NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 28, 2022

Kenneth Burgess
kburgess@bakerdonelson.com

Exempt from Review – Replacement Equipment

Record #:	**4092**
Date of Request:	December 8, 2022
Facility Name:	Blue Ridge Regional Hospital
FID #:	953466
Business Name:	MH Blue Ridge Medical Center, LLLP
Business #:	3334
Project Description:	Replace existing MRI scanner
County:	Mitchell

Dear Mr. Burgess:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project 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 the GE SIGNA Voyager 1.5T MRI scanner to replace the 2004 GE Signa Excite 1.5 Tesla MRI scaanner. This determination is based on your representations that the existing unit 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.

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,

Ena Lightbourne
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR
Construction Section, DHSR

BAKER DONELSON
BEARMAN, CALDWELL & BERKOWITZ, PC

2235 GATEWAY ACCESS POINT
STE.#220
RALEIGH, NC 27607

www.bakerdonelson.com

KENNETH LEE BURGESS, SHAREHOLDER
Direct Dial: 919.294.0802
E-Mail Address: kburgess@bakerdonelson.com

December 8, 2022

VIA EMAIL
Micheala Mitchell, Chief
Ena Lightbourne, Project Analyst
Healthcare Planning and Certificate of Need Section
N.C. Department of Health and Human Services
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: ***MH Blue Ridge Medical Center, LLLP Notice of Exemption For Replacement Of MRI***

Dear Micheala and Ena:

I am writing on behalf of our client, MH Blue Ridge Medical Center, LLLP d/b/a Blue Ridge Regional Hospital ("Blue Ridge"), to provide a Notice of Exemption with respect to Blue Ridge's planned replacement of an existing MRI at the Blue Ridge main campus. Blue Ridge owns and operates an existing MRI Scanner located at the Blue Ridge main building at 125 Hospital Dr, Spruce Pine, NC 28777, ("the Existing MRI"). Blue Ridge plans to replace the Existing MRI at the same site and in the same room at the hospital, the details of which are explained below ("the Project"). The purpose of this letter is to request that the N.C. Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section ("the CON Section") confirm that the replacement of Blue Ridge's Existing MRI is exempt from certificate of need ("CON") review within the meaning of N.C. Gen. Stat. §131E-184(f) and that Blue Ridge can proceed to acquire and install the new MRI Scanner without a CON.

Background

The Existing MRI which Blue Ridge proposes to replace is a 2004 GE Signa Excite 1.5 Tesla unit. That scanner is approximately seventeen (17) years. The end-of-product life for this unit was June 1, 2018 and its "service life" ended on December 31, 2019. Since early 2020, Blue Ridge has expended nearly $200,000 maintaining the MRI unit and keeping it operational. As such, Blue Ridge plans to replace the scanner at the same site and in the same physical location at Blue Ridge as the existing scanner. The space which will house the replacement MRI Scanner requires certain

upgrades to accommodate the new equipment. For the reasons set forth below, Blue Ridge's replacement of the Existing MRI and related renovations to the space which will house the replacement MRI are exempt from CON review pursuant to N.C. Gen. Stat. §131E-184(f).

Applicable Legal Authorities

The CON Law precludes any person from offering or developing a "new institutional health service" without first obtaining a CON. N.C. Gen. Stat. § 131E-178(a). The definition of "new institutional health service" includes, *inter alia,* the following:

- The acquisition by purchase, donation, lease, transfer or comparable arrangement of "major medical equipment," which is defined as a single unit or single system of components used to provide medical and health services which costs more than $2,000,000.00, including the costs of the equipment and all studies, drawings, installation and any other activities essential to acquiring and making the equipment operational.

N.C. Gen. Stat. §§ 131E-176(16)(p) and (14o). These provisions, taken together, would require that an entity proposing to acquire medical equipment which costs more than $2,000,000 apply for and obtain a CON before acquiring the equipment.

However, the CON Law provides at N.C. Gen. Stat. § 131E-176(14o) that "replacement equipment" as defined at N.C. Gen. Stat. § 131E-176(22a) does not constitute "major medical equipment."[1] In addition, the CON Law contains a specific exemption applicable to "replacement equipment" that costs more than $2,000,000.00. N.C. Gen. Stat. § 131E-184(f). This exemption, where applicable, eliminates the need to obtain a CON before acquiring and installing replacement equipment. This exemption is described below.

Statutory Exemption for Replacement Equipment Which Costs More Than $2,000,000

To qualify as "replacement equipment" under the CON Statute, medical equipment must:

- Be purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In calculating the total cost of the replacement equipment, the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the

[1] Major medical equipment, by definition, consists of a single unit or system of units with related functions which is used to provide medical and other health services and which costs more than $2,000,000. N.C. Gen. Stat. § 131E-176(14o). The acquisition of major medical equipment requires a CON. However, where medical equipment qualifies as "replacement equipment" under the CON Statute, it does not count as "major medical equipment" and can be acquired without a CON, assuming the acquisition also satisfies certain other exemption-related elements as described in this correspondence. N.C. Gen. Stat. §§ 131E-184(a)(7) and (f).

> replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value or the cost of the equipment, whichever is greater.

N.C. Gen. Stat. §131E-176(22a).

Replacement equipment is "comparable" to the equipment being replaced if:

1. It has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements;
2. It is functionally similar and is used for the same diagnostic or treatment purposes as the equipment currently in use and is not used to provide a new health service; and
3. The acquisition of the equipment does not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.

10A N.C. Admin. Code 14C .0303(d)(1)-(3).[2]

Where the replacement equipment costs more than $2,000,000, two additional statutory criteria apply, as follows:

1. The equipment being replaced is located on the main campus; and
2. The Department of Health and Human Services has previously issued a CON for the equipment being replaced, unless a CON was not required at the time the equipment was purchased by the licensed health service facility.

An entity seeking to qualify under the replacement equipment exemption at N.C. Gen. Stat. § 131E-184(f) must provide to the CON Section advance written notice of the acquisition, including an explanation of how the equipment acquisition meets the requirements set forth above. This letter is being submitted to the CON Section on behalf of Blue Ridge to satisfy this advance notice requirement.

[2] Pursuant to 10A NCAC 14C .0303, equipment does not qualify as "replacement equipment" where equipment which was second-hand or reconditioned is being replaced with new equipment within three (3) years of the acquisition of the equipment being replaced, or leased equipment is being replaced with purchased equipment. The existing MRI scanner which is being upgraded was purchased nearly seventeen (17) years ago. As such, 10A NCAC 14C .0103 does not apply to this Project.

The Replacement of the Existing MRI by Blue Ridge Qualifies Under the Exemption Set Forth at N.C. Gen. Stat. § 131E-184(f)

The replacement of the Existing MRI at Blue Ridge fits within the parameters of the exemption at N.C. Gen. Stat. § 131E-184(f) because:

1. The equipment being upgraded is currently in use at the Blue Ridge main campus. *See* Attachment 1 (Statement of CEO).

2. The total estimated cost of the project is $2,718,524.00,[3] placing the project within the parameters of the statutory exception set forth at N.C. Gen. Stat. §131E-184(f). The total project costs consist of equipment costs of $1,116,936.00, taxes and shipping, related construction and materials costs, architect and engineering fees and a generous contingency. *See* Attachment 2 (certified Total Capital Cost Worksheet) and Attachment 3 (price quotation from GE Healthcare)[4].

3. The Existing MRI scanner will be sold or otherwise disposed of when the replacement equipment is acquired and installed and will not be reinstalled or used in North Carolina without appropriate CON Section authorization. *See* Attachment 1 (Statement of CEO) and 3 (GE Price Quote, page 18).

4. The new MRI scanner will have the same capabilities as the scanner being replaced, although it may have additional capabilities due to the advancement of MRI Scanner technology, is functionally similar to the existing MRI Scanner and will be used for the same diagnostic or treatment purposes as the equipment being upgraded. *See* Attachment 1 (Statement of CEO).

5. The Project will not increase patient charges or per procedure operating expenses more than 10% within 12 months of the replacement equipment being installed and becoming operational. *See* Attachment 1 (Statement of CEO).

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[3] In calculating construction costs, our clients relied upon prior Agency determinations that the construction costs "essential to acquiring and making operational the replacement equipment" should include only those costs directly related to removing the old equipment, installing the new equipment and making sure that equipment operates properly. In the case of a CT scanner, for example, such cost should include upfit of the CT room related solely to the operation of the CT scanner (e.g., shielding, extra electrical connections), but need not include other construction costs associated with that room. Similarly, the Agency has previously determined that costs associated with the installation of equipment in the control room for the CT scanner should be included only to the extent that those costs would be different from construction related to general office space. Mission Hospitals, Inc. v. NC DHHS, __ N.C.App. ___, 696 S.E.2d 163 (2010).

[4] Any variances between the actual vendor quotes contained at Attachment 3 and the total expenditure reflected on Attachment 2 at item result from the rounding up of costs.

