



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 5, 2018

Robbie Roberts, Manager, Market Planning
WakeMed
3000 New Bern Ave
Raleigh NC 27610

Exempt from Review – Replacement Equipment

Record #: 2492
Facility Name: WakeMed Raleigh Campus
FID #: 943528
Business Name: WakeMed
Business #: 2018
Project Description: Replace four units of heart-lung bypass equipment
County: Wake

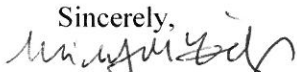
Dear Mr. Roberts:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of January 22, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the four units of Liva Nova S5 heart-lung bypass equipment. This determination is based on your representations that the four existing units will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

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

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

Sincerely,


Michael J. McKillop
Project Analyst


Martha J. Frisone
Chief, Healthcare Planning and
Certificate of Need Section

cc: Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION
WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



January 22, 2018

Mr. Michael McKillip, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704



Dear Mr. McKillip:

This letter is to inform you of WakeMed's intent to replace four (4) units of heart-lung bypass equipment at WakeMed Raleigh Campus. Replacement of this equipment will allow WakeMed to continue to provide quality of care and technology that meets the needs of its patients. WakeMed will purchase four (4) new units of Liva Nova S5 heart-lung bypass equipment, replacing equipment that was originally purchased in 2000. The existing equipment are well past their effective useful lives and do not interface with WakeMed's Epic electronic medical record system. The new equipment will allow for seamless transmission of clinical data from the operating room to the information system.

The units of heart-lung bypass equipment to be replaced were acquired by CSAMS-New Bern Avenue, LLC, a wholly-owned subsidiary of WakeMed, in 2012. Please see Attachment 1.

The proposed replacement cost per unit is \$210,053, for a total cost of \$840,212. When freight charges of \$1,605 per unit are included, the total project cost becomes \$846,632. The project will require no additional costs. Please see Attachment 2 for the Vendor Purchase Proposal and Certified Cost Estimate. The four Sarns Model 8000 HLM units to be replaced are each assumed to have a salvage value of zero, and will be removed from service in North Carolina. Please see Attachment 3 for the Equipment Comparison Chart.

The proposed equipment replacement project will not change the inventory of heart-lung bypass machines at WakeMed Raleigh Campus or in Wake County. Further, the project will not change current hospital operations. No renovations will be required to accommodate the new equipment, which will be housed within the existing Surgical Services Department.

WakeMed believes that this project does not represent a "new institutional health service" per N.C.G.S. §131E-176(16), and meets the definition of "replacement equipment" under N.C.G.S. §131E-184(22a). Therefore, WakeMed believes the project is exempt from certificate of need review, pursuant to N.C.G.S. §131E-184(7). We are requesting a ruling from your office as to whether we may proceed with this project without a CON.

Mr. Michael McKillip
Page 2

Thank you for your attention to this matter. If you have questions or require additional information, please contact me at 919-350-8023.

Sincerely,

A handwritten signature in black ink that reads "Robbie Roberts". The signature is written in a cursive style and is positioned over a red circular stamp.

Robbie Roberts
Manager, Market Planning

Attachments



North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Ezves Perdue, Governor
 Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief
 Phone: (919) 855-3873
 Fax: (919) 733-8139

February 27, 2012

Maureen Demarest Murray
 Smith, Moore, Leatherwood
 300 N. Greene Street, Suite 1400
 Greensboro, NC 27401

RE: No Review / WakeMed / Acquisition of ownership interests of CSA-1, owners of five heart-lung bypass machines located at WakeMed / Wake County
 FID #: 943528

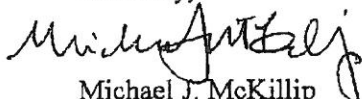
Dear Ms. Murray:

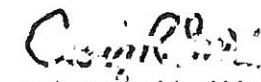
The Certificate of Need (CON) Section received your letter of February 8, 2012 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

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

Please contact the CON Section if you have any questions.

