

### VIA EMAIL ONLY

September 11, 2020

### Lisa Griffin llgriffin@novanthealth.org

<b>Exempt from Review</b>	Exempt from Review – Replacement Equipment	
Record #:	3342	
Facility Name:	Novant Health Presbyterian Medical Center	
FID #:	943501	
Business Name:	Novant Health, Inc.	
Business #:	1341	
Project Description:	Replace existing linear accelerator and relocate it to the Novant Health	
	Presbyterian Heart & Vascular Institute and Cancer Center on the main campus	
County:	Mecklenburg	

Dear Ms. Griffin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of September 4, 2020, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Varian TrueBeam linear accelerator to replace the Varian Triology linear accelerator, serial #1196, and relocate it from the first floor of Novant Health Presbyterian Medical Center to the Novant Health Presbyterian Heart & Vascular Institute and Cancer Center located on the main campus. 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.

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

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julie M. Jaenza

Julie M. Faenza, Project Analyst

Martha J. Husone

Martha J. Frisone, Chief

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

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

### HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603 MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704 https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



September 4, 2020

### Via Email

2085 Frontis Plaza Boulevard Winston-Salem, NC 27103

Julie Faenza, Project Analyst, Certificate of Need N.C. Department of Health Service Regulation 809 Ruggles Drive Raleigh, North Carolina 27603

> Re: Novant Health Presbyterian Medical Center (FID 943501) Replacement of Existing Linear Accelerator #1 Charlotte, NC (Mecklenburg County)

Dear Ms. Faenza:

Pursuant to N.C. Gen. Stat. § 131E-184(f), this letter serves as prior written notice that Novant Health Presbyterian Medical Center ("NHPMC") intends to replace an existing fixed linear accelerator currently located in the Radiation-Oncology Department on the first floor of the hospital and relocate it to the Novant Health Presbyterian Heart & Vascular Institute and Cancer Center building ("HVI-CC") on the main campus of NHPMC.

NHPMC's project meets the requirements set forth in N.C. Gen. Stat. 131E-184(f) for "replacement equipment" that exceeds two million (\$2,000,000) threshold in the following ways:

### Main Campus

The HVI-CC is located at the corner of East Fourth Street and Queens Road directly across the street from NHPMC and is between 125.7 and 127 feet of the main hospital building. The main hospital building is the location at which NHPMC exercises financial and administrative control over the entire facility and the administrative suite is located on the first floor of NHPMC.

The HVI-CC is set to open in October 2020. See **Attachment A** for the Agency response dated July 17, 2018 deeming the HVI-CC project exempt from CON review and confirming the "main campus" location.

#### **Previous Certificate of Need**

The existing linear accelerator is a replacement of a unit that dated back to 2000; however, we are unable to find the documentation regarding its original certificate of need. NHPMC has reported two linear accelerators for many years on the Annual License Renewal Application ("LRA") as support that this linear accelerator has been in use and is still in use. **See Attachment B** for an excerpt of NHPMC's 2020 LRA.

### Replacement Equipment

The proposed project meets the definition of "replacement equipment" found in N.C.G.S. 131E-176(22a) and 10A N.C.A.C 14C.0303 for the following reasons:

Ms. Julie Faenza September 4, 2020 Page 2

- (1) NHPMC will replace the existing equipment with the proposed equipment that is functionally similar and will be used for the same diagnostic purposes, although it possesses expanded capabilities due to technological improvements.
- (2) The proposed equipment will not be used to provide a new health service.
- (3) The acquisition of the proposed equipment 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 equipment is acquired.

The replacement involves the existing linear accelerator which was acquired in 2018 as a refurbished unit as an urgent replacement of a discontinued and outdated linear accelrator model. It was disclosed in that replacement exemption that it would be replaced and relocated in the planned HVI-CC. **Attachment C** documents the acquisition of the existing refurbished linear accelerator and the Agency notice dated November 7, 2018 deeming the project exempt and that its replacement would not violate the provisions of 10A NCAC 14C .0303(e)(2) in the HVI-CC.

See **Attachment D** for the Equipment Quote for the new linear accelerator. As part of the equipment cost, the vendor will provide onsite clinical training for the equipment. Also, the existing equipment will be traded in and removed from North Carolina by Varian. The total capital cost for the proposed replacement equipment project is estimated to be \$5,330,472. See **Attachment E** – Project Capital Cost Form.

In support of our request, please find attached:

Attachment A – NHPMC HVI-CC Exemption Notice 2018 Attachment B – NHPMC 2020 LRA Excerpt Attachment C – NHPMC Linear Accerator Replacement Equipment Exemption Notice 2018 Attachment D – Equipment Quote Attachment E – Project Capital Cost Form Attachment F - NC CON Equipment Comparison chart

NHPMC's acquisition of the replacement fixed linear accelerator does not require a certificate of need because none of the definitions of "new institutional health services" set forth in N.C.G.S. Section 131E-176(16) apply to the proposed project. As outlined above, the total cost for the project is \$5,330,472. The proposed capital cost includes equipment, as well as studies, surveys, designs, plans, working drawings, specifications, construction installation and other activities essential to making the equipment operational.

Based on the information provided, please confirm that NHPMC's replacement equipment request does not constitute a new institutional health service and is exempt from certificate of need review as indicated above. Ms. Julie Faenza September 4, 2020 Page 3

If you need additional information, please do not hesitate to contact me.

Sincerely,

Lita Ariffin Lisa Griffin

Manager, Certificate of Need Novant Health, Inc.

Enclosures

## **ATTACHMENT A**



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Health Service Regulation

ROY COOPER • Governor MANDY COHEN, MD, MPH • Secretary MARK PAYNE • Director

July 17, 2018

Denise M. Gunter 380 Knollwood Street, Suite 530 Winston-Salem, NC 27103

<b>Exempt from Revie</b>	W
Record #:	2652
Facility Name:	Novant Health Presbyterian Medical Center
FID #:	943501
Business Name:	Novant Health, Inc.
Business #:	1341
Project Description:	Develop a medical office building on the main hospital campus with a cost greater than \$2 million and develop an adjacent parking deck
County:	Mecklenburg

Dear Ms. Gunter:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of July 11, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(g) and §131E-184(a)(4). Therefore, you may proceed to offer, develop, or establish the above referenced project without a certificate of need.

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

It should be noted that 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 Agency. 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.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF HEALTH SERVICE REGULATION HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

> LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603 MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704 www.ncdhha.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Denise M. Gunter July 17, 2018 Page 2

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Julii M. Jaerma

Julie M. Faenza Project Analyst

J. Frisone

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

....

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



Denise M. Gunter T 336.774.3322 F 336.774.3372 denise.gunter@nelsonmullins.com



July 11, 2018

### Hand Delivered

Martha J. Frisone, Chief Healthcare Planning and Certificate of Need Section North Carolina Department of Health and Human Services Division of Health Service Regulation 809 Ruggles Drive Raleigh, North Carolina 27603

> Re: Notice of Exemption for Two Projects Pursuant to N.C. Gen. Stat. § 131E-184

Facility Name:	Novant Health Presbyterian Medical Center (NHPMC)
FID #:	943501
Business Name:	Novant Health, Inc.
Business #:	1341
Project Description:	Construct Heart and Vascular Institute and Cancer
	Center on the Main Campus of NHPMC, as well as a parking deck
County:	Mecklenburg

Dear Ms. Frisone:

Pursuant to N.C. Gen. Stat. §§ 131E-184(a)(4) and (g), this letter serves as prior written notice of two CON-exempt projects at NHPMC: (1) NHPMC's intent to construct a Heart and Vascular Institute and Cancer Center on its main campus (the "HVI/CC Facility"); and (2) NHPMC's intent to build a parking deck adjacent to the HVI/CC Project. Each project is discussed below.