6. The equipment is being replaced on the hospital's main campus. The term "campus" is defined at N.C. Gen. Stat. § 131E-176(2c) as "the adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities." The term "main campus" is defined as the site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building or other areas and structures which are not strictly contiguous to the main building but are within 250 yards of the main building." N.C. Gen. Stat. §131E-176(14n). The Existing MRI is currently located in the main hospital building at Blue Ridge. The replacement equipment for the Existing MRI will be located at the same site at Blue Ridge's main hospital building. That building is also the site from which Blue Ridge provides clinical patient services and exercises financial and administrative control over the Blue Ridge hospital facility. *See* Attachment 4 (diagram showing location of the Blue Ridge main building which is the location of clinical and administrative services at Blue Ridge).

7. Finally, the CON Section has previously issued a CON for the equipment being replaced or a CON was not required at the time the equipment being replaced was acquired. S*ee* Attachment 5 (copy of CON, issued on March 2, 2004).

Use of Mobile MRI During Replacement of Existing MRI

We have confirmed via email with the CON Section Chief that Blue Ridge may utilize the services of a mobile MRI during the replacement of the Existing MRI. Because Blue Ridge is a small, rural hospital with only one MRI, and because replacement of the Existing MRI will require taking that unit offline and will involve certain construction to accommodate the new MRI unit, Blue Ridge will need the temporary services of a mobile MRI in order to continue providing MRI scans to its patients. Blue Ridge will terminate the temporary use of the mobile MRI once its replacement MRI is installed and operational.

Conclusion

For the reasons set forth herein, we believe that the replacement of Blue Ridge's Existing MRI is exempt from CON review and that no CON is required for the Project. We respectfully request that the CON Section provide written confirmation that Blue Ridge may proceed with the Project as described without CON Section Review and without obtaining a CON.

Please feel free to let me know if you have questions or need additional information regarding this project.

Very truly yours,

Kenneth L. Burgess
Shareholder

cc: Cathi Durham
Sondra Smith

Attachments

Attachment 1

Attachment 1

STATEMENT OF TONIA HALE

1. I am the Chief Executive Officer and Chief Nursing Officer of MH Blue Ridge Medical Center, LLLP ("Blue Ridge"). I am personally familiar with Blue Ridge's plan to replace its existing MRI, which has reached the end of its useful life, with a Signa Voyager 1.5T MRI unit which will be installed in the main hospital building on the Blue Ridge campus. I make this statement in support of Blue Ridge's Exemption Notice to the N.C. Certificate of Need Section.

2. As part of my duties as Chief Executive Officer, I am responsible for the oversight of all operations for Blue Ridge Medical Center.

3. I am personally familiar with the proposed project which involves the acquisition of a Signa Voyager 1.5T MRI unit by Blue Ridge to be located at the Blue Ridge Medical Center main building. The new Signa MRI is being acquired to replace an existing MRI that has reached the end of its useful life.

4. I certify that the total costs of the project are approximately TWO MILLION, SEVEN HUNDRED AND EIGHTEEN THOUSAND, FIVE HUNDRED AND TWENTY-FOUR DOLLARS ($ 2,718,524.00).

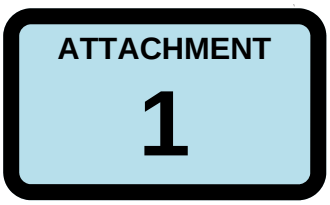
5. The existing MRI at Blue Ridge which will be replaced is currently in use at the hospital.

6. The replacement of the existing MRI will not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement.

7. The MRI which is being replaced was purchased new when acquired, although it was used as a mobile unit for approximately one year before being installed at Blue Ridge. The replacement MRI will be a new unit, will have the same clinical functionality as the existing MRI, will be used for the same diagnostic and/or treatment purposes as the existing MRI and will not be used to provide a new health service as that term is defined in the CON Laws. The replacement MRI does possess expanded capabilities due solely to advancements in MRI scanner technology.

8. The existing MRI will be traded in as part of the purchase of the replacement MRI. GE Healthcare, the vendor for the replacement MRI, is providing Blue Ridge with a trade-in on the existing MRI and will be removing the existing MRI from Blue Ridge as reflected at pages 18-19 of Blue Ridge's quote from GE Healthcare.

9. The CON Section previously issued a CON to Blue Ridge for acquisition of the existing MRI, a copy of which is being provided to the CON Section with this Exemption Notice.



This the 8th day of December, 2022.

TONIA HALE
Chief Executive Officer /Chief Nursing Officer
MH Blue Ridge Medical Center, LLLP

Attachment 2

Projected Capital Cost Form
Blue Ridge Regional Hospital MRI Replacement

Building Purchase Price	**$0.00**
Purchase Price of Land	**$0.00**
Closing Costs	**$0.00**
Site Preparation	**$0.00**
Construction/Renovation Contract(s)	**$1,415,964**
Landscaping	**$0.00**
Architect / Engineering Fees	**$142,000**
Medical Equipment	**$1,116,936**
Non-Medical Equipment	**$0.00**
Furniture	**$0.00**
Consultant Fees (specify)	**$0.00**
Financing Costs	**$0.00**
Interest during Construction	**$0.00**
Other (Contingency)	**$43,624.00**
Total Capital Cost	**$2,718,524**

CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER

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

Signature of Licensed Architect or Engineer

Date Signed: 12/5/22

CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT

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

William E. Casperson
Signature of Officer/Agent

Date Signed: 12/6/2022

Name
Title of Officer/Agent
William E Casperson III
Facility Manager, Blue Ridge Regional Hospital
Date of Last Revision: 5.17.19

ATTACHMENT
2

Attachment 3

GE Healthcare

December 17, 2021
Quote Number: **2007253900.7**
Customer ID: **1-23IBFQ**
Agreement Expiration Date: **02/15/2022**

Blue Ridge Regional Hospital Inc
125 Hospital Dr
Spruce Pine, NC28777-3035

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE Healthcare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation. In the event of conflict, the Quotation supersedes.

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

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

Governing Agreement:	HCA National
Terms of Delivery	FOB Destination
Billing Terms	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms	NET 30
Total Quote Net Selling Price	$1,082,889.83
Sales and Use Tax Exemption	No Certificate on File

IMPORTANT CUSTOMER ACTIONS:

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

___ Cash

___ GE HFS Loan ___ GE HFS Lease

___ Other Financing Loan ___ Other Financing Lease Provide Finance Company Name _____

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

Blue Ridge Regional Hospital Inc

DocuSigned by:
Signature: Terence van Arkel
DE2D152EA0CC447...

Print Name: Terence van Arkel

Title: cfo

Date: 1/18/2022

Purchase Order Number, if applicable

Steven Burroughs 1/17/2022

GE Precision Healthcare LLC, a GE Healthcare business

Signature: Anthony Morris

Title: Sr Sales Manager Imaging

Date: December 17, 2021

ATTACHMENT 3

GE Healthcare

December 17, 2021
Quote Number: **2007253900.7**
Customer ID: **1-23IBFQ**
Agreement Expiration Date: **02/15/2022**

To Accept This Quotation

Please sign and return this quotation together with your Purchase Order to:

Name: Anthony Morris
Email kevin.morris@ge.com
Phone: 803-608-2460
Fax:

Payment Instructions

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

GE Precision Healthcare LLC
P.O. Box 96483
Chicago, IL 60693

FEIN: 83-0849145

Addresses:

Blue Ridge Regional Hospital Inc

Bill To:	BLUE RIDGE REGIONAL HOSPITAL INC	BLUE RIDGE REGIONAL HOSPITALINC PO BOX 9 SPRUCE PINE NC 28777-0009
Ship To:	Blue Ridge Regional Hospital Inc	125 Hospital Dr, Spruce Pine, NC, US, 28777-3035

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 a 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
  - Your correct SHIP TO and BILL TO site name and address
  - The correct Total 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 applicable quote/agreement number with the reference on the purchase order. In addition, Source of Funds (choice of Cash/Third Party Load or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."

GE Healthcare

December 17, 2021
Quote Number: **2007253900.7**
Customer ID: **1-23IBFQ**
Agreement Expiration Date: **02/15/2022**

Catalog Item Details

Line	Qty	Catalog	
1.	1.00	Y0000LC	Pricing Non-Disclosure Language

List Price	Discount	Extended List Price	Net Price
$0.00	0.00%	$0.00	$0.00

This CONFIDENTIAL offer may not be shared with any third parties, buying evaluation groups or anyone not directly employed by customer. This offer is being extended in relation to a national show-site agreement, research partnership, or other non-standard transaction. If required for publishing, GE will happily provide a list price quote.

Line	Qty	Catalog	
2.	1.00	S7529VB	SIGNA™ VOYAGER 1.5T 33 CHANNEL 29.1 MR SYSTEM

List Price	Discount	Extended List Price	Net Price
$930,000.00	69.60%	$930,000.00	$282,720.00

The SIGNA™ Voyager 1.5T 70cm wide-bore magnetic resonance system was designed to enable you to deliver both clinical excellence and operational efficiency while addressing the cost of ownership for 1.5T wide-bore technology. With SIGNA™ Voyager simplify and accelerate the scanning process from set-up to acquisition to post-processing for your technical staff, with access to an extensive range of clinical imaging and advanced visualization capability for your clinicians.