Sincerely,


 Michael J. McKillip
 Project Analyst


 Craig R. Smith, Chief
 Certificate of Need Section



SMITH/CORE
LEATHERWOOD

February 8, 2012



Via E-Mail and U.S. Mail

Mr. Craig R. Smith, Chief
Ms. Martha Frisone, Assistant Chief
North Carolina Department of Health
Service Regulation
Certificate of Need Section
2704 Mail Service Center
Raleigh, North Carolina 27696-2704

Re: WakeMed Acquisition of Ownership Interests in CSA-1

Dear Mr. Smith and Ms. Frisone:

We represent WakeMed. The purpose of this letter is to provide notice to the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Certificate of Need Section (the "Agency") and confirm that WakeMed's acquisition of the ownership interests of CSA-1 is not reviewable as a new institutional health service under the North Carolina Certificate of Need ("CON") law. CSA-1 is a wholly owned sub of CSA Medical, LLC ("CSA") and owns five (5) heart lung bypass ("HLB") machines that have been and are operated at WakeMed. WakeMed would acquire the membership interests in CSA-1, which would continue to exist as a legal entity and to own the five (5) HLB machines that would remain located and operated at WakeMed.

The Agency has issued numerous declaratory rulings and no review letters that acknowledge that acquisition of ownership interests in a legal entity does not constitute a reviewable acquisition of the medical equipment owned by that legal entity. For example, in a declaratory ruling issued to New Hanover Perfusionists, Inc., the Agency determined that the purchase of stock did not constitute the acquisition of a heart-lung bypass machine because ownership of the regulated heart-lung bypass equipment would not change. The Agency also determined that the transaction was not an obligation to develop or expand a health service or health service facility because the equipment company was not a health service facility. The stock purchase transaction proposed also was not "a capital expenditure . . . which relates to the provision of a health service" within the meaning of N.C. Gen. Stat. § 131E-176(16)(b). The definition of "health service" specifically "does not include administrative and other activities that are not integral to clinical management." Stock or membership interest ownership is not integral to clinical management. *In re: Request for Declaratory Ruling by New Hanover Perfusionists, Inc., January 24, 2008.*

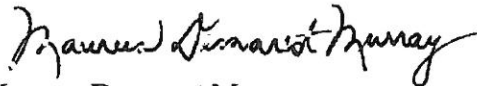
Mr. Craig R. Smith, Chief
Ms. Martha Frisone, Assistant Chief
February 8, 2012
Page 2

Similarly, the Department approved the sale of 100% of the issued and outstanding stock of a company that owned a linear accelerator to another entity. Linear accelerators are regulated in the same manner as heart-lung bypass equipment. The Department held that certificate of need review was not required for the stock purchase transaction. *See Declaratory Ruling, In re: Request for Declaratory Ruling by Radiation Therapy Services, Inc. and North Carolina Radiation Therapy Management Services, Inc.*, September 14, 2007.

We would appreciate written confirmation from you that the anticipated transaction does not require CON review. If you require additional information to consider this request, please contact us. We appreciate your consideration.

Sincerely yours,

SMITH MOORE LEATHERWOOD LLP



Maureen Demarest Murray

cc: Stan Taylor, WakeMed



Health innovation that works

Via E-Mail:

January 3, 2018

Mr. Tim Settlemeier
Wake Medical Center
3000 New Bern Avenue
Raleigh, NC 27610
Account: 910797
Contract Number: OP91079720170927.6

RE: **S5 Heart Lung Perfusion System Outright Purchase Proposal**

Dear Mr. Settlemeier:

As requested through Chelsea Meadows, the LivaNova USA, Inc. Account Executive in your area, we are pleased to make following proposal for the S5 Heart Lung Perfusion System. This proposal will become invalid if not accepted by January 31, 2018.

Our terms are Net 30, and LivaNova USA, Inc. prepays freight and adds to the invoice. This proposal is confidential between LivaNova USA, Inc. and Wake Medical Center ("Customer"), and disclosure of the information it contains will render it null and void. Notwithstanding the foregoing, this proposal may be disclosed to such representatives, advisors and affiliates of Customer as have a need to know such information for the sole purpose of assisting Customer in evaluating the proposal, and for no other purpose (it being understood that such representatives, advisors and affiliates shall be informed by Customer of the confidential nature of such information and shall be directed by Customer and shall agree to treat such information confidentially).

To accept the terms and conditions of this proposal for the purchase of the quoted equipment, please forward your **Purchase Order referencing the above contract number on the Purchase Order** to the undersigned, via Fax No. (303) 467-6590, e-mail to sorincontract.administration@livanova.com, or mail. The mailing address is referenced in the terms and conditions under ordering information.

Our records indicate that you are not affiliated with a GPO (Group Purchasing Organization) member with whom LivaNova USA, Inc. currently has a pricing arrangement.

We welcome the opportunity to supply and support your equipment needs in the coming years. If you have any questions or if I can be of any further assistance, please contact me at (281) 228-7407, or Chelsea Meadows at # (843) 209-4590.