### Construct the HVI/CC Facility

The HVI/CC Facility will be a 7-story, approximately 257,000 square foot facility. Five of the floors will be built out and two of the floors will be shell space. The HVI/CC Facility will be located at the corner of East Fourth Street and Queens Road in Charlotte,

CALIFORNIA | COLORADO | DISTRICT OF COLUMBIA | FLORIDA | GEORGIA | MARYLAND | MASSACHUSETTS | NEW YORK North Carolina | South Carolina | Tennessee | West Virginia

Martha J. Frisone July 11, 2018 Page 2

4

directly across the street from NHPMC. A diagram showing the site is attached as <u>Exhibit</u> <u>A</u>. A rendering of the proposed HVI/CC Facility is attached as <u>Exhibit B</u>. A second rendering showing the building and the parking deck is attached as <u>Exhibit C</u>. The total capital cost of the HVI/CC Facility, including the parking deck discussed below, is estimated to be \$165.6 million. NHPMC presently estimates that the HVI/CC Facility will be completed in 2020.

The HVI/CC Facility will house comprehensive heart and vascular and cancer outpatient services, including cardiovascular and cancer rehabilitation, radiation oncology, a chemotherapy infusion center and physician offices. A stacking diagram showing the services that will go on each floor of the HVI/CC Facility is attached as <u>Exhibit D</u>. In addition, because Presbyterian Medical Tower ("PMT") is adjacent to the proposed HVI/CC Facility, a connector will be built between the two buildings. The Breast Center in PMT will be renovated, and physician and administrative offices needed to support the HVI/CC Facility will be constructed in PMT. The costs for these portions of the project are included in the \$165.6 million estimate.

N.C. Gen. Stat. § 131E-184(g) provides that the Department shall exempt from CON review any capital expenditure that exceeds the \$2 million threshold in N.C. Gen. Stat. § 131E-176(16)b., if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

N.C. Gen. Stat. § 131E-176(14n) defines "main campus" as:

a. 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

-#4835-8298-4044~

Martha J. Frisone July 11, 2018 Page 3

2

entire facility, including the buildings and grounds adjacent to that main building.

b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

The HVI/CC Facility meets the requirements of N.C. Gen. Stat. § 131E-184(g) and N.C. Gen. Stat. § 131E-176(14n) because:

- NHPMC is an existing health service facility (Hospital License # H0010) located at 200 Hawthorne Lane in Charlotte. See Exhibit E, the NHPMC 2018 License. The sole purpose of the HVI/CC Facility is to expand an existing health service facility that is located on the main campus. As shown in Exhibit A, the location of the HVI/CC Facility is between 125.7 and 127 feet of NHPMC, which is the main building. The distance was measured by civil engineers. PMT is also approximately the same distance from NHPMC. The main building is the location at which NHPMC provides clinical patient services and from which NHPMC exercises financial and administrative control over the entire facility. The administrative suite is on the first floor of NHPMC. See Exhibit F, a letter from Barbara L. Freedy, Director, Certificate of Need, Novant Health, Inc., documenting this. Ms. Freedy's letter was submitted to the Agency in March 2018 in connection with another NHPMC project, and the facts stated in that March 2018 letter remain true today.
- (2) This renovation project will not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) This letter constitutes the required prior written notice.

We would appreciate the Agency's written confirmation that the construction of the HVI/CC Facility is exempt from CON review.

Martha J. Frisone July 11, 2018 Page 4

### **Construct a Parking Deck**

NHPMC proposes to construct a 1,000 space parking deck that will be adjacent to the HVI/CC Facility. N.C. Gen. Stat. § 131E-184(a)(4) provides that upon prior written notice, the Department shall exempt from CON review projects that:

provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.

The parking deck does not involve the construction of a new health service facility or portion thereof and that is subject to CON review. The parking deck is necessary to accommodate patients receiving treatment at the HVI/CC Facility as well the staff who will work in the HVI/CC Facility

We would appreciate the Agency's written confirmation that the foregoing parking deck construction is exempt from CON review.

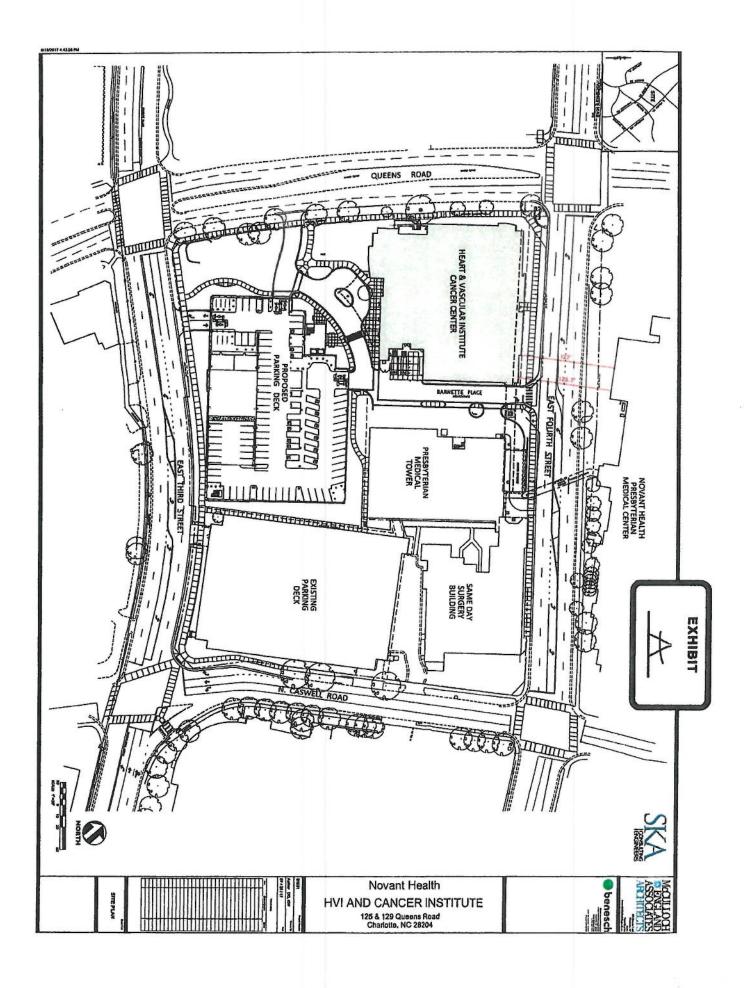
If you need any further information, please let me know.

Thank you for your time and attention.

Sincerely,

Denise M. Gunter

Enclosures



## **ATTACHMENT B**

.

× ·

2020 Renewal Application for Hospital: Novant Health Presbyterian Medical Center License No: <u>H0010</u> Facility ID: <u>943501</u>

All responses should pertain to October 1, 2018 through September 30, 2019.

11. Linear Accelerator Treatment Data continued

Campus – if multiple sites: PMC

a. Number of <u>patients</u> who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three

Number of Patients <u>1758</u> (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 32.)