The SIGNA™ Voyager system catalog comprises the RF-architecture electronics, core RF coil suite, gradient electronics, computing platform and MR29.1 operating/imaging software:

- TDI RF-Receive Technology and RF Coil Suite
- UHE with IGC Gradient and Quiet Acoustic Reduction Technology
- Computing Platform and DICOM Conformance
- SIGNA™Works AIR™ IQ Edition Workflow
- SIGNA™Works AIR™ IQ Edition Acceleration, Motion Correct and Tissue Suppression Technology
- SIGNA™ Works AIR™ IQ Edition Clinical Applications Toolkits
- SIGNA™ Works AIR™ IQ Edition READYView Advanced Visualization

TECHNOLOGY FOUNDATION

The RF-architecture, gradient and computing technology infrastructure on SIGNA™ Voyager is designed to deliver the signal-to-noise, dynamic range, spatial resolution, temporal resolution and computational power needed to enable demanding clinical applications.

Total Digital Imaging (TDI) and RF Coil Suite

SIGNA™ Voyager features the Total Digital Imaging RF-architecture with a 33-channel configuration. The TDI RF-architecture uses a Direct Digital Interface (DDI) to convert the signal from each coil element to a digitized signal (there is no mixing of signal from multiple elements to the same digitizer) to deliver high signal, low noise with extended dynamic range or gray-scale capability.

The SIGNA™ Voyager coil suite is designed to enhance patient comfort and image quality while simplifying workflow. The suite includes:

- (1) Integrated T/R Body Coil
- (1) TDI Posterior Array
- (1) TDI Head-Neck Unit

The TDI Posterior Array is designed to simplify workflow and enhance efficiency for the technologist. The PA coil is embedded in the patient table (sold separately) and can be used in conjunction with the HNU (included) and the Anterior Array (sold separately). Whole-body imaging and parallel imaging in 3 directions are supported. In addition, the system will automatically select the appropriate subset of coil elements based on the prescribed FOV and is invisible to additional surface coils when they are placed directly on top of the surface.

• Elements: 32
• Length: 120.5 cm; Width: 46.6 cm
• S/I coverage: 113 cm
• Parallel imaging in all three scan planes

The TDI Head and Neck Unit comprises the baseplate and the anatomically optimized Neuro-vascular array and the Open-face array. The superior end of the HNU can be elevated to enhance patient comfort and access. The HNU is designed to be used in conjunction with the TDI Posterior Array and the Anterior Array (sold separately). Parallel imaging in 3 directions is supported.

• Elements: up to 21 combined with PA
• Length: 53 cm; Width: 35 cm
• Height with NV Array: 35 cm
• Height with Open Array: 25.7 cm
• S/I coverage: up to 32 cm with the NV
• Parallel imaging in all three scan planes

UHE with IGC Gradient Technology and Quiet Technology

SIGNA™ Voyager introduces the Ultra High Efficiency (UHE) gradient system with Intelligent Gradient Control technology (IGC). IGC gradient driver employs a digital control system that utilizes predictive models of the electrical and thermal characteristics of the gradient coil to maximize performance. As a result, SIGNA™ Voyager delivers exceptional minimum TR and TE capability while reducing power consumption. The gradient coil and the RF body coil are integrated into a single module which is water and air-cooled for optimum duty-cycle performance and patient comfort. In addition, the gradients are non-resonant and actively shielded to minimize eddy currents to deliver high fidelity, accuracy and reproducibility over a large FOV.

• Peak amplitude per axis: 36 mT/m
• Up to 150 T/m/s instantaneous peak slew rate per axis
• Maximum FOV: 50 cm x 50 cm x 50 cm
• Duty Cycle: 100%

Designed to deliver an enhanced patient experience, SIGNA™ Voyager features Quiet Acoustic Reduction Technology (ART) that significantly addresses both vibrational noise and airborne sound. Quiet acoustic reduction uses 5 levels of isolation, dampening and gradient optimization technology to mitigate vibration and mute sound.

• Gradient & RF coil isolation – isolates the resonance module from the magnet
• Vibro-acoustic isolation –isolates the magnet from the building
• Mass-damped acoustic barriers – further mutes sound
• Gradient waveform optimization – user selectable

Computing Platform and DICOM Conformance

SIGNA™ Voyager utilizes a parallel, multi-processor design to enable simultaneous scanning, reconstruction, filming, post-processing, archiving and networking. Both the host computer and reconstruction systems use the Scientific Linux operating system. The host computer PC utilizes a single tower configuration and includes an LDC monitor and keyboard assembly with an integrated 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. For data reconstruction, the Orchestra platform enables integration of advanced reconstruction elements to support demanding, data intense, applications.

Host PC Platform – Intel Xeon W-2123 CPU

• Memory: 64 GB
• Hard Disk Storage: 1024 GB SSD
• Media Drives: CD/DVD

Reconstruction Engine – Gen7 Dual Intel Xeon Gold 5118

• Memory: 128 GB
• Hard Disk Storage: 960 GB SSD

• 2D FFT/second (256 x 256 Full FOV): 63,000 2DFFT/second

SIGNA™ Voyager 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 details.

SIGNA™WORKS AIR™ IQ EDITION WORKFLOW

The SIGNA™Works AIR™ IQ Edition workflow tools comprise the modality worklist, protocol libraries, workflow manager, auto-functions, inline viewing and inline processing. Together these tools are designed to change the way you work by simplifying and accelerating the scanning process from set-up to acquisition to post-processing. With SIGNA™Works, workflow can begin before the patient enters the magnet room and exams can be completed with a few mouse clicks delivering quality and consistency for all patients and from all technologists. At the same time, SIGNA™Works AIR™ workflow maintains the flexibility needed to rapidly adapt and optimize exams for specific patient situations.

With AIR™ Workflow, scan set-up starts with Modality Worklist, an automated method to obtain patient, exam and protocol information from a DICOM work-list server. For sites with full DICOM connectivity, once a patient has been selected from the Modality Worklist, the In-Room Operator Console will automatically highlight the relevant exam details. The Modality Worklist enables complete control of the MR protocol prescription, but also reduces work by allowing the MR protocol to be selected and linked to the patient record in advance of the patient's arrival.

Protocol Tools enable exam automation while also giving the user complete control of protocols for prescription, saving, searching, and sharing. Protocols are organized into two libraries: GE Optimized (preloaded protocols) and Site Authored (customized and saved). Protocols can be saved based on patient demographics, anatomy, scan type, or identification number for rapid search and selection, and commonly used protocols can be flagged as favorites for quick selection from the Modality Worklist. When AIR™ Recon DL (sold separately) and HyperWorks (sold separately) are purchased, associated protocols are unlocked for use.

In addition to pre-programmed protocols, ProtoCopy enables a complete exam protocol to be shared with the click of a mouse. GE protocols provided with the system include Protocol Notes designed to guide the user through the procedure. For special applications, Protocol Notes also include video guides with step-by-step video-based demonstration and instruction. Protocol Notes can be edited by the user to reflect protocol modifications to aid communication among users.

In the scan room, the AIR Touch™ user interface simplifies coil activation to one touch and one click. AIR Touch™ automatically determines coil element locations based on the IntelliTouch landmark and intelligently generates the coil configuration with elements activated to optimize image quality for coverage, uniformity and parallel imaging acceleration factor.

At the console, WorkFlow Manager implements the selected protocol. The Workflow Manager controls location prescription, acquisition, processing, visualization and networking, and can fully automate these steps, if requested by the user. Once the target anatomy has been prescribed, the Linking feature can be used to translate appropriate parameters to all subsequent series that have been linked, eliminating the need for further action by the user.

Auto Functions when selected can automatically initiate the localizer, coil selection, series-to-series scanning, multi-station scanning, prescription of scan plans for brain exams, as well as delivered instructions to the patient. Pause and Resume allows the user to pause a scan in progress (even in automated mode), to respond to a patient need, and then resume mid-scan (without starting the scan over) helping to address rescans. For breath-hold scanning, Auto Protocol Optimization provides alternative choices for spatial resolution and breath-hold time based on the original protocol.

For multi-station exams, such as brain and spine, chest and body or lower leg run-offs, AIR™ Workflow streamlines localization and scanning. Whole Body Localizer automates the acquisition and pasting of multi-station scans for planning, and Whole-Body automated multi-station scanning can be performed with FSE-IR, 3D SPGR and DWI diffusion. Once scanning and processing are complete, Split Exam provides the capability to extract a subset of series from the exam and create/assign a separate exam number for accession numbers in billing and PACS systems.

Inline Processing automatically completes post-processing steps for the user after the images have been reconstructed and saved into the database. For certain tasks, such as vascular segmentation, the user must accept the results, or complete additional steps prior to saving the images to the database. These automated processing steps can be saved to the (scan) protocol to ensure consistent output and workflow:

• Diffusion weighted series: automatic compute and save
• Diffusion tensor series: automatic compute and save

• eDWI: automatic compute and save
• Image filtering: automatic compute and save
• Maximum/Minimum Intensity Projection: automatic compute and save
• Pasting: automatic compute and save
• Reformat to orthogonal plane: automatic compute and save
• T2 map for cartilage: automatic compute and save
• 3D Volume Viewer: automatic load
• Image Fusion: automatic load
• Interactive Vascular Imaging: automatic load
• FiberTrak: automatic load
• Spectroscopy: automatic load

SIGNA™WORKS AIR™ IQ EDITION CLINICAL APPLICATIONS TOOLKITS

SIGNA™Works AIR IQ Edition is designed to change the way you work by simplifying and accelerating the scanning process from set-up to acquisition to post-processing while delivering access to a broad range of clinical imaging capability. The AIR™ IQ Edition of SIGNA™Works comprises the operating software, pulse sequence families, clinical applications and visualization toolkits as well as acceleration, motion correction and tissue suppression technology.

