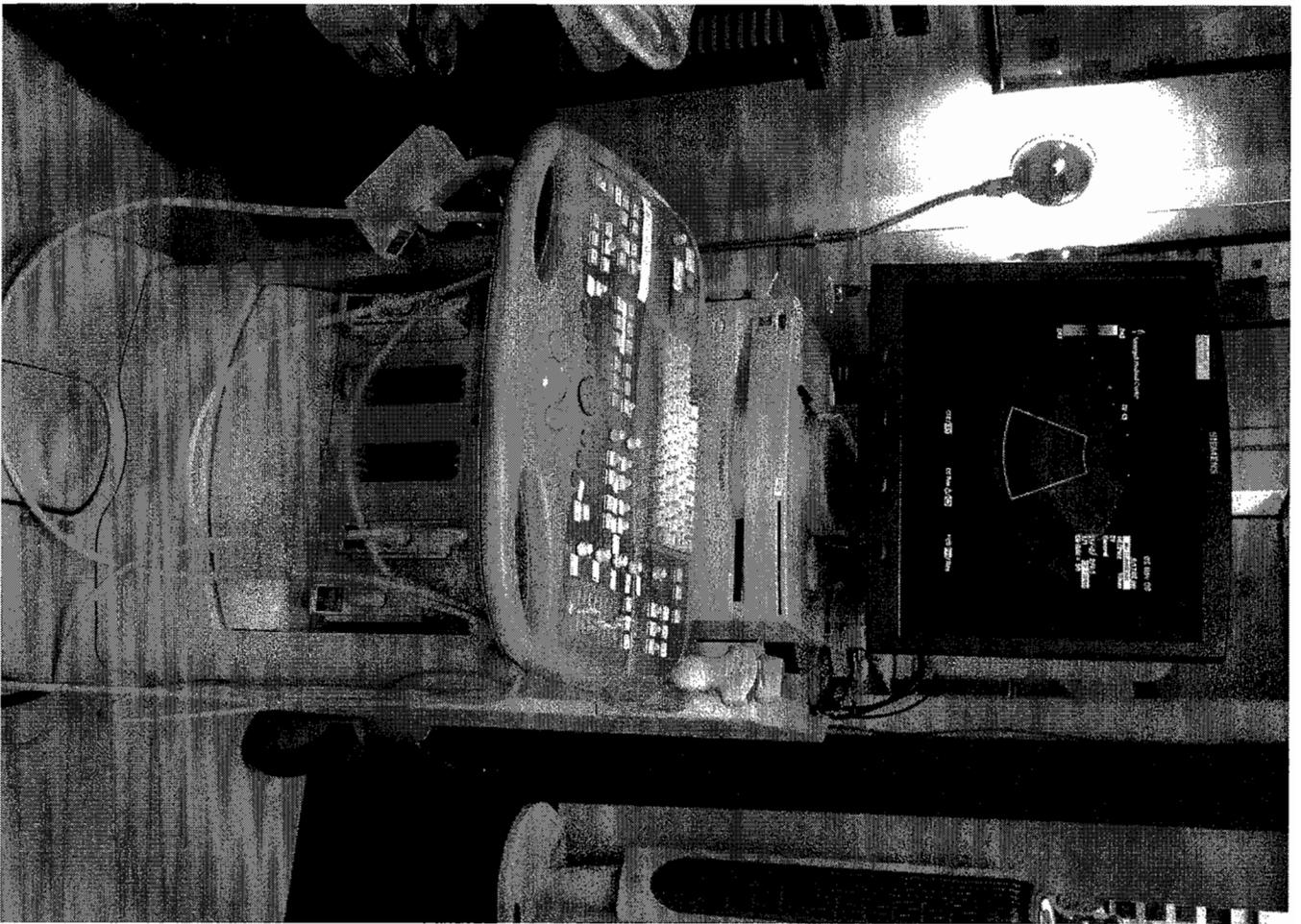
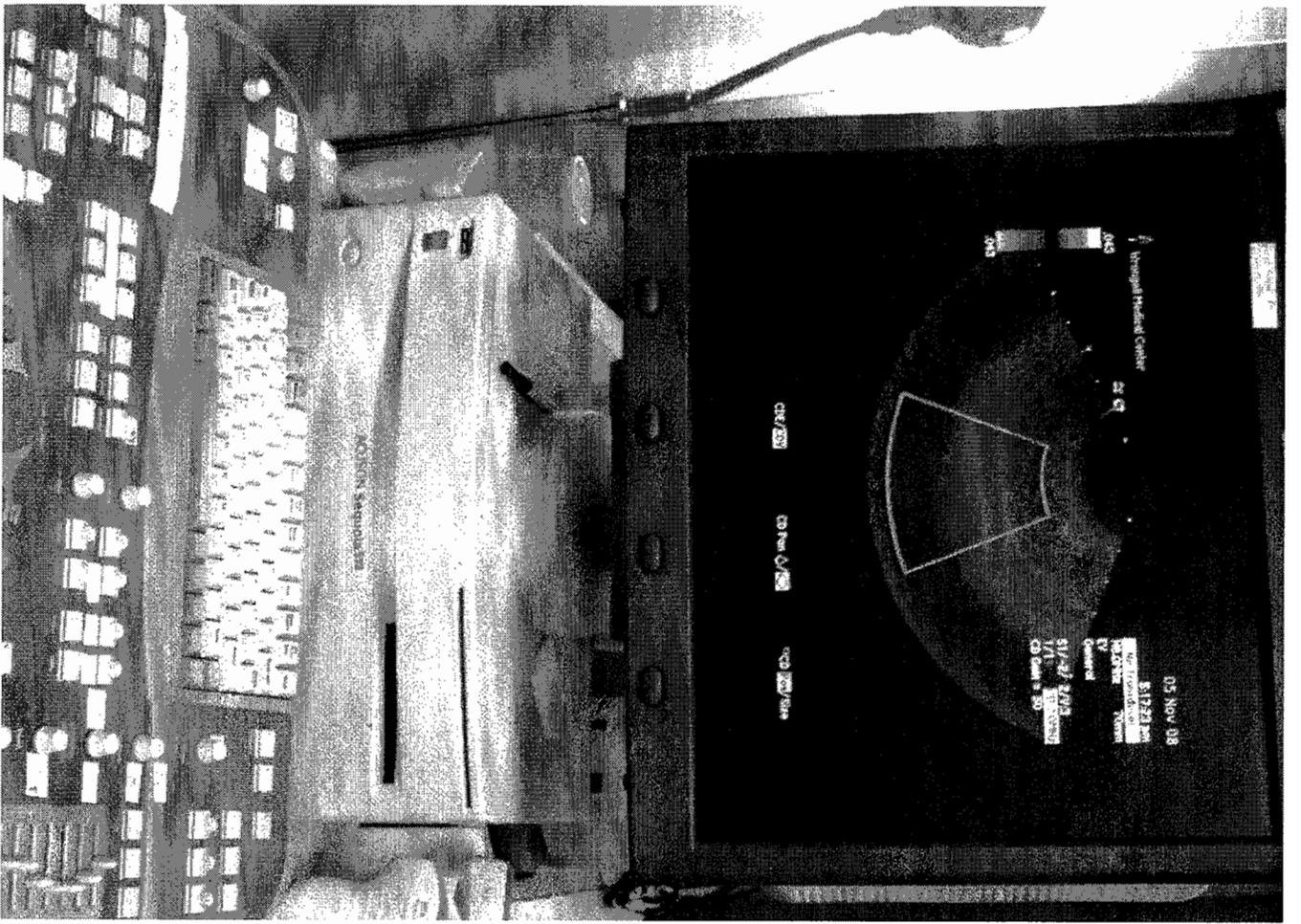


