## **Table 9Y: Fixed Cardiac Catheterization Equipment Need Determination – Draft 05/22/13**

(Proposed for Certificate of Need Review Commencing in 2014)

It is determined that the service areas listed in the table below need additional fixed cardiac catheterization equipment as specified.

Service Area Date** Date	Cardiac Catheterization Service Area	Fixed Cardiac Catheterization Equipment Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
New Hanover 1 To be determined To be determined	New Hanover	1	To be determined	To be determined

It is determined that there is no need for additional fixed cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled.

- \* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4)
- \*\* Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (see Chapter 3).