The technology tools in the SIGNA™Works AIR™ IQ Edition are designed to address overall workflow, rescans and scan time as well as the impact of challenging patients, challenging anatomy and challenging physiology.

Acceleration Technology

Reduce scan set-up and acquisition time with a suite of techniques highlighted by AIR™ Workflow, parallel imaging and partial k-space techniques. Many techniques can be used in combination for additive effects.

• AIR Touch™ intelligent activation reduces set-up time by reducing coil selection and optimization to one finger touch and one mouse click. AIR™ Touch then activates coil elements based on the anatomy, FOV and ARC parallel imaging factor.
• AIR™ Recon is a smart reconstruction algorithm that reduces background noise and artifacts enabling enhanced image quality without the need for longer scan times. AIR™ Recon is compatible with a broad range of imaging sequences: the FSE fast spin echo, 3D Cube fast spin echo, SPGR/FSPGR, GRE/FGRE, PROPELLER MB, eDWI, FOCUS DWI, FIESTA, Black Blood, Time Course, MDE, SSMDE and StarMap.
• ARC parallel imaging reduces scan time using an auto-calibrating (data-driven) technique. ARC selectively acquires data using an adaptive algorithm. As a result, ARC enables smaller FOV prescription with less sensitivity to motion and prevents coil calibration artifacts.
• ASSET parallel imaging reduces scan time using an array spatial sensitivity (image driven) technique. ASSET takes advantage of the data produced by the multiple coil elements to reduce the total data needed.
• Flexible No Phase Wrap reduces scan time by reducing the number of increments acquired based on a flexible user-selectable factor.
• Fraction NEX reduces scan time by reducing the number of data averages.

Motion Correction Technology

Enable free-breathing body exams and address the effects of motion with patient-adaptive technologies that proactively detect and correct for motion without hardware dependencies or the need for user intervention.

• Auto Body Navigators deliver real-time, respiratory motion compensated imaging for a broad range of sequences, including T1w dynamic contrast-enhanced imaging. Auto Body Navigators use a software-based tracking pulse that is automatically placed for the user and allows on-the-fly adjustment to adapt to challenging patient circumstances, again without the need for hardware.
• PROPELLER MB combines radial acquisition and motion correction post-processing to mitigate the effects of motion without the need to position the patient over a sensor. PROPELLER MB can be used to generate T1, T2, PD, T1 FLAIR, and T2 FLAIR contrasts and is compatible with FatSat, ASPIR, STIR T1 and Auto Body Navigators to enable usage for a broad range of exams.

Tissue Suppression Technology

Modify the contribution of fat or water signal with multiple tissue suppression techniques.

• FatSat uses a frequency selective pulse to target and suppress the signal from fat.
• STIR uses an inversion pulse to null either the signal from fat or water based on the timing of the pulse.

- SPECIAL essentially combines FatSat and STIR by using a frequency selective inversion pulse that targets and suppresses the signal from fat.
- ASPIR enhances fat suppression by using a using a spectrally selective (instead of a single frequency) inversion pulse to null the signal from fat.
- IDEAL is a 3-point Dixon technique that separates the signal from fat and water based on phase shift and enables the generation of water-only, fat-only, in-phase and out-of-phase images.
- Flex is 2-point Dixon techniques that separates the signal from fat and water based on phase shift and enables the generation of water-only, fat-only, in-phase and out-of-phase images.

Clinical Toolkits

The SIGNA™Works AIR™ IQ Edition clinical imaging tools are organized and optimized to address six clinical work areas: NeuroWorks, OrthoWorks, BodyWorks, OncoWorks, CVWorks and PaedWorks.

NeuroWorks comprises pre-programmed protocols, clinical applications and visualization tools designed for the challenges of brain and brachial plexus imaging. Resulting capability starts with simplified prescription and protocol set-up. Imaging capability extends to sensor-free motion correction, advanced volumetric imaging, enhanced diffusion, susceptibility assessment and selective tissue suppression techniques. Post-processing capability augments the portfolio with 3D multi-planar reformat, volume segmentation/rendering, diffusion and fibertrak assessment and dynamic contrast-enhanced assessment.

- READYBrain auto-align for automated brain exam prescription
- PROPELLER MB motion robust radial-FSE with T1, PD, T2, T2 FLAIR, T1 FLAIR with STIR and ASPIR
- PROPELLER DW Duo FSE-based diffusion with susceptibility reduction
- Flex 2-point Dixon fat-water separation for 2D FSE and 3D Cube
- 3D Cube 2.0 FSE-based imaging with T1, T2, T1 FLAIR, T2 FLAIR and STIR
- 3D Cube Dual Inversion Recovery for gray or white matter nulling
- 3D COSMIC modified steady state imaging
- 2D/3D MERGE T2* multi-echo fast gradient echo imaging
- 3D BRAVO IR prepared fast SPGR imaging with concentric k-space filling
- 3D MP-RAGE IR prepared fast SPGR imaging with sequential k-space filling
- 3D FIESTA and 3D FIESTA-C fast steady state imaging
- eDWI enhanced diffusion with Multi-B value and SmartNEX
- DTI diffusion tensor imaging
- FiberTrak post-processing for diffusion tensor
- Inhance 3D velocity phase-sensitive non-contrast MRA
- Inhance 2D in-flow non-contrast MRA
- 3D SWAN 2.0 GRE-based multi-echo susceptibility imaging
- PROBE PRESS single voxel spectroscopy
- BrainStat GVF and AIF parametric maps
- READYView and BrainView post-processing

OrthoWorks delivers pre-programmed protocols, clinical applications and visualization tools designed for the challenges of joint, long bone and spine imaging. Resulting capability starts with fast-spin echo techniques as the foundation for articular cartilage, ligaments, menisci and sub-chondral bone imaging. Imaging capability also extends to sensor-free motion correction, advanced volumetric imaging, selective tissue suppression, cartilage assessment and spectral imaging for MR-Conditional implants. Post-processing capability augments the portfolio with 3D multi-planar reformat, volume segmentation/rendering and T2 cartilage mapping.

- FSE and frFSE fast spin echo imaging suites with dynamic phase correction
- FatSat, STIR, SPECIAL, ASPIR, Spectral Spatial fat-suppression tools
- MARS High Bandwidth distortion reduction for FSE
- MAVRIC SL FSE-based volumetric spectral imaging for MR-Conditional implants with T1, PD, T2 and STIR
- PROPELLER MB motion robust radial FSE with T1, PD, T2 and Fat Suppression (STIR and ASPIR)
- 3D Cube 2.0 FSE-based imaging with T1, T2, and STIR
- Flex 2-point Dixon fat-water separation for 2D FSE and 3D Cube
- 3D COSMIC modified steady state imaging
- 2D/3D MERGE T2* multi-echo fast gradient echo imaging
- CartiGram T2 cartilage mapping
- READYView post-processing

BodyWorks delivers pre-programmed protocols, clinical applications and visualization tools designed for the challenges of imaging

the upper abdomen, liver, male pelvis and female pelvis. Resulting capability starts with sensor-free motion correction and navigators that enable the ability to conduct free-breathing exams with a broad range of contrast weighting capability. Imaging capability further extends to snap-shot imaging, volumetric MRCP imaging, dynamic volumetric imaging, enhanced diffusion, iron deposition and selective tissue suppression techniques. Post-processing capability augments the portfolio with 3D multi-planar reformat and high-definition maximum/minimum intensity pixel projection.

- Auto Navigators diaphragm tracker for free-breathing scanning
- PROPELLER MB motion robust radial FSE with T1 and Fat Suppression (STIR and ASPIR)
- 3D Cube FSE-based imaging with T1, T2, and STIR
- eDWI enhanced diffusion with Multi-B value and SmartNEX
- 3D Dual Echo gradient echo in/out phase imaging
- 3D LAVA and Turbo LAVA with Turbo ARC and SPECIAL for dynamic or single-phase imaging
- 3D LAVA Flex GRE 2-point Dixon fat-water separation for dynamic or single-phase imaging
- IDEAL FSE 3-point Dixon fat-water separation
- Flex GRE 2-point Dixon fat-water separation
- 3D MRCP frFSE imaging
- 2D Fat Sat FIESTA fast steady state imaging
- Enhanced SSFSE Snapshot multi-slice imaging with SmartR
- Whole-Body multi-station localizer and pasting
- Whole-Body multi-station FSE-IR, 3D SPGR and DWI imaging
- Inhance 2D in-flow with IR non-contrast MRA
- StarMap iron assessment for liver and heart (acquisition)
- Multiphase DynaPlan
- SmartPrep automated bolus detection
- Fluoro Trigger real-time bolus monitoring
- READYView and BodyView post-processing

OncoWorks delivers pre-programmed protocols, multi-station, contrast-timing, clinical applications and visualization tools designed for the challenges of imaging throughout the brain, spine and body. Resulting capability starts with tools that simplify and streamline the steps associated with multi-station acquisition and the timing of contrast delivery. Imaging capability includes sensor-free motion correction and navigators that enable the ability to conduct free-breathing exams with a broad range of contrast weighting capability. Capability further extends to snap-shot imaging, dynamic volumetric imaging, enhanced diffusion and selective tissue suppression techniques. Post-processing capability augments the portfolio with 3D multi-planar reformat, volume segmentation/rendering, diffusion assessment and auto-contour.