Sincerely,

LivaNova USA, Inc.

Austin Miller
Contract Administrator

Enclosure

cc: Chelsea Meadows, LivaNova USA, Inc. Account Executive
Ted Cowles, LivaNova USA, Inc. Regional Manager



Healthcare | Life Sciences

December 12, 2017

**S5 HEART LUNG PERFUSION SYSTEM
OUTRIGHT PURCHASE PROPOSAL
FOR
Wake Medical Center in Raleigh, NC**

S5 HEART LUNG PERFUSION SYSTEM:

Catalog No.	Description	Quantity Per System
	S5 Consoles	
48-50-00	5-Pump Console (includes: Timer, power supply, emergency power supply, electronic and power supply pack and mastsystem)	1
45-09-10	Cable holding and organizing system	1
45-09-11	Cable holding and organizing system	1
43-42-61	Cap for fast clamp (6 pcs.)	1
45-95-11USA	Operators Manual	1
	S5 Pump Modules	
10-80-00	Single roller pump	2
10-85-00	Double Roller Pump	1
10-86-55	Tubing Insert, 1/8" x 1/16", VIOLET	2
10-84-60	Pump Tray for RP150	1
10-84-64	Double Pump Tray	1
	Variolock Tubing Gate and Accessories	
10-81-30	Tubing Gate	2
10-61-91	Variolock CP Inserts (2) 1:1 Silver w/lt ratio engraved	1
	S5 Control Desk	
28-95-00	4-Slot System Panel	1
28-95-10	Display Module	4
	S5 Control Devices and Monitors	
22-20-20	Pressure sensor module (2channel)	1
20-30-20	Temperature sensor module (4 channels) for YSI probes	1
23-40-00	Level Sensor (incl. 23-27-40, 23-27-41)	1
75-521-548	Holder (required for Level Sensor II 23-27-40)	1
23-27-60	Mounting pads, Level sensor II	1
23-07-48	Tubing insert, metal, 3/8 X 3/32, BLUE	1
23-45-10	3/8" Bubble sensor module w/620 mm holder, incl. (23-07-50, 23-26-91, 23-45-20 and 96-06-10)	1
	S5 Accessories - Masts and Crosstrays	
48-51-19	Crosstray 5 Position W/Power Outlet	1
	S5 Miscellaneous	
35-05-70	Led Lamp 24V	1
48-41-70	Storage Drawer	1
	SCP Centrifugal Pump	
60-00-60	CP5 System	1
45-90-75USA	Operator Manual for the CP5 60-00-60	1
60-05-65	ERC Clamp (620 mm)	1
45-91-71USA	Operator Manual for the ERC Clamp	1
11264-2049	Abbott Transpac IV Pressure Transducer Cable	2
	Data Management System	
29-02-70	Single Port Interface Module for Connection to Competitive DMS Devices	1
45-95-23USA	User Manual for 29-02-70 Interface Module	1
	Gas Blender	
25-28-67	Electronic Gas Blender (incl. 55-91-50 & 45-12-02)	1
25-30-50	Accessories Kit for plugging into Mechanical Blender	1
45-95-20USA	Operator Manual for Electronic Gas Blender	1
	Each System Net Price	\$210,053.00
	Freight Charges Per System	\$1,605.00
	Extended Amount for Four (4) Systems with Freight (Option 1)	\$846,632.00*



Healthcare solutions that work

**** Price requires agreement from Customer to exclusively use all LivaNova USA, Inc. disposables for three (3) years upon delivery of equipment. This includes the exclusive use of full CPB packs including the Inspire Oxy. By signing this agreement, Customer agrees to this stipulation.**

***Price does not include applicable taxes**



TRADE-IN EQUIPMENT TERMS AND CONDITIONS:

As part of this equipment purchase, LivaNova USA, Inc. has agreed to the trade-in of the equipment listed above. **The PO must be received by January 31, 2018.** LivaNova USA, Inc. will make the necessary arrangements to return the equipment to our facilities for final disposition. By acceptance of this proposal, Customer confirms and guarantees that they have clear and unencumbered title to the equipment allowing for the trade-in arrangement and agrees to transfer title to LivaNova USA, Inc. and will not be unreasonably withheld.

The Sarns 8000 with Maquet Rotoflow trade-in credit outlined in this agreement will be issued to the customer's account upon receipt of the equipment at LivaNova USA, Inc's Arvada, Colorado facility. The Sarns 8000 with Maquet Rotoflow trade-in must be received by LivaNova USA, Inc. within ninety (90) days after the installation of the purchased equipment to receive the credit.