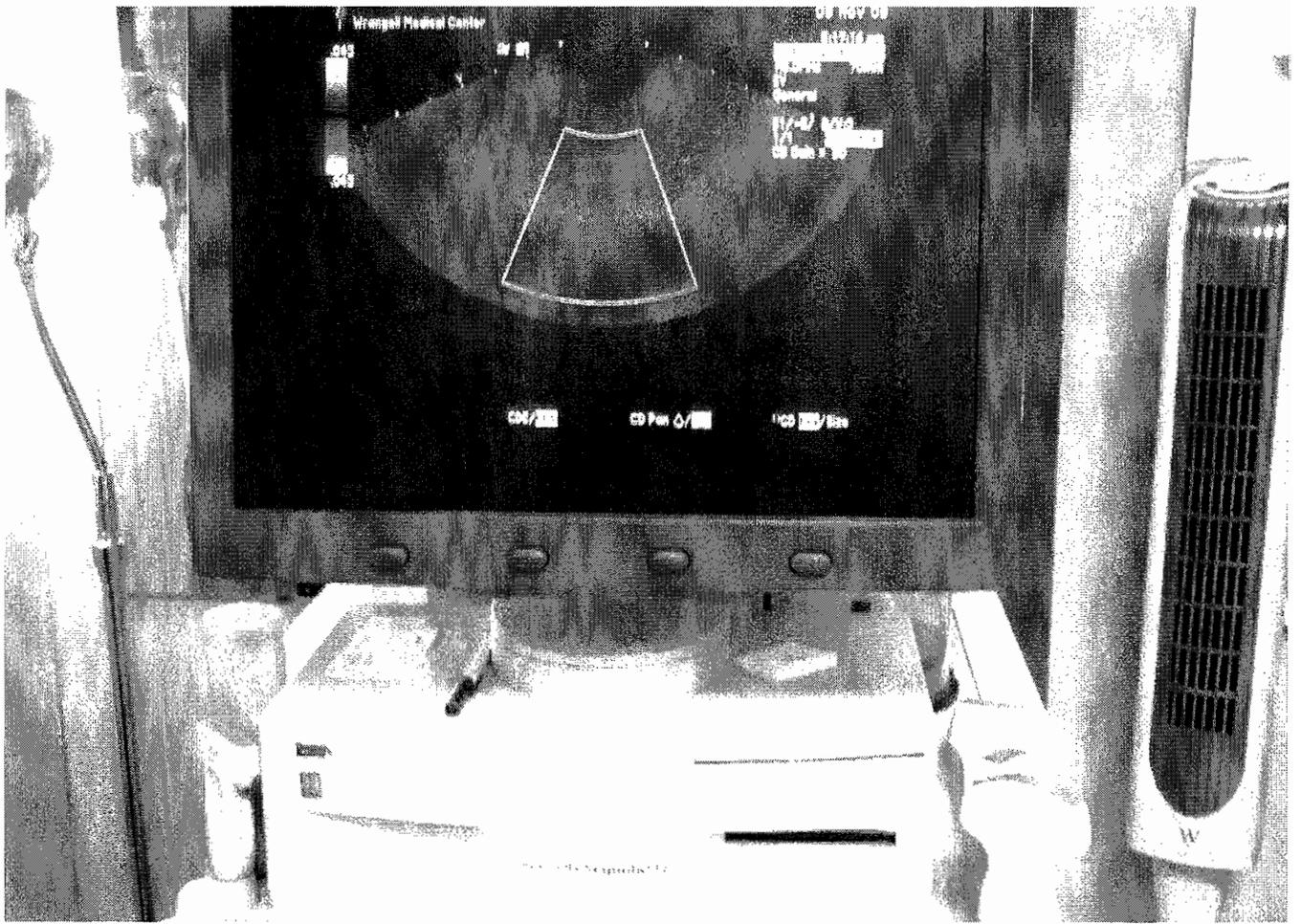
Wrangell

1004-AI



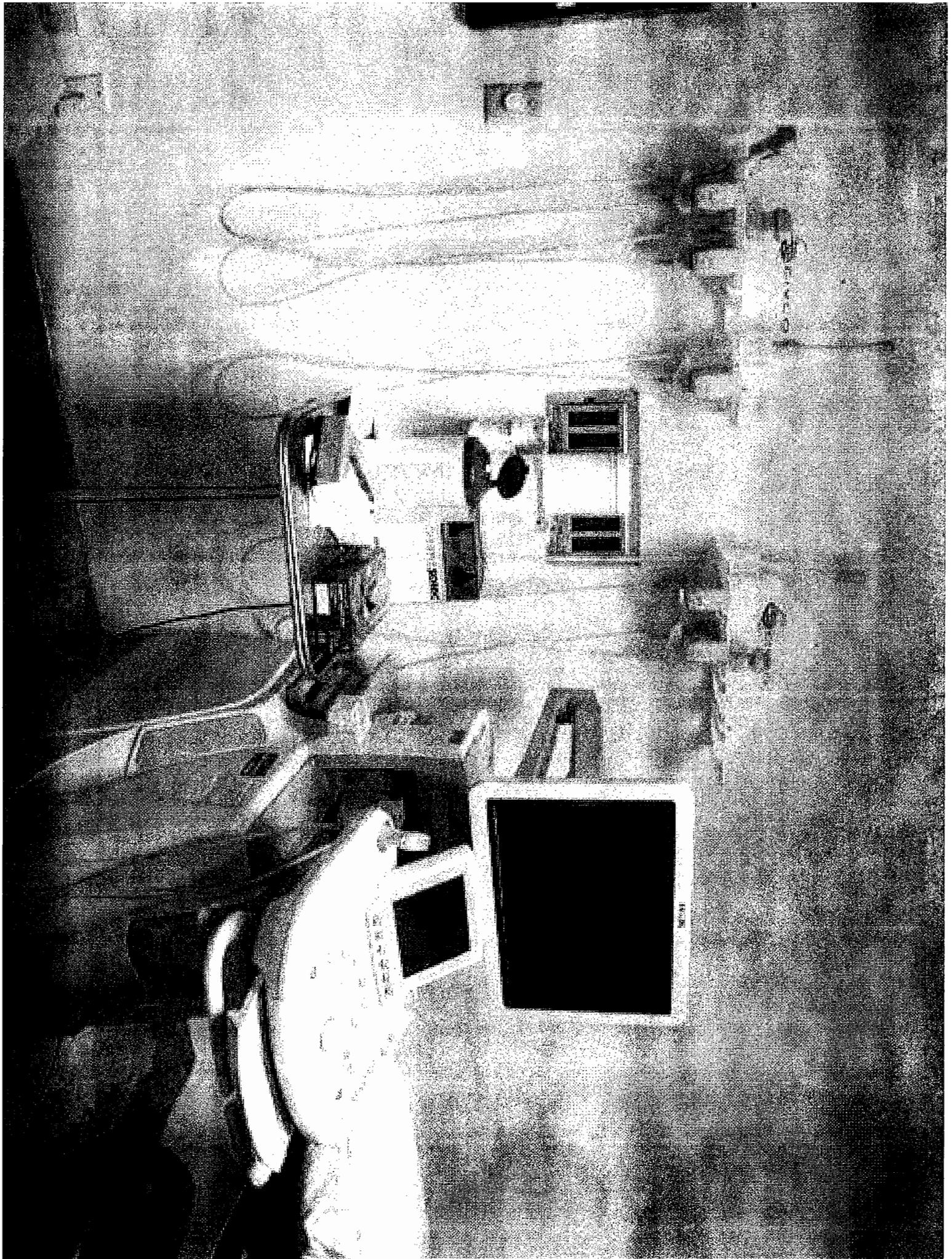


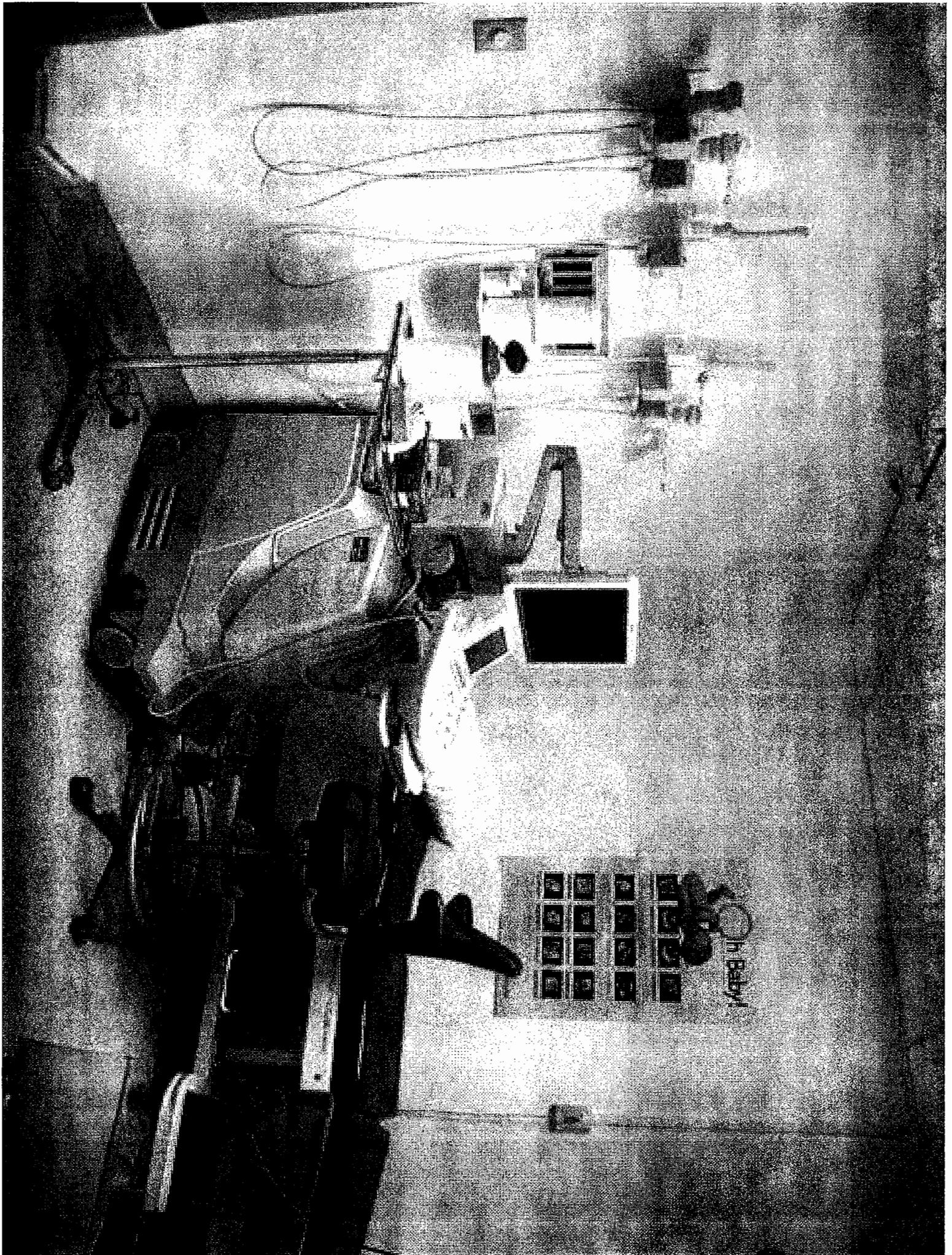


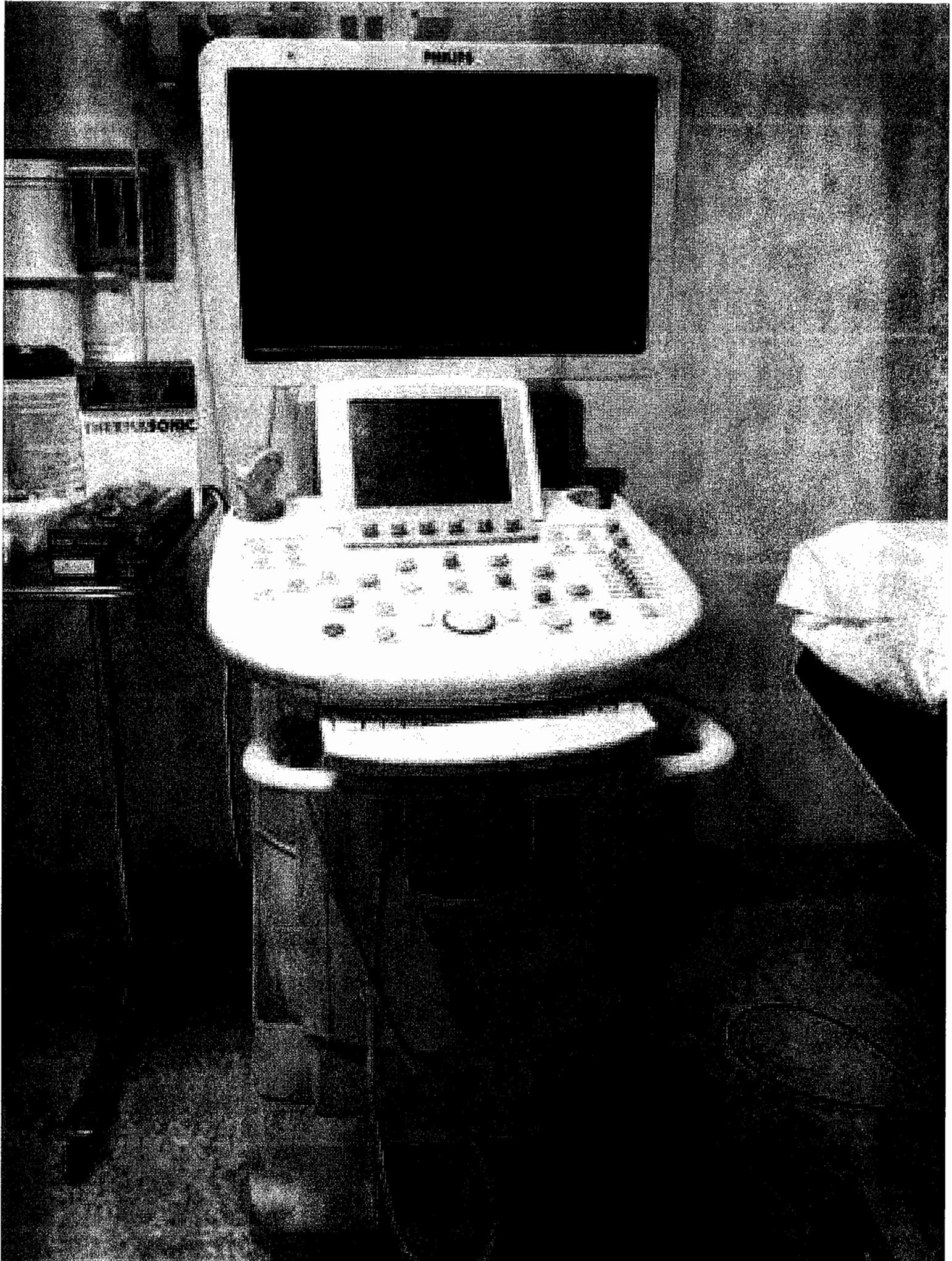


Petersburg

1004-A2









СНКА

1004-А3

Previous Ultrasound Machine

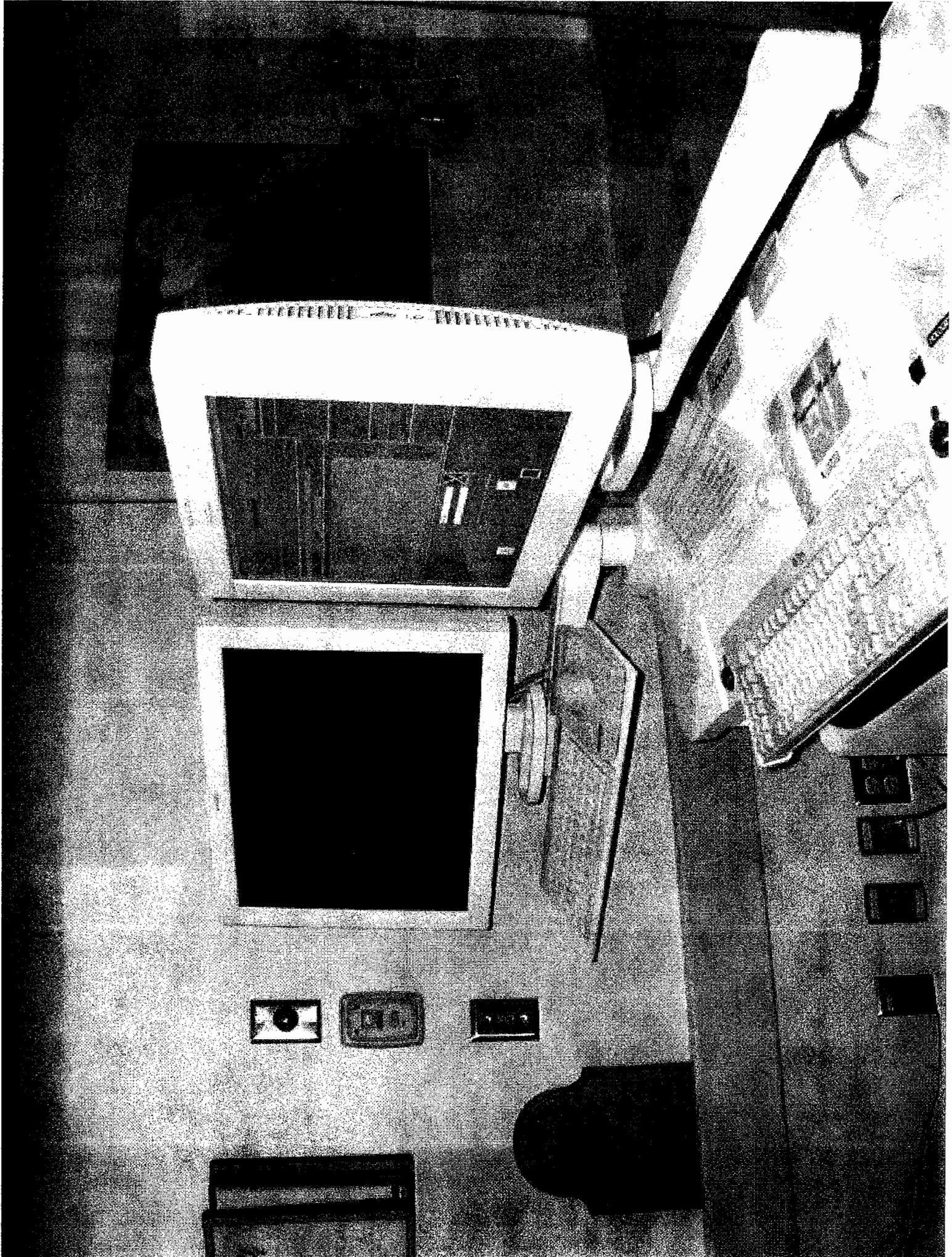


New Ultrasound Machine  
November, 2008



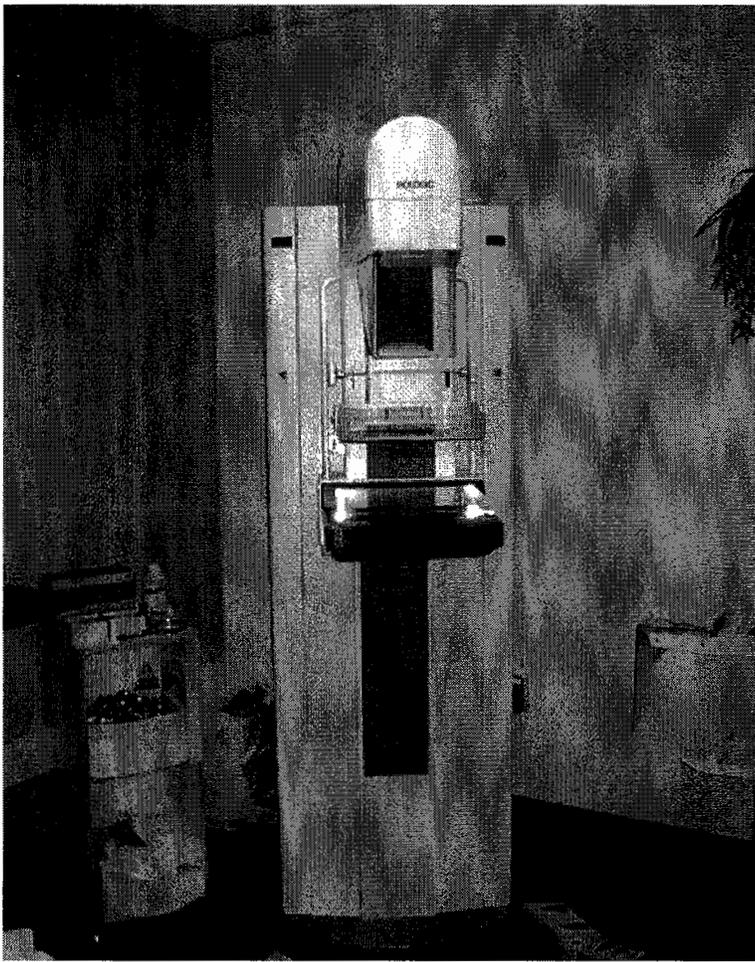
Central  
Peninsula

1024-A4













SOUTH  
PENINSULA

1004 -A5

**Denali Commission Quarterly  
Project Narrative &  
Funds Disbursement Request  
Form 642**