-		
b.	TOTAL number of Linear Accelerators:	2
	Of the TOTAL above,	
	Number of Linear Accelerators configured for stereotactic radiosurgery:	
	Number of CyberKnife® Systems:	Ø
	Number of other specialized linear accelerators:	Ø
c.	Number of Gamma Knife® units	ø
d.	Number of treatment simulators	2

("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient." (GS 131E-176(24b)))

e. Number of grandfathered Linear Accelerators

Ø

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

f. CON Project ID numbers for all non-grandfathered Linear Accelerators:

### unable to locate CON Project ID at this time

## **ATTACHMENT C**

-----

~~~



### NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor MANDY COHEN, MD, MPH • Secretary MARK PAYNE • Director, Division of Health Service Regulation

### VIA EMAIL ONLY

November 7, 2018

Lisa Griffin llgriffin@novanthealth.org

| Exempt from Review – Replacement Equipment |                                           |  |  |
|--------------------------------------------|-------------------------------------------|--|--|
| Record #:                                  | 2756                                      |  |  |
| Facility Name:                             | Novant Health Presbyterian Medical Center |  |  |
| FID #:                                     | 943501                                    |  |  |
| <b>Business Name:</b>                      | Novant Health, Inc.                       |  |  |
| Business #:                                | 1341                                      |  |  |
| Project Description:                       | Replace existing linear accelerator       |  |  |
| County:                                    | Mecklenburg                               |  |  |

Dear Ms. Griffin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of October 29, 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 refurbished Varian linear accelerator to replace the Varian Clinac 2100CD. 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.

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

The Agency also determined that, should you submit prior written notice requesting to replace this specific refurbished Varian linear accelerator with a new linear accelerator after the development of the medical office building referenced in Record #2652, the request would not be considered to violate the provisions of 10A NCAC 14C .0303(e)(2) related to the time between the purchase of the refurbished linear accelerator and the purchase of the potential replacement equipment, provided there is no material change in facts from the circumstances described in your letter of October 29, 2018.

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.

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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

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

# **ATTACHMENT D**

.



\*\*\* Confidential - Proposal is intended for Recipient and Recipient's Site Representatives Only \*\*\*

#### Novant Presbyterian Hospital ("Customer")

Karen Johnson 200 HAWTHORNE LN CHARLOTTE, North Carolina 28204 United States Tel : 704-384-4188 Fax : 704-384-5299 Email : kaajohnson@novanthealth.org

#### VMS Inc, Oncology Systems

Jeffrey Boone US District Sales Manager Work from home Atlanta, GA 30327 US Tel : +1 434 977 8495x3292 Email : jeffrey.boone@varian.com

\*\*\* Confidential - Proposal is intended for Recipient and Recipient's Site Representatives Only \*\*\*

2020-275096

October 21, 2020

October 08, 2021

September 01, 2020

#### **Quote Information**

Quotation Number : Quotation Valid Until : Customer Requested Delivery Date : Quotation Date :

Sales PO Required : Customer Procurement Contact Name :

Yes Needed

#### Sales

| Incoterms :                          | US1: FOB: Origin            |
|--------------------------------------|-----------------------------|
| Payment Terms :                      | 30 days net                 |
| Shipment :                           | 80.00%                      |
| Acceptance :                         | 20.00%                      |
| For orders equal or less than \$75K. | 100% upon shipment, net 30. |

Finance support available: For lease and finance plans, call Toby Wann, Director Varian Customer Finance - 408.221.4294 / Toby.Wann@varian.com

#### **Terms and Conditions**

Products and Services: Customer's access to and use of the Products, Support Services and Services (except Software-as-a-Service or Subscription Services) as indicated in this Quotation are subject to and governed by: (a) the Varian Terms and Conditions of Sale (Form RAD 1652) at: https://www.varian.com/1652V\_OCT\_2018 and (b) any Schedules, Exhibits and/or additional terms (including third party terms) contained, attached, referenced or otherwise indicated in this Quotation. All terms and conditions provided in the website link listed in item (a) above are incorporated by reference and form part of the contract between Varian and Customer.

If there is a separate written agreement (e.g. master agreement) in effect between the parties that expressly provides for and governs the purchase and sale of the specific Products, Support Services, Services, Software-as-a-Service and/or SubscriptionSubscription Service set forth in this Quotation, such written agreement shall govern. Hard copies of the referenced terms and conditions and any additional terms indicated will be provided to Customer upon request.

#### For and on behalf of Customer

Authorized Representative : Karen Johnson Title : Date : September 01, 2020 Varian Medical Systems, Inc.

Authorized Representative : Jeffrey Boone Title : US District Sales Manager Date : September 01, 2020

### **Quotation Summary**

varian

### Offered Products (Sales)

Scalable TrueBeam, Mobius S/N: null Machine Removal and Trade-In Reserve and Travel and Lodging

Advantage Credits

Extended Warranty for Scalable TrueBeam (1 Year)



| ltem    | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Qty                                   |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Section | 1 Scalable TrueBeam, Mobius S/N: null                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |
| 1.1     | TrueBeam Version 2.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                     |
| 1.2     | New Universal Baseframe 52" Fixed Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ·¶                                    |
| 1.3     | 15/16.MV (BJR-11/17)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                     |
|         | 40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |
| 1.4     | 10/10 MV (BJR 11/17)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                     |
|         | 40 cm x 40 cm maximum field size, dose rate range 0-600 MU/Min.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |
| 1.5     | 6/6 MV (BJR 11/17)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | الله 1                                |
|         | 40 cm x:40 cm maximum field size, dose rate range 0-600 MU/Min.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |
| 1.6     | 16 MeV, 0-1000 MU/Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |
|         | 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min,                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| 1.7     | 12 MeV, 0-1000 MU/Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · · |
|         | 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| 1.8     | 9 MeV, 0-1000 MU/Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                     |
|         | 25 cm x 25 cm maximum field size, dose rate range 0-1000 MU/Min,                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| 1.9     | 6 MeV; 0-1000 MU/Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                     |
|         | 25 cm x 25 cm maximum field size, dose rate range 0∻1000 MU/Min.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| 1.10    | PerfectPitch 6DoF Couch                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Í                                     |
|         | Fully integrated 6-Degrees of Freedom (6DoF) couch system.                                                                                                                                                                                                                                                                                                                                                                                                                               | ÷                                     |
|         | Features:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|         | Manual and automated positioning of the patient     Image-based 6DoF patient positioning with remote couch motion                                                                                                                                                                                                                                                                                                                                                                        |                                       |
|         | Prerequisites:     ARIA® Oncology Information System for Radiation Oncology v.11 or later                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| .11     | Pivotal™ Prone Breast Solution                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                     |
|         | The Pivotal <sup>™</sup> treatment solution supports prone breast technique with the Qfix <sup>™</sup> kVue <sup>™</sup> Access 360 <sup>™</sup> prone breast insert. A Pivotal treatment solution online marketing program is included to help build awareness of your facility and promote the Pivotal treatment solution to patients, physicians, and your community. Includes a broad range of marketing materials including public relations, advertising, and educational content. |                                       |
|         | Features;<br>Right and left prope breast couch too inserts with form cushions                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
|         | <ul> <li>Right and left prone breast couch top inserts with foam cushions</li> <li>Prone head cushion &amp; contour pillow cushion</li> <li>Dual hand grip and ipsilateral hand grip</li> </ul>                                                                                                                                                                                                                                                                                          |                                       |
|         | <ul> <li>Dual hand grip and ipsilateral hand grip</li> <li>Adjustable CT Risers (superior &amp; inferior) for CT simulation</li> <li>Storage Cart</li> </ul>                                                                                                                                                                                                                                                                                                                             |                                       |
|         | Storage Can Prerequisites:     Qfix™ kVue™ Couch top                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |

.....

| Item | Description                                                                                                                                                                                                                      | Qty  |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|      | Notes:     Available for small and large bore CT scanners                                                                                                                                                                        |      |
|      |                                                                                                                                                                                                                                  |      |
| 1.32 | Low-X Imaging Energy                                                                                                                                                                                                             | 1.   |
|      |                                                                                                                                                                                                                                  |      |
|      | Low-X imaging energy configuration, providing high soft tissue contrast when imaging in-fine with the treatment beam.                                                                                                            |      |
| 1.13 | HyperArc Treatment Delivery Capability                                                                                                                                                                                           | -1   |
|      |                                                                                                                                                                                                                                  |      |
|      | Frameless; MLC-based technique for multiple intracranial SRS targets. Automated non-coplanar treatment delivery with<br>integral intrafraction imaging at specified couch angles.<br>Features:                                   |      |
|      | <ul> <li>HyperArc™ Delivery License</li> </ul>                                                                                                                                                                                   |      |
|      | Prerequisites:                                                                                                                                                                                                                   |      |
|      | <ul> <li>TrueBeam™ or Edge® system v2.7 or higher</li> <li>RapidArce delivery license</li> </ul>                                                                                                                                 |      |