- Auto Navigators diaphragm tracker for free-breathing scanning
- PROPELLER MB motion robust radial-FSE with T1, PD, T2, T2 FLAIR, T1 FLAIR with STIR and ASPIR
- PROPELLER DW Duo FSE-based diffusion imaging with susceptibility reduction
- Flex 2-point Dixon fat-water separation for 2D FSE and Cube
- 3D Cube 2.0 FSE-based imaging with T1, T2, T1 FLAIR, T2 FLAIR and STIR
- 3D Cube Dual Inversion Recovery for gray or white matter nulling
- 3D BRAVO IR prepared fast SPGR imaging with concentric k-space filling
- 3D MP-RAGE IR prepared fast SPGR imaging with sequential k-space filling
- Enhanced SSFSE Snapshot multi-slice imaging with SmartR
- Whole-Body multi-station localizer and pasting
- Whole-Body multi-station FSE-IR, 3D SPGR and DWI imaging
- eDWI enhanced diffusion with Multi-B value and SmartNEX
- 3D LAVA and TurboLAVA with Turbo ARC and SPECIAL
- Multiphase DynaPlan
- SmartPrep automated bolus detection
- Fluoro Trigger real-time bolus monitoring
- READYView, BrainView and BodyView post-processing

CVWorks delivers pre-programmed protocols, multi-station, contrast-timing, clinical applications and visualization tools designed for the challenges of imaging vascular structures and the heart. Resulting capability starts with tools that simplify and streamline the steps associated with multi-station acquisition and the timing of contrast delivery. Imaging capability includes sensor-free navigators that enable the ability to conduct free-breathing exams. For MRA, imaging capability includes 2D and 3D time-of-flight and phase contrast MRA, non-contrast MRA and dynamic MRA techniques. For the heart, imaging capability includes techniques for morphology, function, tissue characterization and iron deposition. Post-processing capability augments the portfolio with interactive vascular imaging for MRA and high-definition maximum/minimum pixel projection.

- Auto Navigators diaphragm tracker for free-breathing scanning

- iDrive for free breathing cardiac planning
- 2D FIESTA Cine gated steady-state, multi-phase imaging
- 3D FS FIESTA steady-state imaging with Fat Sat
- 2D/3D IR Prep gated fast gradient echo imaging
- Black Blood SSFSE single-shot FSE-based imaging
- Cine IR fast-gradient echo cardiac cine imaging with IR-prep pulse
- 2D/PS MDE phase sensitive tissue characterization
- StarMap iron assessment for liver and heart (acquisition)
- 2D/3D Time-Of-Flight & 2D Gated Time-of-Flight
- 2D/3D Phase Contrast & Phase Contrast Cine
- TRICKS dynamic contrast enhanced 3D MRA
- Inhance 3D DeltaFlow non-contrast MRA
- Inhance 2D in-flow non-contrast MRA
- SmartPrep automated bolus detection
- Fluoro Trigger real-time bolus monitoring
- 3D QuickStep automated multi-station imaging
- READYView post-processing

PaedWorks delivers pre-programmed protocols, clinical applications and visualization tools designed for the challenges of imaging pediatric patients. Resulting capability starts with sensor-free motion correction and navigators that enable the ability to conduct free-breathing exams with a broad range of contrast weighting. Imaging capability further extends to advanced volumetric imaging, dynamic volumetric imaging, enhanced diffusion, susceptibility assessment, selective tissue suppression techniques and spectral imaging for MR-Conditional implants. Post-processing capability augments the portfolio with 3D multi-planar reformat, volume segmentation/rendering and diffusion assessment.

- PROPELLER MB motion robust radial-FSE with T1, PD, T2, T2 FLAIR, T1 FLAIR with STIR and ASPIR
- 3D Cube 2.0 FSE-based imaging with T1, T2, T1 FLAIR, T2 FLAIR and STIR
- 3D Cube Dual Inversion Recovery for gray or white matter nulling
- 3D COSMIC modified steady state imaging
- 2D/3D MERGE T2* multi-echo fast gradient echo imaging
- 3D BRAVO IR prepared fast SPGR imaging with concentric k-space filling
- 3D MP-RAGE IR prepared fast SPGR imaging with sequential k-space filling
- 3D FIESTA and 3D FIESTA-C fast steady state imaging
- eDWI enhanced diffusion with Multi-B value and SmartNEX
- DTI diffusion tensor imaging
- FiberTrak post-processing for diffusion tensor
- SWAN 2.0 3D GRE-based multi-echo susceptibility imaging
- PROBE PRESS single voxel spectroscopy
- MAVRIC SL FSE-based spectral imaging for MR-Conditional implants
- Auto Navigators diaphragm tracker free-breathing scanning
- 3D LAVA and Turbo LAVA with Turbo ARC and SPECIAL for dynamic or single-phase imaging
- 3D LAVA Flex GRE 2-point Dixon fat-water separation for dynamic or single-phase imaging
- Enhanced SSFSE Snapshot multi-slice imaging with SmartR
- Black Blood SSFSE single-shot FSE-based imaging
- Cine IR fast-gradient echo cardiac cine imaging with IR-prep pulse
- 2D PS/MDE phase sensitive tissue characterization
- StarMap iron assessment for liver and heart (acquisition)
- BrainStat GVF and AIF parametric maps
- READYView and BrainView post-processing

Advanced Visualization and Post-Processing

READYView is a SIGNA™ Works AIR™ IQ Edition advanced visualization tool designed to simplify the quantitative analyses of multiple data sets. READYView automatically selects the most relevant post-processing protocol for the user and provides guided workflow and general assistance for the processing algorithms. In addition, the user can customize workflows with adjustable layouts, personalized parameter settings and custom review steps. Key capabilities of READYView include the ability to analyze, export and save:

- Time series
- Diffusion weighted series
- Diffusion tensor series
- Variable echo series

- Blood oxygen level dependent (BOLD) series fMRI processing
- Spectroscopy data (single voxel and 2D or 3D CSI)
- MR Touch (MR elastography) series

Line	Qty	Catalog	
3.	1.00	S7528TB	eXpress Dockable Patient Table and Dock Collector - AIR™ Edition

List Price	Discount	Extended List Price	Net Price
$281,000.00	69.60%	$281,000.00	$85,424.00

SIGNA™ Voyager AIR™ Edition offers optionally a fully dockable eXpress Patient Table, which features the embedded Posterior Array (provided with the main system), helps improve exam efficiency, patient transportation workflow, and patient comfort.

• 250kg (550lbs) maximum patient weight for scanning
• 250kg (550lbs) maximum lift capacity
• 30 cm/sec (fast), 1.9 cm/sec (slow), 25 cm/sec (patient positioning) longitudinal speed
• 181 cm or 205 cm total scannable range (depend on the room size)
• 70 cm to 93 cm minimum to maximum height
• Head-first or feet-first imaging for most exams

The dock collector contains the hardware to dock the eXpress Patient Dockable Table to the system.

Line	Qty	Catalog	
4.	1.00	M6006HM	SIGNA Voyager 1.5T AIR™ Edition IPM Magnet for Dockable Table

List Price	Discount	Extended List Price	Net Price
$925,000.00	69.60%	$925,000.00	$281,200.00

To improve the patient experience and provide high image quality, no other component of an MRI system has greater impact than the magnet. The SIGNA Voyager 1.5T system features a wide bore magnet that delivers a large field of view and a robust fat saturation required for abdominal, breast and off-centered FOV musculoskeletal imaging. 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 50 x 50 x 50 cm 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 SIGNA Voyager has very flexible installation specifications to provide easy siting. And with zero-boil-off magnet technology, helium refills are effectively eliminated even during installation, 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 179cm.
• Magnet Weight 7,275 lbs (3,300 kg).
• Patient Aperture 74 cm.
• Patient Bore Diameter 70cm.
• Patient Bore Length 163cm.
• Maximum Field of View (x,y,z) 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 0.10 and 0.15.
• 40cm DSV 0.33 and 0.43.
• 45cm DSV 0.88 and 1.0.
• 48cm DSV 1.75 and 2.0.
• 50cm DSV 2.8 and 3.3.

DSV = Diameter Spherical Volume.
Fringe field (axial x radial):

• 5 Gauss = 4.0 m x 2.5 m.
• 1 Gauss = 5.8 m x 3.2 m.