**Project Name:** DIGITAL MAMMOGRAPHY

**Agency:** SOUTH PENINSULA HOSPITAL

**Reporting Period:** Third Quarter (July - September) 2009

**Grant No.:** 01004-0A5

**A. Disbursement Request**

We are requesting ASHNHA to release \$ 211,000 in Denali Commission Grant Funds for our project at this time.

\$200,575.00

50% of total cost

**B. Project Narrative**

1. **What is the status of your 2008 HNHFIP project (include portions completed) as of 9/30/2009?** The digital mammography unit is installed and in operation. Photos and warranty information attached to this report.
2. **Is the project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?** The project was completed on schedule.
3. **Is the project on budget? Over or under budget? If over budget, how will this be dealt with?** The project is on budget.
4. **Other comments, problems and solutions:**

**Denali Commission  
Quarterly Project Financial Report  
Form 641(A)**

**Project Name:** DIGITAL MAMMOGRAPHY

Agency: SOUTH PENINSULA HOSPITAL

Reporting Period: **Third Quarter (July - September) 2009**

Grant No.: 01004-0A5

**Please include the following information:**

*(Use additional pages as necessary)*

Budget Information:

1. The total project budget—Denali Commission and other funds combined: \$422,000
2. The amount of Denali Commission funds awarded / committed to the project: \$211,000
3. The total project expenditures as of June 30, 2009: \$401,150
4. The amount of Denali Commission funds expended for the project as of the end September 30, 2009: \$211,000
5. The percentage of total expenditures to-date compared to the projected total project cost: 95%

6. Project Schedule:

Show the project schedule with milestone dates for major design and construction phases:  
Installation completed.