|      | <ul> <li>RapidAlos derivery idense</li> <li>PerfectPitch™ 6-Degrees of Freedom (6DoF) couch</li> </ul>                                                                                                                           |      |
|      | <ul> <li>Varian (GRT couch top or QFix KVue™ or KVue Calypso® couch top:</li> </ul>                                                                                                                                              |      |
|      | <ul> <li>Encompass™ SRS Immobilization System by Qfix®</li> </ul>                                                                                                                                                                | ŧ.   |
|      | Eclipse <sup>TM</sup> treatment planning system v15.5 or higher                                                                                                                                                                  |      |
|      | HyperArc treatment planning license                                                                                                                                                                                              |      |
|      | Eclipse RapidArc® planning license                                                                                                                                                                                               |      |
|      | ARIA® oricology information system for radiation oncology v15.1 or higher                                                                                                                                                        |      |
|      | Notes: Use of external devices connected to Motion Management or ADI interfaces with HyperArc are not validated or                                                                                                               |      |
|      | <ul> <li>Use of external devices connected to Motion Management or ADI interfaces with HyperAte are not validated or<br/>supported by Varian.</li> </ul>                                                                         |      |
|      | <ul> <li>It is recommended that the patient CT scan used for treatment planning be acquired at a slice thickness of 1.25</li> </ul>                                                                                              |      |
|      | mm or better                                                                                                                                                                                                                     | - 19 |
|      |                                                                                                                                                                                                                                  |      |
| 1.14 | kV Imaging System                                                                                                                                                                                                                | 1.   |
| 1,   | ity integring dystem                                                                                                                                                                                                             | -    |
|      | kV Imaging system, providing 2D radiographic and Juoroscopic and 3D CBCT imaging capability.                                                                                                                                     |      |
|      |                                                                                                                                                                                                                                  |      |
|      | Features:                                                                                                                                                                                                                        |      |
|      | <ul> <li>kV CBCT image acquisition, review, and that the 3D reference image</li> </ul>                                                                                                                                           |      |
|      | <ul> <li>Radiographic image acquisition, with 2D/2D and 2D/3D image matching to reference image</li> </ul>                                                                                                                       |      |
|      | <ul> <li>Fluoroscopic image acquisition, with structure overlay on fluoroscopic images.</li> </ul>                                                                                                                               |      |
|      | . kV CBCT image acquisition with a long field of view, provided by merging multiple indexed CBCT images. Online                                                                                                                  |      |
|      | data acquisition and viewing only.                                                                                                                                                                                               |      |
|      | Prerequisites:                                                                                                                                                                                                                   |      |
|      | 1009 · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                         |      |
|      |                                                                                                                                                                                                                                  | 'n.  |
| 1.15 | Triggered Imaging                                                                                                                                                                                                                | 1    |
|      |                                                                                                                                                                                                                                  |      |
|      | Automated intrafraction 2D/kV radiographic imaging, with images triggeted by respiration phase or amplitude, gantry angle, time period, or MU. Automated image-based beam hold on fiducial markers, based on user-defined marker |      |
|      | angle, the period of MO. Automated image-based beam hold on induciarmativers, based on user-defined marker<br>motion thresholds.                                                                                                 |      |
|      | Hieror Lui estaves.                                                                                                                                                                                                              |      |
|      | Features:                                                                                                                                                                                                                        |      |
|      | Respiration Triggered Imaging                                                                                                                                                                                                    |      |
|      | MU Triggered Imaging                                                                                                                                                                                                             |      |
|      | Ganty Triggered Imaging                                                                                                                                                                                                          |      |
|      | Time Triggered Imaging                                                                                                                                                                                                           |      |
|      | Autobeam Hold                                                                                                                                                                                                                    |      |
|      | Prereguisites:                                                                                                                                                                                                                   |      |
|      | Respiratory Motion Management System                                                                                                                                                                                             |      |
| 1 16 | Advanced Binn Motion Monogomont System                                                                                                                                                                                           | .1   |
| 1,16 | Advanced Resp Motion Management System                                                                                                                                                                                           |      |
|      | Stereoscopic optical system for managing patient respiration motion during treatment delivery and imaging.                                                                                                                       |      |
|      |                                                                                                                                                                                                                                  |      |
|      | Features:                                                                                                                                                                                                                        |      |

Features:
Stereoscopic optical imager, including marker block for tracking patient respiration motion
Respiratory gated treatment delivery

| ltem | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Qty |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|      | Respiratory gated MV image acquisition and online review, respiration synchronized cine image acquisition and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|      | <ul> <li>online review</li> <li>Respiratory gated kV image acquisition and online review, respiration synchronized fluoroscopic image acquisition and online review.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| 1.17 | VCD Option, couch mounted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1   |
|      | Couch-mounted display system provides visual feedback to the patient for respiration stabilization or breath hold position during respiratory gated image acquisition or treatment delivery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|      | Features:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
|      | <ul> <li>2 rechargeable batteries and charging system</li> <li>Video interface for optional use of customer-provided video goggles</li> <li>Wireless display system with adjustable count mount</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|      | Prerequisites:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|      | <ul> <li>TrueBeam® v2.7 or higher</li> <li>One of the following:</li> <li>Advanced Respiratory Motion Management System</li> <li>Basic Respiratory Motion Management System</li> <li>Respiratory Motion Management System</li> <li>Optical Imager</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4   |
| 1.18 | VCD w/Couch Mount - kVue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| 1.19 | Gated CBCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ĩ   |
|      | Provides the ability to acquire CBCT images synchronized with patient respiration (free-breathing on breath hold).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|      | <ul> <li>Features:</li> <li>Gated CBCT Imaging License: CBCT image acquisition, image raview, and image match to respiratory gated reference image.</li> <li>Short Arc CBCT Imaging License: CBCT image acquisition using a 120-150 degree arc, image review, and image match to respiratory gated reference image. Short arc CBCT is an option for single breath hold CBCT data acquisition.</li> <li>Prerequisites: <ul> <li>One of the following: .</li> <li>Advanced Respiratory Motion Management System</li> <li>Basic: Respiratory Motion Management System</li> <li>Optical Imager</li> <li>kV Imaging System</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                            |     |
| 1.20 | 4D CBCT Imaging Package                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1   |
|      | <ul> <li>Provides the ability to acquire 4D CBCT images for patient positioning at the time of treatment delivery or for 4D target motion analysis post treatment delivery.</li> <li>Features: <ul> <li>4D kV CBCT Image Match Review License: 4D CBCT image acquisition, image review, and image match to structure or Maximum Intensity Projection (MIP) at the time of treatment delivery.</li> <li>4D CBCT Image Acquisition License: 4D kV CBCT image acquisition in Advanced Reconstructor Mode for post-treatment image reconstruction, viewing, and offline analysis</li> </ul> </li> <li>Prerequisites: <ul> <li>One of the following:,</li> <li>Advanced Respiratory Motion Management System</li> <li>Basic Respiratory Motion Management System</li> <li>Optical Imager</li> <li>kV Imaging System</li> </ul> </li> <li>Customer must verify compatibility with 3rd party systems &amp; devices:</li> </ul> |     |
|      | Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |

TrueBeam v2.7 or higher is required to utilize 4D CBCT Match Review license ٠

### Varian

-----

| ltem | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Qty          |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1.21 | Iterative CBCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1            |