Quiet Technology:

GE has implemented Quiet Technology on critical components of the SIGNA MR system to reduce acoustic noise and improve the patient environment. This technology enables full use of the UHE 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.

Touch screen Dual In-Room Displays (IRD):

By consolidating all controls into one place, the Dual In-Room Displays (IRD) provides real-time feedback to the operator to improve exam room efficiency. With an in-room display monitor available at either side of the magnet as standard, the technologist always has all the control he needs at his fingertips, irrespective of which side he is operating from. Further touch-screen capability makes the controls even more intuitive and easy to use. The display provides real time interaction with the scanner and the host computer. The user has direct control or selection of the following:

• Display of patient name, ID, study description
• Display and entry of patient weight
• Display and entry of patient orientation and patient position
• Cardiac waveform display and ECG/EKG lead confirmation with gating control: trigger select, invert and reset
• Respiratory waveform display

With AIR Touch™, you simply use IntelliTouch™, GE's 1-touch landmarking tool, to activate an optimized set of coils that is selected based on the patient's anatomy. This advanced technology selects from unlimited coil combinations such as the posterior array (PA) and flexible coils, to efficiently set up patients.

• AutoStart – initiate the scanner to automatically acquire, process, and network images
• Display connected coils and coil status
• Display of table location and scan time remaining
• Screen saver
• Control multiple levels of in-bore ventilation and lighting

Line	Qty	Catalog			
5.	**1.00**	**M70072AR**	**SIGNA Voyager 33 to 49 Channel Upgrade**		
List Price		**Discount**	**Extended List Price**		**Net Price**
$125,000.00		**69.60%**	**$125,000.00**		**$38,000.00**

SIGNA Voyager 33 to 49 Channel Upgrade

Line	Qty	Catalog			
6.	**1.00**	**S7528VP**	**Voyager Preinstallation Collector - AIR Edition Standard Siting**		
List Price		**Discount**	**Extended List Price**		**Net Price**
$163,642.00		**69.60%**	**$163,642.00**		**$49,747.17**

The Voyager 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. This collector contains the integrated cooling cabinet and the patient comfort and cryo hoses.

Line	Qty	Catalog			
7.	**1.00**	**M6001AA**	**Vent Adapter, Standard 8" Straight Up**		
List Price		**Discount**	**Extended List Price**		**Net Price**

$0.00	**0.00%**	**$0.00**	**$0.00**

Vent Adapter, Standard 8" Straight Up

Line	Qty	Catalog	
8.	**1.00**	**M70012TS**	**Voyager Scan Room Collector - Long**

List Price	Discount	Extended List Price	Net Price
$50,500.00	**69.60%**	**$50,500.00**	**$15,352.00**

The Long Scan Room Collector contains a collection of cables such as gradient cables and other materials necessary for system interconnections. The long configuration is designed for room configurations that require a long length based on distance between system components.

Line	Qty	Catalog	
9.	**1.00**	**M70032VL**	**SIGNA Voyager LONG Scan and Equipment Room Kit**

List Price	Discount	Extended List Price	Net Price
$15,000.00	**69.60%**	**$15,000.00**	**$4,560.00**

SIGNA Voyager LONG Scan and Equipment Room Kit

Line	Qty	Catalog	
10.	**1.00**	**M70022MC**	**Main Disconnect Panel - 380V/400V/415V/480V 50/60Hz**

List Price	Discount	Extended List Price	Net Price
$12,000.00	**69.60%**	**$12,000.00**	**$3,648.00**

The Main Disconnect Panel safeguards the MR system's critical electrical components, by providing complete power distribution and emergency-off control.

Line	Qty	Catalog	
11.	**1.00**	**M1000MW**	**Operator Console Table**

List Price	Discount	Extended List Price	Net Price
$2,550.00	**69.60%**	**$2,550.00**	**$775.20**

The Operator Console Table is designed specifically for the color LCD monitor and keyboard.

Line	Qty	Catalog	
12.	**1.00**	**M70012RP**	**English Language Kit**

List Price	Discount	Extended List Price	Net Price
$0.00	**0.00%**	**$0.00**	**$0.00**

English Language Kit

Line	Qty	Catalog	
13.	**1.00**	**R33012AC**	**Standard Service License**

List Price	Discount	Extended List Price	Net Price
$0.00	**0.00%**	**$0.00**	**$0.00**

The Standard Service License provides access to service tools used to perform basic level service on the Equipment and is included at no charge for the warranty period.

Line	Qty	Catalog	
14.	**1.00**	**S7529HQ**	**AIR™ XT WITH DIFFUSION PACKAGE for SIGNA™**

VOYAGER 1.5T

List Price	Discount	Extended List Price	Net Price
$185,000.00	**0.00%**	**$185,000.00**	**$185,000.00**

The AIR™ XT and Diffusion package for SIGNA™ Voyager 1.5T comprises the 16ch AIR™ AA, AIR x™ Auto Graphic Prescription, AIR™ Recon DL with deep learning and advanced diffusion techniques: PROGRES, MUSE, FOCUS and MAGiC DWI. These capabilities come together to deliver clinical versatility, intelligent productivity and enhanced image quality.

- 16-channel AIR™ Anterior Array
- AIR x™ Auto Graphic Prescription
- AIR™ Recon DL and DL Reconstruction Engine
- Diffusion Package with PROGRES, MUSE, FOCUS and MAGiC DWI

16-channel AIR™ Anterior Array

Transform patient and coil set-up. The 16-channel AIR™ Anterior Array uses next generation technology and design to deliver superb SNR and acceleration performance, while also improving the overall patient and user experience. Inca conductors and E-mode modules enable the AIR™ AA coil to adapt to various patient shapes and sizes, with an ultra-lightweight distribution of less than 0.5 grams/cm2. The AIR™ AA can be used for torso, cardiac, abdomen, prostate, pelvis, hip, peripheral vascular and long bone examinations in conjunction with other coils.

AIR x™ Auto Graphic Prescription

Change the way you prescribe brain and knee exams. AIR x™ Auto Graphic Prescription uses deep learning algorithms, instead of an atlas-based method, to automatically identify anatomical structures and prescribe slices locations for brain and knee exams. As a result of the deep learning algorithms, AIR x™ automatically adapts slice prescriptions to various patient anatomies and structures to enable consistency and productivity for slice positioning from technologist to technologist, patient to patient and the same patient overtime.

AIR™ Recon DL and DL Reconstruction Engine

Level-up your image quality. AIR™ Recon DL is a deep learning-based reconstruction algorithm that utilizes trained neuro networks to remove noise and ringing artifacts from the raw scan data. As a result, AIR™ Recon DL delivers images with enhanced SNR and sharpness while also enabling the reduction in scan time and resulting exam time. AIR™ Recon DL is directly embedded in the reconstruction pipeline to address image quality at the foundation level to produce TrueFidelity images (and therefore is not a traditional filter or a post-processing technique). AIR™ Recon DL is compatible with most 2D applications and select diffusion-weighted EPI sequences and allows the user to tailor the level of application.

- Intelligent pipeline reconstruction produces TrueFidelity images
- Reduces image noise at the foundation level
- Reduced Gibbs and truncation artifacts at the foundation level with intelligent ringing suppression
- Reduces scan time and resulting exam times
- Tailor level based on preference

To support the computational intensity of AIR™ Recon DL, this offering package includes the Gen7 DL ICN reconstruction engine with enhanced performance.
Diffusion Package

Extend diffusion capability. The Diffusion Package delivers techniques that reduce distortion, correct for motion and increase spatial resolution for diffusion and diffusion tensor imaging.

- PROGRES distortion and motion correction for diffusion
- MUSE multi-shot high-resolution diffusion
- FOCUS DWI 2D slice-selective high-resolution diffusion
- MAGiC DWI diffusion-based synthetic multiple b-value imaging

PROGRES combines with diffusion and diffusion tensor sequences to enhance performance by using a reverse polarity technique to address distortion and correct for motion. The technique then outputs images with reduced susceptibility artifacts with no significant impact in overall scan time.

For high resolution diffusion the toolkit provides two techniques. MUSE DWI uses a multi-shot technique, and can be combined with PROGRES, to deliver high resolution with reduced distortion for large to small fields-of-view. MUSE is compatible with Auto Body Navigators, respiratory and cardiac gating, ARC and ASSET acceleration, FatSat and STIR. For small fields-of-view, FOCUS enables high spatial resolution for small organ-specific imaging. FOCUS DWI uses 2D slice selective excitation pulses to constrain/reduce the phase FOV and address artifacts from motion and unsuppressed tissue outside the FOV.

To further extend diffusion capability, MAGiC DWI generates multiple synthetic b-values from one scan and allows the modification of b-values in real time without further scanning. As a result, higher diffusion values can be achieved in shorter scan times without stressing protocol parameters or sacrificing contrast or anatomy coverage. MAGiC DWI can be combined with the full range of diffusion sequences.

The AIR™ XT with Diffusion package for SIGNA™ Voyager 1.5T requires the MR29.1 software platform (sold separately).