7. The Project Performance Analysis (PPA) [please use the Form 641(B) attached]

Form 641A

**Denali Commission  
Quarterly Project Financial Report  
Project Performance Analysis (PPA) Form 641(B)**

Project Name: **DIGITAL MAMMOGRAPHY**

Agency: SOUTH PENINSULA HOSPITAL

Reporting Period: **Third Quarter (July - September) 2009**

Grant No.: 01004-0A5

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Digital Mammography Unit	422,000	401,150	07/31/2009	Installation completed August 7, 2009
<b>Totals:</b>	422,000	401,150		

2 =  
\$200,575

Signature Lori Meyer Date 9/25/09

Lori Meyer, Controller  
Print Name and Title

Form 641B

211,000

422,000  
401,150  

---

\$20,850 under original estimate

Vendor #: H1670 Check #: 238836

H1670 HOLOGIC INC  
 24506 NETWORK PL, CHICAGO, IL 60673-1245  
 SOUTH PENINSULA HOSPITAL \* 4300 BARTLETT STREET \* HOMER, AK 99603.7005

			NET PAYABLE
5675115	07/15/09	227,100.00	227,100.00
PO# 00001000. 90068: P1000			
5676292	07/16/09	138,300.00	138,300.00
PO# 00001000. 90068: P1000			
CHECK NO. 238836			365,400.00
081309			365,400.00

Vendor #: H1670 Check #: 238836

# HOLOGIC™

35 Crosby Drive  
Bedford, MA 01730

H1670

**HOLOGIC, INC.**  
Tel: (781)999-7300  
Fax: (781)280-0669  
E-Mail: [AR@hologic.com](mailto:AR@hologic.com)

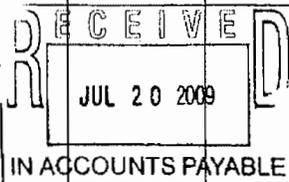
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Number	
5676292	
Date	Page
16-JUL-09	1 of 2
PO Number	
90068 QUOTE# 107856	
Sales Order Number	
554227	
Customer Num	Currency
90068	USD
Waybill Number	
BOS0000428H Crane	

**BILL TO:**  
ATTN: ACCOUNTS PAYABLE  
SOUTH PENINSULA HOSPITAL  
PO BOX 1017  
HOMER, AK 99603-1017

**SHIP TO:**  
SOUTH PENINSULA  
HOSPITAL  
4300 BARTLETT ST  
HOMER, AK 99603

ENTERED AUG 12 2009

Item No.	Part Number/Description	Quantity		Unit Price	Extension
		Ordered	Shipped		
1	SVDX-00400:SECURVIEW-DX 400 (STD/CLNT) Serial: 2980709B2755	1	1	70,000.00	70,000.00
2	ASY-01659:HARD LOCK KIT, SV-DX, STD/CLNT, DOM	1	1	0.00	0.00
3	PWR-00012:UPS, 1500 VA, 120 V	1	1	0.00	0.00
4	ASY-01012:KIT, SECURVIEW BARCODE SCANNER OPTION	1	1	1,300.00	1,300.00
5	ASY-01556:FMI KIT, SV APP SYNC 1.5.0	1	1	7,000.00	7,000.00
6	R2SYS-2021:R2 CENOVA + IC CAD PORT 1 + CITRA CORE Serial: CI122	1	1	30,000.00	30,000.00
7	R2SYS-1011:DIGITALNOW LS (FILM DIGITIZING SYSTEM) Serial: LS0484	1	1	30,000.00	30,000.00
Notes:					
***** DANBURY SALES DEPARTMENT ORDER *****					
Notes: THANK YOU FOR YOUR ORDER - WE APPRECIATE YOUR BUSINESS! PLEASE DIRECT INQUIRIES TO SALES ADMINISTRATION AT THE ABOVE NUMBER.					
Special Instructions		SUBTOTAL	TAX	S&H	TOTAL
		138,300.00	0.00	0.00	138,300.00



11800005  
Proj: 1002

**REMIT TO:** Hologic Inc.  
24506 Network Place  
Chicago, IL 60673-1245

**ELECTRONIC WIRE INSTRUCTIONS**  
Account #: 323869386  
ABA Routing: 021-000021  
SWIFTCODE: CHASUS33

FEDERAL ID: 04-2902449

*Invoice Disclaimer: Certain Providers may have independent obligations to affirmatively advise their third party payer, fiscal intermediaries, carriers or fiscal agents about the existence of a discount. As required by law or contract, any discounts on this invoice must be reported to these entities.*

Vendor #: H1670 Check #: 238836

# HOLOGIC™

35 Crosby Drive  
Bedford, MA 01730

**HOLOGIC, INC.**  
Tel: (781)999-7300  
Fax: (781)280-0669  
E-Mail: [AR@hologic.com](mailto:AR@hologic.com)

INVOICE	
Number	
5676292	
Date	Page
16-JUL-09	2 of 2
PO Number	
QUOTE# 107856	
Sales Order Number	
554227	
Customer Num	Currency
90068	USD
Waybill Number	
BOS0000428H Crane	

**BILL TO:**  
ATTN: ACCOUNTS PAYABLE  
SOUTH PENINSULA HOSPITAL  
PO BOX 1017  
HOMER, AK 99603-1017

**SHIP TO:**  
SOUTH PENINSULA  
HOSPITAL  
4300 BARTLETT ST  
HOMER, AK 99603

Item No.	Part Number/Description	Quantity		Unit Price	Extension
		Ordered	Shipped		
	LORAD FIELD SERVICE WILL CONTACT YOU DIRECTLY TO ARRANGE DELIVERY AND INSTALLATION OF YOUR EQUIPMENT. Notes: CONTACT: DONNA RUFSHOLM @ 907-235-0277  PRICING INCLUDES 1 PRF FIELD GUIDE PREMIER SITE - 12 MONTHS WARRANTY  USE RMA # 554434 TO RETURN MIV TRADE IN SPECIAL LIMITED PROMOTIONAL PRICE  BARGE DELIVERY REQUIRED - SHIP 7/06/09				
Special Instructions		SUBTOTAL	TAX	S&H	TOTAL
		138,300.00	0.00	0.00	138,300.00