|      | Iterative CBCT provides improved detectability of stationary or gating-immobilized soft tissue anatomy.<br>Features:<br>• Iterative CBCT license<br>• Reconstruction computer with GPU hardware.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
| 1.22 | LAP Apolio Green Room Laser Kit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.           |
|      | <ul> <li>Features;</li> <li>One Apollo Green Remote Controlled Ceiling Crosshair Laser</li> <li>Two Apollo Green Remote controlled Lateral Crosshair Lasers.</li> <li>One Apollo Green Remote Vertical or Horizontal Controlled Sagittal Line Laser (selected prior to system production)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |
| 1.23 | Filtrine Water Chiller for 2 Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1            |
|      | A closed loop water cooling system, providing clean water at a constant flow, pressure, and temperature for cooling two high energy medical linear accelerators. Ideal for sites where a dependable source of clean water for cooling is not available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |
| 1.24 | Additional MotionView CCTV Camera System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
| 1.25 | Additional set of two Motion View CCTV cameras and displays. Camera placement is at customer discretion. Features: Two pan, tilt, zoom CCTV cameras Adjustable viewing angle for patient privacy Adjustable viewing angle for patient privacy Push button pan, tilt, zoom, and home position control Prerequisites: Motion View camera system, provided with lines system. Main Circuit Breaker Panel Main circuit breaker panel, interfacing to a single power input feed from the facility Mains. Circuit breakers provide independent over-current protection for equipment at the console and in the treatment room. UL and IEC/CE certified.                                                                                                                                                                                                                              | 1            |
| 1.26 | Power Cond., 3phase 50KVA<br>Transtector 50KVA, 3-phase power conditioning unit, providing transient protection, line power regulation, and Input<br>and Output circuit breakers for over-current protection, UL and IEC/CE certified.<br>Notes:<br>Supports voltage configurations from 208 to 600 VAC and in 50 or 60 Hz for US and ROW applications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.           |
| 1.27 | RPC Long Phantom Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · <b>1</b> · |
|      | <ul> <li>A service provided through the MD Anderson Dosimetry Lab (MDADL) to supply a Radiological Physics Center (RPC) lung phantom for QA and commissioning of advanced technologies.</li> <li>Features:</li> <li>Roundtrip shipment of anthropomorphic lung phantom with imageable targets, avoidance structures, and heterogeneities that contain thermoluminescent dosimeter (TLD) and radiochromic film dosimeters</li> <li>Remote analysis by MDADL of the planning and dose delivery of the treatment on the phantom Report of analysis from MDADL</li> <li>Prerequisites:</li> <li>Acceptance of TrueBeam® or Edge™ system with which the lung phantom will be used Customer Responsibilities:</li> <li>Login to www.myvarian.com to access the Customer Technical Bulletin CTB-GE-930 for instructions on redeeming the lung phantom service Non-printing</li> </ul> |              |
| 1.28 | SRS Encompas IMB Qfix Couchtop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1            |

#### Item Description

Qty

1

The SRS Encompass™ Immobilization package from Qfix™ is a dedicated SRS immobilization package specifically tailored for use with the Qfix kVue™ and Calypso® kVue couch tops. Features:

- kVue Encompass Intracranial Insert (quantity: 1)
- Encompass Intracranial Standalone Device for CT (quantity: 1)
- Encompass mask system (quantity: 10)
- Locating bar (quantity: 1)

#### Prerequisites:

- Qfix kVue or Calypso kVue couch top
- TrueBeam® v2.0 and higher
- VitalBeam® v2.5 (China only) and higher

Notes:

Training will be provided by Qfix

#### 1.29 Motion Management Interface

Motion management interface is an integrated interface for validated external devices that provide patient positioning, patient and target motion monitoring, and/or respiratory gating. The Motion management interface supports connection of up to four external devices, two of which may be used for respiratory motion management or high speed beam hold. Features:

- 4-DoF or 6-DoF patient positioning capability for compatible validated devices and couch configuration
- Integrated external device beam hold and image-based patient repositioning workflow
- Patient-specific external device activation and patient plan verification

#### 1.30 STD TRNG: TB Platform On-Site

The on-site review of the TrueBeam/Edge/VitalBeam components includes imaging and use cases for support of patient treatment for therapists. This support is to ensure that personnel who attended the classroom training are able to operate the TrueBeam Platform machine in a safe and effective mariner in the clinical environment.

#### Features:

- Includes support for TrueBeam/Edge/VitalBeam
- Offer is valid for 18 months after installation of product
- Prerequisites:
- TrueBeam Platform classroom trainings

Notes:

1.31

Training is non-refundable and non-transferable

### INCL ED: TB201 TB Platform Physicists

TrueBeam Physics and Administration. TrueBeam Physics and Administration course is designed for personnel (primarily Medical Physicists) responsible for the acceptance, commissioning, and QA program development of the TrueBeam in the clinical environment. It is recommended that the student attend the TrueBeam Physics and Administration course shortly before the installation of the TrueBeam. The course provides instruction of the basic delivery components, basic imaging components, and a general overview of the motion management system components. Machine commissioning, calibration, and QA of the machine are included. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall commissioning, calibration, and QA of the TrueBeam and its components. Extensive hands-on faboratory exercises are included.

Features:

- Includes support for TrueBeam/Edge/VitalBeam
- Includes Tuition and Materials for ONE person
- Length: 4.5 days
- Offer is valid for 18 months after installation of product
- Customer Responsibilities:
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals)
  Notes:
- Training is non-refundable and non-transferable

#### 1.32 INCL ED: TB101 TB Platform Operations

2

1

TrueBeam Operations is a course designed for personnel (primarily Radiation Therapists) responsible for the routine operation and clinical use of the TrueBeam. It is recommended that students attend the TrueBeam Operations course shortly before clinical use and the commencement of patient treatments. The course provides instruction of the basic

#### Item Description

Qty

1

1

-1

delivery components, basic imaging components, and a general overview of the motion management system components. The course subject matter is presented from a clinical use perspective. Primary emphasis is on the overall understanding of the TrueBeam function and operation to include imaging and respiratory gating. Extensive hands-on laboratory exercises are included. The attendees of this class will be provided tools to allow them to instruct other clinical staff upon their return.

#### Features:

- Includes support for TrueBeam/Edge/VitalBeam
- Includes Tuition and Materials for ONE person
- Length: 4 days
- Offer is valid for 18 months after installation of product
- Customer Responsibilities:

Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals)
Notes;

Training is non-refundable and non-transferable

#### 1.33 INCL ED: CL222 Respiratory Gating

The Respiratory Galing course provides training for physicists and therapists, to obtain knowledge of principles and practices of respiratory galing in radiation oncology for clinical implementation.

Features;

- Includes support for TrueBeam Platform
- Includes Tuition and Materials for ONE person
- Length: 2 days
- Offer is valid for 18 months after installation of product Customer Responsibilities:
- Customer is responsible for all travel expenses (airfare, hote), rental car, meals and travel incidentals Notes:
  - Training is non-refundable and non-transferable

#### 1.34

1.35

NLS: English

INCL ED: UAB TrueBeam SRS/SBRT Clin Sen

The SRS &SBRT Delivery with Eclipse and Truebeam® clinical school is taught by a multi-disciplinary team from the University of Alabama at Birmingham, including subspeciality surgeons, radiation oncologists and medical physicists. This team installed the first clinical TrueBeam STx in the world and has extensive experience with RapidArc® and High Intensity Mode beams. The course content can be individually focused on specific sites (e.g. neuro or thoracic) depending upon the interests of those enrolled. This course is designed for radiation physicists, radiation oncologists, surgeons, and dosimetrists.

#### Features:

Topics covered include:

Commissioning and QA4D simulationRespiratory motion managementTriggered imagingRapidArc RadiosurgeryHigh Intensity Mode (Heftening filter free @2400 MU/min)Clinical implementation of advanced procedures in CNS, H/N, lung, lives, spine, and prostateNavigation bronchoscopy for fiducial placement

- Hands on laboratory experiences that mimic the clinical process including mock tumor board, contouring, and treatment planning
- Duration and Location: 3 day course at the Hazelrig-Salter Radiation Oncology Center, The University of Atabama at Birmingham, Birmingham, AL.

Customer Responsibilities:

Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals)
Notes:

- Offer is valid for up to 18 months after installation of product
- Includes tuition and materials for 3 people
- Non-transferable to other products and services and non-refundable.
- While this course is for 1 tuition, it is recommended that the customer purchase additional tuitions for the entire
  multi-disciplinary team of 3-4 individuals from the same site to attend the class together.
- . If the clinical school is not available, Varian will make all reasonable efforts to find a suitable replacement
- Eclipse is utilized extensively during the lab portion of the course so this clinical school is not ideal for institutions not planning to utilize Eclipse for treatment planning
- This course is offered and exclusively controlled by University of Alabama Birmingham; Varian is not responsible for and has not reviewed the course topic, content or materials. The student will be required to sign an agreement that disclaims all liability for Varian with respect to the content and training
- AMA, CAMPEP and MDCB Accreditation

.....

| ltem | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                | Qty |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1.36 | 6X High Intensity Mode                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1   |
|      | 40 cm x 40 cm maximum field size, dose rate range 400-1400 MU/Min in 200 MU/min steps,                                                                                                                                                                                                                                                                                                                                                                     |     |
| 1.37 | 6 MeV HDTSE, 0-2500 MU/min                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1   |
|      | <ul> <li>6 MeV High Dose Total Skin Electron energy configuration. Dose rate 2500 MU/Min.</li> <li>Prerequisites:</li> <li>High Dose Total Skin Electron Treatment Delivery license</li> </ul>                                                                                                                                                                                                                                                             |     |
| 1,38 | Enhanced Beam Conformance Specification                                                                                                                                                                                                                                                                                                                                                                                                                    | 1   |
|      | The Enhanced Beam Conformance Specifications provide tight tolerances for key X-ray and electron beam energy performance specifications.                                                                                                                                                                                                                                                                                                                   |     |
| 1,39 | Additional In-Room Monitor System                                                                                                                                                                                                                                                                                                                                                                                                                          | 1   |
|      | Additional in-room monitors that can be placed at customer discretion.                                                                                                                                                                                                                                                                                                                                                                                     |     |
|      | Customer Responsibilities:<br>%%                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| 1.40 | RapIdArc Treatment Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|      | RapidArc® Treatment Delivery is a volumetric modulated arc treatment delivery technique                                                                                                                                                                                                                                                                                                                                                                    | - P |