Line	Qty	Catalog		
15.	**1.00**	**S7525HY**	**BREAST IMAGING WITH 8CH ARRAY FOR 1.5T**	
List Price		**Discount**	**Extended List Price**	**Net Price**
$97,500.00		**69.60%**	**$97,500.00**	**$29,640.00**

The breast imaging package combines VIBRANT acquisition with the 1.5T 8ch breast array to enable imaging and MR-guided biopsy of the breast. VIBRANT delivers simultaneous bilateral breast imaging capability with high spatial and high temporal resolution in either the axial or sagittal plane. In addition, VIBRANT combines dual-shim volume ability with the choice of SPECIAL fat suppression or Flex fat-water separation for robust fat suppression. The 8ch breast coil is designed to be used in conjunction with VIBRANT for imaging the breast, axilla and chest wall at 1.5T. The coil is a phased array with 8-channel receive and is designed to accommodate various anatomic shapes and sizes while providing enhanced SNR and parallel imaging performance. The 8ch breast array supports both diagnostic and biopsy imaging.

- 3D VIBRANT bilateral axial or sagittal breast imaging
- 8-channel breast phased array for 1.5T

Line	Qty	Catalog		
16.	**1.00**	**M7000SB**	**1.5T Flex Suite, Premium (SM, MD, LG)**	
List Price		**Discount**	**Extended List Price**	**Net Price**
$185,000.00		**69.60%**	**$185,000.00**	**$56,240.00**

The 1.5T Premium Flex Suite is a versatile set of high density 16-channel receive coils designed to give high quality images in a wide range of applications. The high degree of flexibility is particularly advantageous when imaging patients that do not fit the constraints of rigid coils, improving the patient and technologist experience. The size and shape of the elements in each flex coil have been optimized for high SNR and parallel imaging for the volume embraced by the coil.

This extended set includes all three sizes of coils; Small, Medium, and Large, and a knee stabilization fixture. They cover a broad range of musculoskeletal applications, including hand, wrist, elbow, shoulder, hip (unilateral and bilateral), knee, ankle, and foot. In addition, the coils' versatility has been shown in a range of general purpose applications that include head, neck, and spine exams.

Includes:
- 1.5T Flex Coils - Small, Medium, and Large Arrays.
- 1.5T Flex Interface Module 16-channel Fixed, P-Connector.
- Flex Knee Stabilization fixture.
- Flex GP Strap and Interface Module Cover.
- Flex Cable Take-up Pad and General Purpose Stabilization Pad.

Line	Qty	Catalog		
17.	**1.00**	**M7005BA**	**Flex Array Pad Kit**	
List Price		**Discount**	**Extended List Price**	**Net Price**
$2,500.00		**69.60%**	**$2,500.00**	**$760.00**

The Flex Array Pad Kit includes pads with a broad range of shapes and sizes that facilitate rapid set up when using the Flex Arrays for patient exams. The pads deliver fixation to assist in providing immobilization to improve the image quality outcomes.

Line	Qty	Catalog	
18.	1.00	M7005BE	**Flex Array Positioner**

List Price	Discount	Extended List Price	Net Price
$8,000.00	69.60%	$8,000.00	$2,432.00

The Flex Array Positioner is a multipurpose support for a broad range of exams including foot, ankle, forefoot, knee, and head. A dedicated forefoot attachment allows the flex array elements to be wrapped tightly around the foot, yielding improved image quality. A repositionable support pad in the foot and ankle attachment allows for selection of a 90 degree position, or a relaxed position of the ankle. The pads and straps included with the stabilizer facilitate rapid setup and allow for flexibility in how the anatomy is secured.

Line	Qty	Catalog	
19.	1.00	E8823NA	**MRI Audio 1505 Complete system (for SIGNA Premier, Discovery™ MR750/750w, Optima™ MR450/450w, SIGNA™ PET/MR, SIGNA Architect/Artist/Voyager/Pioneer, SIGNA HDxt, and SIGNA Creator/Explorer hardware v25.3 and Pioneer hardware v26.1)**

List Price	Discount	Extended List Price	Net Price
$12,900.00	23.00%	$12,900.00	$9,933.00

MRI Audio 1505 Complete music system for MRI systems is designed for comfort and allows the patient to listen to music while being scanned in an MRI. The technologist is in full control of the system headphones, microphone, sound source and volume controls. Standard 3.5 mm plug for music source allows any compatible music player, tablet or phone. In-ear headphones work with any head coil.
Package includes:
• Digital amplifier
• iPad Mini
• iPad Mini mount with lock
• 3G transducer
• In-ear headphones, 29dB noise reduction
• Over-ear headphones, 29dB noise reduction
• Disposable ear tips (300 pairs)
• Technologist's speakers
• 6 ft RCA 3.5 mm cable
• Auto-voice/MIC adapter

Line	Qty	Catalog	
20.	1.00	E8914DL	**Dimplex MR Heat Exchanger 36kW - Extreme Cold Ambient Temp, with 1 year warranty and 2 PMs**

List Price	Discount	Extended List Price	Net Price
$69,900.00	23.00%	$69,900.00	$53,823.00

- Designed to provide stable fully dedicated cooling for your MR system's needs
- Water/glycol outdoor-air-cooled chiller to support your highest exam volumes and your full range of diagnostic procedures
- Installation support from the vendor includes: 1 start up, 2 preventative maintenance visits (during warranty), and 12 months of parts and labor warranty
- Installation support includes: support through GE's Project Manager of Install, GE's Design Center, remote technical support from the Glen Dimplex company
- Comprehensive and quality service rapidly delivered through our CARES service solution
- 70 gallons of water-glycol pre-mixture (50/50%)
- Remote display panel provides the ability to monitor the system's operation from the control room. When plugged into a LAN connection, system can be remotely monitored and diagnosed for proactive maintenance.
- Highly recommended that Vibration Isolation Spring Kit (E8914DP) be added for systems that will be rooftop mounted
- Environmental friendly and non-ozone harming refrigerant R407C

SPECIFICATIONS

- Net Cooling Capacity: 36 kW at 60Hz
- Coolant Outlet Temperature: 50 F (10 C)
- Max Coolant Pressure : 2.75 Bar
- Refrigerant: R407C
- Coolant: 50% water and 50% glycol with inhibitors
- Ambient Temp Range: -40 to 122 F (-40 to 50 C)
- Tank Capacity: 70 gallons (265 L)
- Supply Voltage: 460v/3 phase /60 Hz
- Overall Size (L x W x H) 111 in x 31.5 in x 76.25 in
- Operational weight 2550 lb (1157 kg)

COMPATIBILITY:

- GE Signa Pioneer 3.0T MR system and GE Signa Voyager 1.5T MR system

NOTES:

- Chiller is non-returnable and non-refundable.

Line	Qty	Catalog			
21.	**1.00**	**E4502FB**	**GE Digital Energy Signature 5000 Series 100 KVA UPS - CT & MR**		
List Price		**Discount**	**Extended List Price**		**Net Price**
$58,999.00		**23.00%**	**$58,999.00**		**$45,429.23**

The GE Digital Energy SG Series 100 KVA is a three-phase UPS that provides critical power protection for medical imaging systems. Upon the loss of supply power the UPS enables scanning completion, saving of valuable data and an orderly imaging system shutdown.

FEATURES/BENEFITS
- 3 Phase online double conversion UPS removes power anomalies such as noise, transients, over-voltage, and under-voltage, which could damage the imaging system's sensitive computer components
- Can improves imaging system reliability, and reduces service costs
- Recommended with 100 KVA Bypass Panel (E4504CG), sold separately

Full system UPS
OSHPD Compliant
NOTES:
- Customer is responsible for rigging and arranging for installation with a qualified party
- ITEM IS NON-RETURNABLE AND NON-REFUNDABLE
- Removal/disposal of the old unit is the customer's responsibility.

Line	Qty	Catalog	
22.	1.00	E4504CG	100 KVA UPS Bypass Panel

List Price	Discount	Extended List Price	Net Price
$9,099.00	23.00%	$9,099.00	$7,006.23

The 100 KVA UPS Bypass Panel feeds power to the UPS in the normal mode and enables the system or systems to operate when the UPS is in the bypass mode for routine servicing or in the event of UPS failure - This 100kVA ByPass Panel should be used with E4502FB (100kVA UPS), sold separately.

FEATURES/BENEFITS
- The UPS input and output breakers provide branch overcurrent protection, a disconnection means, and OSHA lockout/tagout provision
- Reduces installation time and cost by providing a single-point power connection eliminating the need to mount and wire a number of individual components
- Standardized design and testing assures high product quality and system reliability
- Shipped complete for surface mounting

NOTES:
- Customer is responsible for rigging and arranging for installation with a qualified party
- ITEM IS NON-RETURNABLE AND NON-REFUNDABLE
- Removal/disposal of the old unit is the customer's responsibility.

Line	Qty	Catalog	
23.	1.00	NI_MR_INSTALLATION	$21,200 is applied to 3rd-Party Rigging Services, as directed by Customer. Rigging (including excess/additional rigging costs) remains the Customer's responsibility. Unapplied rigging funds will be forfeited without refund or credit.