Customer also agrees they will disinfect the trade-in equipment prior to LivaNova picking up the equipment for shipment to LivaNova USA, Inc. facilities.

The terms for this agreement must be F.O.B. Origin.

CURRENT LIVANOVA HLM ON EVALUATION:

Upon receipt of an acceptable Purchase Order, the current LivaNova HLM on Evaluation at Customer's location will be converted to a purchase.

The signature below is that of a duly authorized of Wake Medical Center, who has the authorization to enter into this Agreement on behalf of Wake Medical Center.

WAKE MEDICAL CENTER

LIVANOVA USA, INC.

Name:

Signed By: _____

Date:

Name: _____

Title: _____

Date: _____



Cardinal Health

**LIVANOVA USA, INC.
STANDARD TERMS AND CONDITIONS**

PRICE & PAYMENT TERMS:	Payment terms subject to approved credit. Taxes, if owed, shall be added to the invoice amount. Tax exemption certificates must be submitted to LivaNova USA, Inc. prior to placement of orders. All prices are subject to an annual increase set by LivaNova USA, Inc. at its sole discretion. Credit Cards will not be accepted for payment of amounts owed.
METHOD OF SHIPMENT AND FREIGHT:	Equipment and Disposable Products shall be shipped and delivered to Customer via surface transportation. LivaNova USA, Inc. prepays freight and adds to the invoice. Freight charges for Equipment may be billed to the Customer separately.
TITLE & RISK OF LOSS:	Title of, and risk of loss to, Equipment and/or Disposables shall transfer to Customer upon shipment.
ORDER QUANTITIES:	Made to order, custom packs require a minimum order quantity of one case. Federal regulations prohibit the sale of incomplete case quantities.
RETURNED GOODS:	Returned goods will be accepted only with prior written authorization from LivaNova USA, Inc. and in accordance with such authorization. Items must be returned freight prepaid and accompanied by LivaNova USA, Inc.'s Returned Materials Authorization form. Items to be returned must be in ORIGINAL UNOPENED cartons, have original labels, be in a saleable condition and are subject to a twenty-five percent (25%) re-stocking charge. Goods held over twelve (12) months from the date of invoicing, abused or custom items, chemical concentrates, and items identified as non-returnable or that have deteriorated due to a cause beyond LivaNova USA, Inc.'s control, may not be returned.
DAMAGED SHIPMENTS:	Damage or shortage should be noted on the freight bill. If damage is observed after opening, notify the transportation company and request a hidden damage report . No adjustment, credit or duplicate shipment can be made until written documentation is received by LivaNova USA, Inc.
LIMITED WARRANTY	For a period of twelve (12) months from the date of installation of Equipment, LivaNova USA, Inc. will at its option repair or replace (free of charge) Equipment that LivaNova USA, Inc. finds defective in materials or workmanship. For a period of twelve (12) months from the date of the invoice, LivaNova USA, Inc. will replace (free of charge) Disposable Products which LivaNova USA, Inc. finds defective in materials or workmanship. For a period of ninety (90) days from the date of the invoice, LivaNova USA, Inc. will repair or replace (free of charge) spare parts that LivaNova USA, Inc. finds defective in materials or workmanship. LivaNova USA, Inc. is not responsible for, and shall have no obligation with respect to, any failure caused by normal wear and tear, misuse, unauthorized alterations, accident, neglect, use of nonstandard accessory attachments, and/or improper maintenance. LivaNova USA, Inc. does not verify the safety or efficacy, and makes no warranties - expressed or implied - with respect to any non-LivaNova USA, Inc. components included at Customer's request or any components or products used other than as expressly intended by their manufacturer. THIS LIMITED WARRANTY CONTAINS THE CUSTOMER'S EXCLUSIVE REMEDIES. LIVANOVA USA, INC. SHALL NOT BE LIABLE FOR ANY INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES ARISING FROM THE USE OF ITS PRODUCTS. LIVANOVA USA, INC. DOES NOT GIVE ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.
ORDERING INFORMATION:	Orders may be placed by phone, facsimile, e-mail or mail to LivaNova USA, Inc. at: LivaNova USA, Inc. Attn.: Customer Service Department 100 Cyberonics Blvd. Houston, TX 77058 (866) 332-1375 Toll-Free Phone (800) 323-4031 Fax customerserviceCPUS@livanova.com Normal business hours are 7:00 a.m. to 6:00 p.m., CST, Monday through Friday. Purchase Order numbers are required at the time the order is placed.
DELIVERY:	Stock products will be delivered in 7-10 days after receipt of order (ARO).
DISTRIBUTORS:	LivaNova USA, Inc. is not responsible for any fees associated with placement of orders through JIT suppliers, distributors, or warehouses.