**REMIT TO:** Hologic Inc.  
24506 Network Place  
Chicago, IL 60673-1245

**ELECTRONIC WIRE INSTRUCTIONS**  
Account #: 323869386  
ABA Routing: 021-000021  
SWIFT CODE: CHASUS33

FEDERAL ID: 04-2902449

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Vendor #: H1670 Check #: 238836

**HOLOGIC™**  
 35 Crosby Drive  
 Bedford, MA 01730

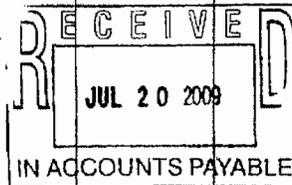
**HOLOGIC, INC.**  
 Tel: (781)999-7300  
 Fax: (781)280-0669  
 E-Mail: [AR@hologic.com](mailto:AR@hologic.com)

INVOICE	
Number	
5675115	
Date	Page
15-JUL-09	1 of 2
PO Number	
000 QUOTE# 107856	
Sales Order Number	
554227	
Customer Num	Currency
90068	USD
Waybill Number	
BOS-0000428 CRANE	

**BILL TO:**  
 ATTN: ACCOUNTS PAYABLE  
 SOUTH PENINSULA HOSPITAL  
 PO BOX 1017  
 HOMER, AK 99603-1017

**SHIP TO:**  
 SOUTH PENINSULA  
 HOSPITAL  
 4300 BARTLETT ST  
 HOMER, AK 99603

<b>Terms</b> 0-80-20	<b>Due Date</b> 14-AUG-09	<b>Salesperson</b> Radic, M Kathleen	<b>Customer Contact</b>		
<b>Ship Date</b> 15-JUL-09		<b>Ship Via</b> BEST WAY	<b>Shipping Reference</b>		
<b>Freight Terms</b>		<b>Requestor/Delivery</b>	<b>Confirm To/Telephone</b>		
Item No.	Part Number/Description	Quantity		Unit Price	Extension
		Ordered	Shipped		
1	RM-SEL-00013:(RM) SELENIA,TUNGSTEN,MAMMO SYSTEM, DOM. Serial: 28403083092WRM	1	1	225,000.00	225,000.00
2	MP301:PACKAGE ASSY, BULK DIGITAL PAD MP301	1	1	0.00	0.00
3	MAN-00870:MAMMOPAD MARKETING PACKET	1	1	0.00	0.00
4	ASY-00737:KIT, SELENIA LOCALIZATION	1	1	2,100.00	2,100.00
5	ASY-01662:HARD LOCK KIT, SV-RT, STD/CLNT, DOM	1	1	0.00	0.00
6	APPS-TRAIN-MAMM:APPS.TRAINING MAMMO/NT	1	1	0.00	0.00
7	APPS-TRAIN-MAMM:APPS.TRAINING MAMMO/NT	1	1	0.00	0.00
8	ASY-02738:FMI KIT, SECURVIEW-RT TECHMATE 6-0-5	1	1	0.00	0.00
9	RM-SVRT-00700:(RM) SECURVIEW-RT 700 TECHMATE Serial: 49803080597	1	1	0.00	0.00
Notes:					
***** DANBURY SALES DEPARTMENT ORDER *****					
Notes: THANK YOU FOR YOUR ORDER - WE APPRECIATE YOUR BUSINESS! PLEASE DIRECT INQUIRIES TO SALES ADMINISTRATION AT THE ABOVE NUMBER.					
<b>Special Instructions</b>		<b>SUBTOTAL</b> 227,100.00	<b>TAX</b> 0.00	<b>S&amp;H</b> 0.00	<b>TOTAL</b> 227,100.00



**REMIT TO:** Hologic Inc.  
 24506 Network Place  
 Chicago, IL 60673-1245

**ELECTRONIC WIRE INSTRUCTIONS**  
 Account #: 323869386  
 ABA Routing: 021-000021  
 SWIFTCODE: CHASUS33

**FEDERAL ID: 04-2902449**

*Invoice Disclaimer: Certain Providers may have independent obligations to affirmatively advise their third party payer, fiscal intermediaries, carriers or fiscal agents about the existence of a discount. As required by law or contract, any discounts on this invoice must be reported to these entities.*

Vendor #: H1670 Check #: 238836

**HOLOGIC™**  
 35 Crosby Drive  
 Bedford, MA 01730 *H1670*

**HOLOGIC, INC.**  
 Tel: (781)999-7300  
 Fax: (781)280-0669  
 E-Mail: [AR@hologic.com](mailto:AR@hologic.com)

INVOICE	
Number	
5675115	
Date	Page
15-JUL-09	2 of 2
PO Number	
QUOTE# 107856	
Sales Order Number	
554227	
Customer Num	Currency
90068	USD
Waybill Number	
BOS-0000428 CRANE	

**BILL TO:**  
 ATTN: ACCOUNTS PAYABLE  
 SOUTH PENINSULA HOSPITAL  
 PO BOX 1017  
 HOMER, AK 99603-1017

**SHIP TO:**  
 SOUTH PENINSULA  
 HOSPITAL  
 4300 BARTLETT ST  
 HOMER, AK 99603

*Proj 1002*

ENTERED AUG 12 2009

<b>Terms</b> 0-80-20	<b>Due Date</b> 14-AUG-09	<b>Salesperson</b> Radie, M Kathleen	<b>Customer Contact</b>		
<b>Ship Date</b> 15-JUL-09	<b>Ship Via</b> BEST WAY		<b>Shipping Reference</b>		
<b>Freight Terms</b>		<b>Requestor/Delivery</b>	<b>Confirm To/Telephone</b>		
Item No.	Part Number/Description	Quantity		Unit Price	Extension
		Ordered	Shipped		
	LORAD FIELD SERVICE WILL CONTACT YOU DIRECTLY TO ARRANGE DELIVERY AND INSTALLATION OF YOUR EQUIPMENT. Notes: CONTACT: DONNA RUFSHOLM @ 907-235-0277  PRICING INCLUDES 1 PRF FIELD GUIDE PREMIER SITE - 12 MONTHS WARRANTY  USE RMA # 554434 TO RETURN MIV TRADE IN SPECIAL LIMITED PROMOTIONAL PRICE  BARGE DELIVERY REQUIRED - SHIP 7/06/09				
<b>Special Instructions</b>		<b>SUBTOTAL</b> 227,100.00	<b>TAX</b> 0.00	<b>S&amp;H</b> 0.00	<b>TOTAL</b> 227,100.00