|      | <ul> <li>Simultaneous modulation of MLC aperture shape, beam dose rate, and gantry angle and rotation speed during<br/>beam delivery</li> </ul>                                                                                                                                                                                                                                                                                                            |     |
|      | <ul> <li>Supports dynamic jaw tracking and collimator rotation with supporting treatment platning system</li> <li>Prerequisites:</li> </ul>                                                                                                                                                                                                                                                                                                                |     |
|      | <ul> <li>120 Multi Leaf Collimator or HD120<sup>™</sup> Multi Leaf Collimator</li> <li>Eclipse™ treatment planning system v110 or higher</li> <li>RapidArc treatment planning license</li> </ul>                                                                                                                                                                                                                                                           |     |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| 1.41 | TrueBeam with 120 Multileaf Collimator                                                                                                                                                                                                                                                                                                                                                                                                                     | 1   |
|      | Treatment delivery system supporting X-Ray treatment delivery. Includes 120 leaf MLC with dual independent jaws,<br>enhanced dynamic wedge, 6 MV/X-ray treatment energy, 43 cm x 43 cm MV imager for radiographic, cine, and<br>integrated imaging, Motion ViewICCTV camera system, treatment console with integrated audio and video systems,<br>back pointer lasers, front pointer set and upper port film graticule to support basic quality assurance. |     |
|      | Features:<br>Basic X-Ray treatment delivery technique package, including Static Photon, Photon Arc, and Dynamic                                                                                                                                                                                                                                                                                                                                            |     |
|      | Conformal Arc treatment delivery techniques<br>Intensity Modulated RadioTherapy (IMRT) treatment technique, including large field IMRT                                                                                                                                                                                                                                                                                                                     |     |
|      | <ul> <li>Total Body Treatment technique package</li> <li>20 MV Radiographic and Cine Image Acquisition, 2D/2D Radiographic Image Review and match, Cine Image Acquisition, 2D/2D Radiographic Image Review and match, Cine Image</li> </ul>                                                                                                                                                                                                                |     |
|      | Relative Portal Dosimetry image and Integrated Image Acquisition     Matching of 2D radiographs to 3D reference images                                                                                                                                                                                                                                                                                                                                     |     |
|      | <ul> <li>Online addition of kV and MV imaging protocols to treatment fields, with automated generation of reference<br/>images</li> </ul>                                                                                                                                                                                                                                                                                                                  |     |
|      | <ul> <li>Online Physician Approval of Images at Treatment Console (compatible with ARIA® only)</li> <li>Automated Machine Performance Check Testing, Online Machine Performance Check Review</li> </ul>                                                                                                                                                                                                                                                    |     |
|      | Offline Machine Performance Check Review Prerequisites:                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|      | <ul> <li>ARIA® encology information system for radiation encology v11.0 MR4.1 or higher, or compatible third-party encology information system</li> </ul>                                                                                                                                                                                                                                                                                                  |     |
|      | <ul> <li>Eclipse<sup>m</sup> treatment planning system v11.0 MR3 or higher, or compatible third-party treatment planning system<br/>Customer Responsibilities:</li> </ul>                                                                                                                                                                                                                                                                                  |     |
|      | <ul> <li>Verify compatibility with third-party encology information systems if applicable</li> <li>Verify compatibility with third-party treatment planning systems if applicable</li> <li>If using a scale other than IEC 60801 or IEC 61217 in the rest of the denatment, it may be necessary to change</li> </ul>                                                                                                                                       |     |

If using a scale other than IEC 60601 or IEC 61217 in the rest of the department, it may be necessary to cha scales on all other machines. This may require additional purchases.

| Item                     | Description                                                                                                                                                                                                                                                            | Qty                                    |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1.42                     | 10X High Intensity Mode                                                                                                                                                                                                                                                | 1                                      |
|                          | 40 cm x 40 cm maximum field size, dose rate range 400-2400 MU/min in 400 MU/min steps.                                                                                                                                                                                 |                                        |
| 1.43                     | Qfix™ kVue™ couch top                                                                                                                                                                                                                                                  | 1                                      |
|                          | Indexed Immobilization treatment table kVue™ couch top, by Qfix™ , treatment table with carbon fiber couch top, two locating bars, two removable accessory rails, patient straps.                                                                                      |                                        |
|                          | Includes the following inserts:                                                                                                                                                                                                                                        |                                        |
|                          | Standard indexing insert panel                                                                                                                                                                                                                                         |                                        |
|                          | Dose-max insert panel                                                                                                                                                                                                                                                  |                                        |
|                          | <ul> <li>Universal tip insert</li> <li>service panel. Note: Compatibility of specific 3rd party accessories, which are intended for use with kVue couch top, should be confirmed by the user directly with the 3rd party supplier before ordering this top.</li> </ul> |                                        |
| .44                      | Integrated Collimator Verification & Interlock System (ICVI) for TrueBeam® platform                                                                                                                                                                                    | 1                                      |
|                          | The Integrated Collimator Verification & Interlock (ICVI) system provides electronically-verified conical collimators for use in radiosurgical treatment delivery.                                                                                                     |                                        |
|                          | Features:     Conical collimator mounting system with integrated mount verification                                                                                                                                                                                    |                                        |
|                          | Set of 7 conical collimators with integrated verification:                                                                                                                                                                                                             |                                        |
|                          | <ul> <li>Conical collimator set (in mm diameter): 4, 5, 7.5, 10, 12.5, 15, and 17,5</li> </ul>                                                                                                                                                                         |                                        |
|                          | ICVI QA Toolkit                                                                                                                                                                                                                                                        |                                        |
|                          | Prerequisites:                                                                                                                                                                                                                                                         | -9                                     |
|                          | ARIA® oncology information systems for radiation oncology v#10 or higher or compatible third-party encology                                                                                                                                                            | <b>.</b>                               |
|                          | information system                                                                                                                                                                                                                                                     |                                        |
|                          | <ul> <li>Eclipse<sup>TM</sup> Cone Planning v11.0 or higher or compatible third-party treatment planning system</li> <li>Customer Responsibilities:</li> </ul>                                                                                                         |                                        |
|                          | Verify compatibility with third-party treatment planging systems it applicable                                                                                                                                                                                         |                                        |
|                          | <ul> <li>Verify compatibility with third-party oncology internation systems if applicable</li> </ul>                                                                                                                                                                   |                                        |
|                          | Notes:  Includes MPC ICVI isocenter license and MPC ICVI conical collimator alignment license,                                                                                                                                                                         |                                        |
| Section 2                | 2 Machine Removal and Trade-In                                                                                                                                                                                                                                         |                                        |