MODIFICATION AND LEGAL COMPLIANCE	Customer shall not modify or alter the products in any way without the prior written approval of LivaNova USA, Inc. Customer shall conduct its business in compliance with all applicable laws, statutes and ordinances and shall comply with all applicable governmental rules and regulations in force with respect to the products. LivaNova USA, Inc. will make available technical training opportunities for health care practitioners on the use of LivaNova USA, Inc. medical devices purchased by you. Should health care practitioners choose to receive such training, LivaNova USA, Inc. may pay the reasonable travel and lodging expenses, including meals, to all health care practitioners who reasonably require such training and use or recommend the use of LivaNova USA, Inc. products. Training and education of your employees, agents or others who implant or utilize LivaNova USA, Inc. medical devices purchased by you will enable informed medical decisions about the use or recommendation for use of LivaNova USA, Inc. products with patients.
SUBSTITUTION:	LivaNova USA, Inc. reserves the right to discontinue products that may be covered by this Agreement. Should any product covered by this Agreement become obsolete during the term of this Agreement, LivaNova USA, Inc. will notify the Customer and offer substitute product, if available.
FORCE MAJEURE:	LivaNova USA, Inc. shall not be liable for any delays in delivery from any cause beyond its control including, without limitation, acts of GOD, fire, flood, strike, lockout, factory shutdown, supply shortage, priority request, riot, war or embargo. In the event of shortage of supply of materials or goods for any reason, LivaNova USA, Inc. may allocate its available supply among itself and its Customers in a manner determined by LivaNova USA, Inc. in its sole discretion.
PAST DUE ACCOUNTS :	Customer shall pay LivaNova USA, Inc. the lesser of interest at the rate of one and one-half percent (1.5%) per month or the highest rate permitted by applicable law on all invoices thirty (30) days past due. Customer agrees to pay all reasonable attorneys' fees and expenses incurred by LivaNova USA, Inc. in enforcing its rights hereunder.
PRODUCT TRACEABILITY :	Customer is responsible to maintain product traceability for each individual product delivered by LivaNova USA, Inc. Customer will comply with any product recalls initiated by LivaNova USA, Inc. and will notify LivaNova USA, Inc. of any Customer complaints on LivaNova USA, Inc.'s products.
DISCOUNTS FROM LIST PRICE:	The parties understand that for purposes of 42 C.F.R. § 1001.952(h), any reduction in the amount charged Customer from list price is a "discount or other reduction in price" to Customer. The Customer shall report the discount or reduction in price and provide other requested information to any state or federal program which provides cost or charge-based reimbursement to Customer for products and supplies covered by this Agreement in accordance with applicable governmental regulations.
INDEMNIFICATION:	Customer agrees to hold LivaNova USA, Inc., and its employees, officers, directors, agents, successors and assigns harmless from and against any and all losses, claims and damages (including reasonable fees and expenses of counsel), as they are incurred, which arise out of or are related to any claim by a third party of personal injury or other loss to the third party caused by alleged negligence on the part of the Customer or its employees, agents, or assigns. This provision shall survive expiration or termination of this Agreement.
TERM:	Unless there is a specific termination provision in a document signed by Customer and LivaNova USA, Inc., LivaNova USA, Inc. may terminate this Agreement and its obligations to Customer at any time upon one hundred twenty (120) days advance written notice to Customer and immediately upon written notice to Customer if Customer fails to pay LivaNova USA, Inc. when due any amount it owes LivaNova USA, Inc. or otherwise breaches these Standard Terms and Conditions. Termination or expiration of this Agreement shall not affect Customer's obligation to pay LivaNova USA, Inc. all amounts it owes LivaNova USA, Inc. (including interest and attorneys' fees) nor shall it affect any provision intended to survive expiration or termination.
STANDARD TERMS AND CONDITIONS:	These Standard Terms and Conditions supersede any provisions, terms and/or conditions contained in any purchase order or other writing submitted by Customer to LivaNova USA, Inc. and the provisions, terms and/or conditions of any such purchase order or other writing submitted by Customer are of no force or effect. These Standard Terms and Conditions shall be construed and enforced in accordance with the laws of the State of Texas.