List Price	Discount	Extended List Price	Net Price
$21,200.00	0.00%	$21,200.00	$21,200.00

Total Quote List Price:	***$3,154,790.00***
Total Quote Discount:	***62.82%***
Total Quote Subtotal:	***$1,172,889.83***

Qty	Credits and Adjustments	
1.00	HCA AIR Recon DL Synergy Discount - $80,000.00HCA AIR Recon DL Synergy Discount0	$($80,000.00)
1.00	HCA Rigging Credit per AgreementHCA Rigging Credit per Agreement0	$($10,000.00)
1.00	1.5T SIGNA EXCITE Trade-in0	$$0.00

Total Quote Net Selling Price:	***$1,082,889.83***

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

GE Healthcare

Trade-in Addendum to GE Healthcare Quotation

This Trade-In Addendum ("Addendum"), effective on December 17, 2021**,** between the GE Healthcare business identified on the Quotation and **Blue Ridge Regional Hospital Inc**/ ("Customer"), is made a part of Quotation # **2007253900.7** ^ dated December 17, 2021 ("Quotation") and modifies it as follows:

A. Customer: (i) certifies that it has full legal title to the equipment and/or mobile vehicle ("mobile vehicles" are defined as any systems requiring a vehicle title) listed in Section E ("Trade-In Equipment"), free and clear of all liens and encumbrances; (ii) conveys title and, if applicable, registration and license documents to GE Healthcare effective on the date of removal or receipt of the Trade-In Equipment (mobile vehicles will not be removed from Customer site until GE Healthcare has received a clean title signed over to GE Healthcare); and (iii) affirms that the Trade-In Equipment has never been used on or to provide care to animals. If GE Healthcare removes the Trade-In Equipment, it will do so at its expense at a mutually agreed time. Trade-In Equipment shall be removed no later than thirty days following installation of Customer's new system, unless explicitly otherwise agreed to by the parties in writing.

Mobile vehicles must include the VIN# on this trade-in addendum: VIN# [insert Vin #]. Mobile vehicles must have a valid DOT sticker and be road worthy at the time GE Healthcare is to take possession of them in order for GE Healthcare to accept a mobile vehicle on trade-in. Any and all logos or hospital affiliation stickers must be removed (outside and inside) by Customer and Customer shall clean the mobile vehicle of all debris and medical supplies prior to removal of the mobile vehicle by GE Healthcare.

B. Customer is responsible for: (i) providing timely, unrestricted access to the Trade-In Equipment in a manner that affords GE Healthcare, or third-party purchaser of the Equipment through GE Healthcare, the ability to complete Equipment inspection and testing, and the ability to complete an operating system back-up prior to de-installation within the timeframe required by GE Healthcare or said third-party purchaser, failure of which to provide may result in termination of this Trade-in Addendum and related credits and/or payments; (ii) ensuring that the Trade-In Equipment and the site where it is located are clean and free of bodily fluids; (iii) informing GE Healthcare of site-related safety risks; (iv) properly managing, transporting and disposing of hazardous materials located on site in accordance with applicable legal requirements; (v) rigging, construction, demolition or facility reconditioning expenses, unless expressly stated otherwise in the Quotation; and (vi) risk of loss and damage to the Trade-In Equipment until safety risks are remediated and the Trade-In Equipment is removed or returned.

C. Prior to removal or return to GE Healthcare, Customer must: (i) remove all Protected Health Information as such term is defined in 45 C.F.R. § 160.103 ("PHI") from the Trade-In Equipment; and (ii) indemnify GE Healthcare for any loss resulting from PHI not removed. GE Healthcare has no obligation in connection with PHI not properly removed.

D. GE Healthcare may in its sole discretion reduce the trade-in amount or decline to purchase the Trade-In Equipment and adjust the total purchase price of the Quotation accordingly if: (i) the terms of this Addendum are not met; (ii) Customer fails to provide access to the Trade-In Equipment as required herein; or (ii) the Trade-In Equipment is missing components or is inoperable and/or non-functioning when removed or returned – Customer is required to confirm for GE Healthcare the operability of the Trade-In Equipment prior to the deinstallation of the Equipment. All other terms and conditions of the Quotation remain in full force and effect.

E. Trade-In Equipment:

Trade-In Equipment Mfr	Model & Description	Quantity	System ID*	Trade-In Amount ($)
GENERAL ELECTRIC	1.5T SIGNA EXCITE Trade-in	1.00	828766SPMR	$0.00

This Addendum is executed when: (i) signed by the parties below; (ii) Customer receives this Addendum and signs the Quotation that references the Trade-In Equipment; or (iii) Customer receives this Addendum and issues a purchase order identifying either the terms of the Quotation (which includes a reference to the Trade-In Equipment) as governing the order (PO# _____)†.

Blue Ridge Regional Hospital Inc

DocuSigned by:

Signature: Terence van Arkel
DE2D152EA0CC447...

Print Name: Terence van Arkel

Title: cfo

Date: 1/18/2022

GE Healthcare

Signature: _____

Print Name: _____

Title: _____

Date: _____

GE Healthcare

^ A Quotation number must be provided on this document.

***** In the event the Trade-In Equipment does not have a System ID, please record the serial number of each component that comprises the Trade-In Equipment.

† If you are relying upon the purchase order to reflect acceptance of the terms contained herein, please update this document with the applicable PO number upon receipt of the PO. Failure to do so may result in delays surrounding deinstallation of the System(s).

GE Healthcare

December 17, 2021
Quote Number: **2007253900.7**
Customer ID: **1-23IBFQ**
Agreement Expiration Date: **02/15/2022**

GPO Agreement Reference Information

Customer:	Blue Ridge Regional Hospital Inc
Contract Number:	HCA National
Billing Terms:	80% delivery or Shipment / 20% Acceptance or Installation
Payment Terms:	NET 30
Shipping Terms	FOB DESTINATION

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and HCA National

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

Attachment 4

ATTACHMENT

4

Attachment 5

STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Facility Services

CERTIFICATE OF NEED

for

Project Identification Number D-6866-03
FID#953466

ISSUED TO: **Blue Ridge Hospital System**
d/b/a Spruce Pine Community Hospital
125 Hospital Drive
Spruce Pine, NC 28777

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: **Acquire one fixed MRI scanner/Mitchell County**

CONDITIONS: **See Reverse Side**

PHYSICAL LOCATION: **Spruce Pine Community Hospital**
125 Hospital Drive
Spruce Pine, NC 28777

MAXIMUM CAPITAL EXPENDITURE: **$2,175,320**

TIMETABLE: **See Reverse Side**

FIRST PROGRESS REPORT DUE: **April 21, 2004**

This certificate is effective as of the 2nd day of March, 2004.

Jack B. Hoffman

Chief, Certificate of Need Section
Division of Facility Services

ATTACHMENT
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CONDITIONS

1. Blue Ridge Hospital System, Inc., d/b/a Spruce Pines Community Hospital shall materially comply with all representations made in the certificate of need application.

2. Blue Ridge Hospital System, Inc., d/b/a Spruce Pines Community Hospital shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.
3. Blue Ridge Hospital System, Inc., d/b/a Spruce Pines Community Hospital shall acknowledge acceptance and compliance with all conditions stated herein to the Certificate of Need Section in writing prior to issuance of the certificate of need.

A letter acknowledging acceptance and compliance with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on January 9, 2004.

TIMETABLE

Completion of final drawings and specifications	February 15, 2004
Order equipment	March 1, 2004
Contract Award	July 15, 2004
Completion of construction and Operation of Equipment	September 15, 2004

From:	Mitchell, Micheala L
To:	Stancil, Tiffany C
Cc:	Lightbourne, Ena
Subject:	Fw: [External] Notice of Exemption for Blue Ridge Regional Hospital
Date:	Thursday, December 8, 2022 4:08:29 PM
Attachments:	4856-4069-8690 v.1 2022 Blue Ridge Medical Center MRI Replacement Exemption Notice w-attachments - 2022-12-08.pdf

Tiffany, would you mind logging this as an exemption? It goes to Ena.

Micheala Mitchell, JD
NC Department of Health and Human Services
Division of Health Service Regulation
Section Chief, Healthcare Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704
Office: 919 855 3879
Micheala.Mitchell@dhhs.nc.gov

From: Burgess, Ken <kburgess@bakerdonelson.com>
Sent: Thursday, December 8, 2022 4:05 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>; Lightbourne, Ena <ena.lightbourne@dhhs.nc.gov>
Subject: [External] Notice of Exemption for Blue Ridge Regional Hospital

Good afternoon Micheala and Ena, attached please find a Notice of Exemption in connection with the replacement of an MRI which we are filing on behalf of our client MH Blue Ridge Medical Center, LLLP d/b/a Blue Ridge Regional Hospital. Please let me know if you have any questions about this Notice or need additional information. Thanks, Ken Burgess

Kenneth (Ken) L. Burgess
Shareholder
Baker, Donelson, Bearman, Caldwell & Berkowitz, PC
2530 Meridian Parkway, Suite 300
Durham, NC 27713

Phone: 919-294-0802
Cell: 919-449-4754
Email address: kburgess@bakerdonelson.com
www.bakerdonelson.com

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC represents clients across the U.S. and abroad from offices in Alabama, Florida, Georgia, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and Washington, D.C.