| deservedenter<br>11      | Remove/Dispose Existing Equipment                                                                                                                                                                                                                                      | ************************************** |
| . 1                      | Keniove/Dispose Existing Equipment                                                                                                                                                                                                                                     | •                                      |
|                          |                                                                                                                                                                                                                                                                        |                                        |
|                          | Remove and dispose existing Lines                                                                                                                                                                                                                                      |                                        |
| ,                        |                                                                                                                                                                                                                                                                        |                                        |
|                          |                                                                                                                                                                                                                                                                        |                                        |
|                          |                                                                                                                                                                                                                                                                        |                                        |
|                          |                                                                                                                                                                                                                                                                        |                                        |
|                          |                                                                                                                                                                                                                                                                        |                                        |
| .2                       | Trade-In Discount for 2 Linacs                                                                                                                                                                                                                                         | "1                                     |
|                          | Trade-In Discount for Linac                                                                                                                                                                                                                                            |                                        |
|                          |                                                                                                                                                                                                                                                                        |                                        |
| ection :                 | 3 Reserve and Travel and Lodging                                                                                                                                                                                                                                       |                                        |
| of enserties where we do |                                                                                                                                                                                                                                                                        | sersen sentist                         |
| 6.1                      | Obsolescence Reserve                                                                                                                                                                                                                                                   | 1                                      |

Obsolescence Reserve

.....

| ltem    | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Qty   |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 3,2     | Travel and Lodging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1     |
|         | Travel and Lodging for training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |
| Section | 4 Advantage Credits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| 4.1     | Travel and Lodging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |
|         | Travel and Lodging that is purchased through Varian can only be used for attendance of education courses at a Varian<br>Education Center and Varian clinical schools. Travel and Lodging cannot be used to attend tradeshows or any event<br>not related to Varian education and training courses.<br>Allowance is applied only to the travel and lodging expenses, including airfaire, hotel accommodations at a Varian<br>preferred hotel, and a rental car. The customer is responsible for any expenses outside of the allowance.                                                                                              |       |
|         | Travel and lodging charges will be direct billed and are not reimbursable if travel is booked outside of Balboa Travel or<br>the travel agents used by Varian Medical Systems only. The customer should contact Balboa Travel Agency at<br>877-593-7220 to make the necessary travel arrangements once the customer has confirmed their course registration.<br>The customer must provide Balboa their Varian sales order number.<br>The Travel and Lodging allowance expires 24 months from the acceptance date of the equipment. Any remaining<br>balance is non-refundable and cannot be traded for other products or services. |       |
| 4.2     | Advantage Contract Credits<br>Advantage Credits can be utilized for Varian's Professional Services, such as consulting, on-site applications training,<br>education, and third-party services including physics services and clinical schools that are purchased through Varian.<br>For further details, please reference the attached Terms and Conditions.                                                                                                                                                                                                                                                                       |       |
| 4.3     | Additional Advantage credits<br>(Qty: 20, Credit per City: 1.0.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20.0  |
|         | Undefined Advantage credits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |
| 4.4     | Product Applications MMI (per hour)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.0   |
|         | (City: 8, Credit per City: 1.0)<br>Additional Motion Management onsite training is available for previously trained Varian products. Sold and delivered by<br>hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |
| 4.5     | LMP4a Comm custom 5X+SRS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 208.0 |
|         | (Qty: 1, Credit per Qty: 208.0)<br>Advantage Commissioning of TrueBeam with custom Models and SRS and Eclipse Treatment Planning System<br>Landauer Medical Physics will commission TrueBeam accelerator for up to 3 flattened and 2 unflattened X-ray and up<br>to 6 electrons energies. This group will also commission SRS for MLC and cones for one photon energy. The service<br>will be performed by 2 physicists and is estimated to be 9 calendar days.                                                                                                                                                                    |       |
|         | Scope of Work:         SRS Cone configuration for one energy ,         Deliverables:         Commissioning Review with Customer physicist         Sample of various plans for end to end testing with Portal Dosimetry         Review of TPS configuration and settings         Data book         Commissioning report                                                                                                                                                                                                                                                                                                             |       |

-----

-----

| ltem      | Description                                                                                                                                                                                                | Qty  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
|           | Prereq:     Customer site physicist must be present for deliverables and approvals                                                                                                                         |      |
|           | <ul> <li>Must have acceptance of accelerator and Eclipse before Advantage Commissioning can start</li> </ul>                                                                                               |      |
|           | <ul> <li>Full access to the accelerator, accessories and the control room</li> </ul>                                                                                                                       |      |
|           | <ul> <li>Secured Internet accessNot included: This service does not include any commissioning for Hard Wedge.</li> </ul>                                                                                   |      |
|           | Customer must purchase Hard Wedge commissioning separately                                                                                                                                                 |      |
| 4.6       | ED: TB201 TrueBeam Platform Physicists                                                                                                                                                                     | 16.0 |
|           | (Qty: 1, Credit per Qty: 16.0)                                                                                                                                                                             |      |
|           | Includes Tuition and Materials for ONE Person                                                                                                                                                              |      |
|           | This course provides training for Medical Physicists responsible for commissioning and administration of the TrueBeam                                                                                      |      |
|           | machine. The course consists of combination of lectures, demonstrations, and hands-on exercises carried out in a lab                                                                                       |      |
|           | equipped with fully functioning TrueBeam system. The course provides an overview of TrueBeam hardware, software                                                                                            |      |
|           | and control system, to a depth sufficient for the user to prepare the system for clinical use. The course also includes                                                                                    |      |
|           | demonstration of common IGRT, Motion Management and treatment plan delivery techniques. PLEASE NOTE: For<br>more in-depth calibration and maintenance training, see TrueBeam Technical Maintenance I & II. |      |
|           | Designed for Medical Physicists                                                                                                                                                                            | 4    |
|           | Pre-Requisites: Masters degree in Medical Physics, or equivalent                                                                                                                                           |      |
|           | Duration and Location:                                                                                                                                                                                     |      |
|           | 4.0 days                                                                                                                                                                                                   |      |
|           | Varian Education Center                                                                                                                                                                                    |      |
|           | Las Vegas, Nevada, USA                                                                                                                                                                                     |      |
|           | Application has been made to CAMPER at date                                                                                                                                                                |      |
|           | Application has been made to CAMPEP credits                                                                                                                                                                | - CH |