HeartFlow Inc. 4001 ...

ADDITIONAL INFORMATION REQUIRED FOR EQUIPMENT TO BE SHIPPED TO CUSTOMER'S LOCATION

Customer Contact Information

Department	Phone	Contact name	Alternate Contact
Shipping/Receiving			
Perfusion/Surgery/EC M O O.R. Director			
Blomedical Engineering			
Purchasing			

Customer

Number: _____

Equipment Shipping Information:

Hospital Name		
Street Address		
City	State	Zip
<input type="checkbox"/> Appointment Required		<input type="checkbox"/> Lift gate
<input type="checkbox"/> Inside Delivery		<input type="checkbox"/> Other (Please describe)

Please include these special delivery instructions requirements on your Purchase Order.

PROPOSED TOTAL CAPITAL COST OF PROJECT

Project Name: Replacement of 4 Units of Heart-Lung Bypass Equipment at WakeMed Raleigh Campus
 Provider/Company: WakeMed

A. Site Costs

(1) Full purchase price of land.....		\$ _____	
Acres _____ Price per Acre	\$ _____		
(2) Closing costs.....		\$ _____	
(3) Site Inspection and Survey.....		\$ _____	
(4) Legal fees and subsoil investigation		\$ _____	
(5) Site Preparation Costs			
Soil Borings.....	\$ _____		
Clearing-Earthwork...	\$ _____		
Fine Grade For Slab...	\$ _____		
Roads-Paving.....	\$ _____		
Concrete Sidewalks...	\$ _____		
Water and Sewer.....	\$ _____		
Footing Excavation....	\$ _____		
Footing Backfill.....	\$ _____		
Termite Treatment....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Site Preparation Costs		\$ _____	
(6) Other (Specify)		\$ _____	
(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/Specialty Items	\$ _____		
Mechanical/Electrical	\$ _____		
Other (Specify)	\$ _____		
Sub-Total Cost of Materials.....		\$ _____	
(9) Cost of Labor.....		\$ _____	
(10) Other (Specify).....		\$ _____	
(11) Sub-Total Construction Contract			\$ _____ 0

C. Miscellaneous Project Costs

(12) Building Purchase.....		\$ _____ 0	
(13) Fixed Equipment Purchase/Lease		\$ _____ 0	
(14) Movable Equipment Purchase/Lease		\$ 846,632	
(15) Furniture		\$ _____ 0	
(16) Landscaping		\$ _____ 0	
(17) Consultant Fees			
Architect and Engineering Fees	\$ _____		
Legal Fees.....	\$ _____		
Market Analysis.....	\$ _____		
Other (Specify).....	\$ _____		
Other (Specify).....	\$ _____		
Sub-Total Consultant Fees.....		\$ _____ 0	
(18) Financing Costs (e.g. Bond, Loan, etc.).		\$ _____ 0	
(19) Interest During Construction.		\$ _____ 0	
(20) Other (Specify)		\$ _____ 0	
(21) Sub-Total Miscellaneous..			\$ 846,632
(22) Total Capital Cost of Project (Sum A-C above)			\$ 846,632

I certify that, to the best of my knowledge, the costs of the proposed project named above are complete and correct

[Signature] Date Certified: _____
 (Signature of Licensed Architect or Engineer)

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

[Signature] Date Signed: 4/10/13
 (Signature and Title of Officer Authorized to Represent Provider/Company)

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	Heart-Lung Bypass - 4 units	Heart-Lung Bypass - 4 units
Manufacturer of Equipment	Sarns	Liva Nova
Tesla Rating for MRIs	NA	NA
Model Number	8000 HLM	S5
Serial Numbers	Unit 1: 1165 Unit 2: 1168 Unit 3: 1628 Unit 4: 1634	To be determined
Provider's Method of Identifying Equipment	Capital asset control number	Capital asset control number
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	2000	March 2018
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Title upon purchase
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>	NA	\$848,632 - total cost
Total Cost of Equipment		\$848,632
Fair Market Value of Equipment	NA	\$848,632
Net Purchase Price of Equipment	NA	\$848,632
Locations Where Operated	WakeMed Raleigh Campus	WakeMed Raleigh Campus
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	0%
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	0%
Type of Procedures Currently Performed on Existing Equipment	Open heart surgery	NA
Type of Procedures New Equipment is Capable of Performing	NA	Open heart surgery