOR MOBILES Medrad Spectris Solaris EP MR Injection System Medrad Spectris Solaris EP MR injector for use use in all MR scanner field strengths up to and including 3.0T. Optimized touch-screen for fewer keystrokes, KVO (keep vein open) allows patient to be prepared before beginning the scan. Larger 115 ml saline syringe for longer KVO or multiple flushes. Includes cables and starter kit...E NOTE: GE is responsible for unpacking, assembly, and installation of equipment. Medrad will be available for technical assistance by phone at (412)767-2400. An additional charge will apply for on-site installation assistance. Medrad will be responsible for operational checkout, final calibration, in-service of the equipment, and initial applications training. Please contact the local Medrad office two weeks in advance of installation.	$39,500.00	X_____
27	1	E8823M	Magnacoustics Genesis Ultra Music System for MR Magnacoustics Genesis ULTRA Communication & Music System The Magnacoustics Genesis ULTRA is the only MRI Communication & Music System to interface directly with GE's MRI hardware and software. This allows software driven Auto Voice Commands from GE's computer to be delivered directly into the patient's ears for breath-hold sequences. This same interface allows the Technologist to talk directly to the patient through the console Mic even while the scan is in progress. The Genesis ULTRA also features an exclusive Patient Ready Signal. By simply depressing a small button on the handheld control	$11,400.00	X_____

Item No.	Qty	Catalog No.	Description	Ext Sell Price

an audible and visual signal is transmitted to the Technologist indicating the patient's readiness for the scan to begin. This simple step streamlines the breath-hold exam which amounts to approximately 30% of all exams. Patient Handheld Volume and Media Selection Controls with Voice Feedback interface with an FM/AM stereo, CD player, and iPod interface. This distracts even the most apprehensive of your patients by allowing them to be in control of their own environment. Additionally, the Auto Gain feature automatically raises and lowers the volume level for the patient based on the Sound Pressure Level of the MRI. Magnacoustics also provides the only patented 8-driver transducer that provides the highest sound directly to the patients ears with the MagnaLink Headset System. This patented system includes a stethoscope-style headset with the MagnaPlug (replaceable earplug) that provides 29dB of attenuation and complies with GE Healthcare MR Safety Guide Operator Manual.

The Genesis ULTRA's See-In-the-Dark GUI Electroluminescent Backlit Technologist Control Unit enhances operation in the normally low-lit MRI environment allowing the Technologist to operate the entire system with the touch of a button.

The Genesis ULTRA includes an integral interface for fMRI with built-in input for audio stimulation and output for responses...E

(Quoted prices do not reflect state and local taxes if applicable. Total Net Selling Price Includes Trade In allowance, if applicable.)