|           |                                                                                                                                                                                                            |      |
|           | Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentars), unless otherwise                                                                               |      |
|           | stated.                                                                                                                                                                                                    |      |
| Section 5 |                                                                                                                                                                                                            |      |
| Seguon S  | Extended Warranty for Scalable TrueBeam                                                                                                                                                                    |      |
|           | (1 Year)                                                                                                                                                                                                   |      |
| 1)<br>1   | TrueBeam                                                                                                                                                                                                   | ·1   |
|           | Rapid Arc/VVMAT                                                                                                                                                                                            |      |
|           | iCBCT                                                                                                                                                                                                      |      |
|           | 4D CBCT                                                                                                                                                                                                    |      |
|           | G/SA.CBCT                                                                                                                                                                                                  |      |
|           |                                                                                                                                                                                                            |      |
|           | Triggered Imaging                                                                                                                                                                                          |      |
|           | KV Imager                                                                                                                                                                                                  |      |
|           | Pivotal Prone Breast                                                                                                                                                                                       |      |
|           |                                                                                                                                                                                                            |      |
|           | PerfectPitch Couch                                                                                                                                                                                         |      |
|           |                                                                                                                                                                                                            |      |
|           |                                                                                                                                                                                                            |      |
|           | ş                                                                                                                                                                                                          |      |
|           |                                                                                                                                                                                                            |      |
|           |                                                                                                                                                                                                            |      |
|           |                                                                                                                                                                                                            |      |
|           |                                                                                                                                                                                                            |      |
|           |                                                                                                                                                                                                            |      |

### Summary of Advantage Contract Credits Quoted Above

Quotation Total

**Quotation Total** 

US \$3,711,472.00



## **ATTACHMENT E**

**Building Purchase Price** Purchase Price of Land **Closing Costs** Site Preparation Construction/Renovation Contract(s) 1,500,000 \$ Landscaping Architect / Engineering Fees \$74,000 3,711,472 Medical Equipment \$ Non-Medical Equipment \$ Furniture Consultant Fees (Engineering Fees) \$ **Financing Costs** Interest during Construction Other (contingency) \$ 45,000 \$ 5,330,472 **Total Capital Cost** E. MAY **CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER** I certify that, to the best of my knowledge, the projected construction cost for the plopd complete and correct. Date Signed: an Signature of licensed Architect or Engineer

**HVI-CI Linac 1** 

### CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT

**Projected Capital Cost Form** 

**Project** Name

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

| Matthew Stiene<br>9BCFAC883516459                                                               | Date Signed: | 08/28/2020   2:57:16 EDT |
|-------------------------------------------------------------------------------------------------|--------------|--------------------------|
| Signature of Officer/Agent<br>Vice President, Construction & Engineering<br>Novant Health, Inc. |              |                          |
| Title of Officer/Agent                                                                          |              |                          |
|                                                                                                 |              |                          |
|                                                                                                 |              |                          |

## **ATTACHMENT F**

....

### EQUIPMENT COMPARISON

| PMC Linear Accelerator #1 Relocation & Replacement                                                                                                                                    | EXISTING<br>EQUIPMENT         | REPLACEMENT<br>EQUIPMENT      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| Type<br>(e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotriptor,<br>MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment) | Linear Accelerator            | Linear Accelerator            |
| Manufacturer                                                                                                                                                                          | Varian                        | Varian                        |
| Model Name or Number                                                                                                                                                                  | Triology                      | True Beam                     |
| Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)                                                                                                        | SN 1196                       | TBD                           |
| Is the equipment mobile or fixed?                                                                                                                                                     | Fixed                         | Fixed                         |
| Date of acquisition                                                                                                                                                                   | 2018                          | ~Oct 2020                     |
| Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?                                                                                     | Used*                         | New                           |
| Total projected capital cost of the project <attach a="" capital="" cost="" form="" projected="" signed=""></attach>                                                                  | \$913,538                     | \$5,330,472                   |
| Total cost of the equipment                                                                                                                                                           | \$368,500                     | \$3,711,472                   |
| Location of the equipment <attach a="" equipment="" for="" if="" mobile="" necessary="" separate="" sheet=""></attach>                                                                | PMC Rad-Onc<br>Dept.          | Presbyterian HVI-<br>CC Bldg  |
| Document that the existing equipment is currently in use                                                                                                                              | See 2020 LRA                  | 'n/a                          |
| Will the replacement equipment result in any increase in the average charge per procedure?                                                                                            | No.                           | No                            |
| If so, provide the increase as a percent of the current average charge per procedure                                                                                                  | n/a                           | n/a                           |
| Will the replacement equipment result in any increase in the average operating expense per procedure?                                                                                 | No                            | Nø                            |
| If so, provide the increase as a percent of the current average operating expense per procedure                                                                                       | n/a                           | n/a                           |
| Type of procedures performed on the existing equipment <attach a="" if="" necessary="" separate="" sheet=""></attach>                                                                 | Linac Radiation<br>Treatments |                               |
| Type of procedures the replacement equipment will perform <attach a="" if="" necessary="" separate="" sheet=""></attach>                                                              |                               | Linac Radiation<br>Treatments |

Note: \* See enclosed letter dated November 7, 2018 indicating that this refurbished unit may be replaced and the replacement does not violate the provisions of 10A NCAC 14C .0303(e)(2).

| From:        | Flores, Disraeliza                                                                   |
|--------------|--------------------------------------------------------------------------------------|
| To:          | Waller, Martha K                                                                     |
| Subject:     | Fw: [External] NH Presbyterian Med Ctr Linac Replacement Equipment Exemption Notices |
| Date:        | Friday, September 4, 2020 3:27:23 PM                                                 |
| Attachments: | PMC Linac1 REER to Agency 09.04.20.pdf                                               |
|              | PMC Linac2 REER to Agency 09.04.20.pdf                                               |

From: Griffin, Lisa L <llgriffin@novanthealth.org>
Sent: Friday, September 4, 2020 3:21 PM
To: Faenza, Julie M <Julie.Faenza@dhhs.nc.gov>
Cc: Flores, Disraeliza <Disraeliza.Flores@dhhs.nc.gov>
Subject: [External] NH Presbyterian Med Ctr Linac Replacement Equipment Exemption Notices

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to <u>report.spam@nc.gov</u>

Hi Julie,

Attached are 2 replacement equipment exemption notices for the 2 linacs located at NH Presbyterian Medical Center in Charlotte.

Please confirm receipt of both files and let me know if you have any questions upon review.

Have a nice long weekend!

### Lisa Griffin

Manager, Operational Planning Novant Health, Inc. (704) 351 - 1132

We are here to help you get the care you need. Visit <u>Novant Health</u> or <u>Novant Health UVA</u> for upto-date information.

Estamos aquí para ayudarle con el cuidado que usted necesita. Visite <u>Novant Health</u> o <u>Novant</u> <u>Health UVA</u> para información actualizada.

This message and any included attachments are from NOVANT HEALTH INC. and are intended only for the addressee(s). The information contained herein may include trade secrets or privileged or otherwise confidential information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please promptly delete this message and notify the sender by email. If you believe that any information contained in this message is disparaging or harassing or if

you find it objectionable please contact Novant Health, Inc. at 1-844-266-8268 or forward the email to <u>reports@novanthealth.org</u>.

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