*11800005*  
*Proj: 1002*

**REMIT TO:** Hologic Inc.  
 24506 Network Place  
 Chicago, IL 60673-1245

**ELECTRONIC WIRE INSTRUCTIONS**  
 Account #: 323869386  
 ABA Routing: 021-000021  
 SWIFTCODE: CHASUS33

**FEDERAL ID: 04-2902449**

*Invoice Disclaimer: Certain Providers may have independent obligations to affirmatively advise their third party payer, fiscal intermediaries, carriers or fiscal agents about the existence of a discount. As required by law or contract, any discounts on this invoice must be reported to these entities.*

Vendor #: A0380 Check #: 238189

A0380 ADVANCED DIAGNOSTICS INC  
 2440 CIMMARBAR LOOP, ANCHORAGE, AK 99507  
 SOUTH PENINSULA HOSPITAL \* 4300 BARTLETT STREET \* HOMER, AK 99603.7005

		NET PAYABLE	
258414-0CM	06/22/09	159.75CR	159.75CR
PO# 00033384. S120: Ref Inv 258414-0	07/09/09	10,725.00	10,725.00
QUOTE #3618R			
PO# 00001001. 30% Down Payment S120			
CHECK NO. 238189		10,565.25	10,565.25
071409			

Vendor #: A0380 Check #: 238189

Vendor No: A0380 South Peninsula Hospital P.O. #: P1001

Invoice No: Quote #3618R Check Requisition 3618R  
 Desc: 30% Deposit S120: Proj 1002 Date: 7/9/2009

Purpose: This form is used to request payment to a vendor for items not requiring use of a formal purchase order. (Refer to SPH Hospital-Wide policy #HW-01-92).

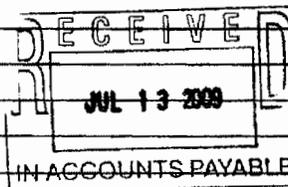
Attach the vendor's invoice or a receipt to this form for processing.

ENTERED JUL 14 2009

Vendor's Name: ADVANCED DIAGNOSTICS

Vendor's Address: 2440 CINNABAR LOOP  
ANCHORAGE AK 99507

Description of Purchase: Rollers for dark room door



Department Name: Capital Purchases: Equipment / Mammography

Potential Subcodes - Refer to your Departmental Budget for accurate coding.	
26 Physician Fees	68 Dues, Books, Videos & Subscriptions
27 Non-Physician Medical Professional Fees	69 Travel for employees
30 Non-Medical Professional Fees	70 Meetings/Continuing Education
62 Maintenance/Repair of Equipment	75 Photograph Developing/Reprints (Misc. services)
67 Telephone	95 Licenses & Taxes

Invoice #:	General Ledger Account Number: (To be assigned by the requestor)	Amount:	Date:
<u>        </u>	<u>11800005</u>	<u>\$ 10,725.00</u>	<u>6/25/2009</u>

Preparer: Carol Miller Signature: *Carol Miller* Date: 7/9/2009  
 Dept. Mgr.: *Neil Miller* signature Date: 7/9/09  
 Division Manager:          signature Date:           
 Chief Executive Officer: *[Signature]* signature Date: 7/10/09

Vendor #: A0380 Check #: 238189

With Offices in Anchorage and Fairbanks



# Advanced DIAGNOSTICS, INC.

2440 Cinnabar Loop Anchorage, Alaska 99507 Phone: (907) 344-3456  
www.adialaska.com info@adialaska.com Fax: (907) 349-8417

## QUOTATION

South Peninsula Hospital  
4300 Bartlett Drive  
Homer, Alaska 99603  
Attn: Donna Rufsholm, RT  
Radiology Department Manager  
Email: djru@sphosp.com

April 9, 2009  
Quote Number 3618R  
Page Number 1 of 1

### FUJI Laser Imager

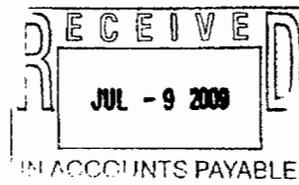
1 WDRYPIX40002DK Fuji DryPix 4000 Network Dry Laser Imager Package Includes:

- Two Film Drawers
- DryPix 4000 Service Manual
- New Smallest Footprint Laser
- **Mammography Memory Upgrade Option Included**
- **DICOM Print Server Built In**
- **Requires 110VAC Incoming Power**

0.00  
35,750.00 \*  
30.00 %  
10,725.00 \*

List Price: \$55,600.00  
Discounted Price: \$35,750.00

INSTALLATION: Included, Customer is Responsible for All Site Preparation.  
WARRANTY: One Year on Parts and Labor  
FREIGHT: Additional



*Robert D. Ottum*  
South Peninsula Hospital

6/25/09  
Date

Robert D. Ottum  
ADVANCED DIAGNOSTICS, INC.  
Robert D. Ottum

4/9/09  
Date

Delivery: 30 - 45 Days After Receipt of Order

FOB: Valencia, CA

Terms: 30% Down Payment, 60% Upon Delivery, 10% Upon Completed Installation

*This Quotation is Valid for 60 Days*

*Michelle said the quote was still good as of 6/30/09 BR*

Vendor #: A0380 Check #: 239015

A0380 ADVANCED DIAGNOSTICS INC  
 2440 CINNABAR LOOP, ANCHORAGE, AK 99507  
 SOUTH PENINSULA HOSPITAL \* 4300 BARTLETT STREET \* HOMER, AK 99603.7005

		NET PAYABLE	
259754-0	07/31/09	1,526.00	1,526.00
S120: SR 69984, -5			
259392-00	07/30/09	25,025.00	25,025.00
PO# 00001001. S120: F1001			
CHECK NO. 239015		26,551.00	26,551.00
082509			

Vendor #: A0380 Check #: 239015



DATE	CUST #	INVOICE #	PAGE
07/30/09	S120	259392-00	1

# INVOICE

(Customer Copy)

~~ENTERED AUG 2 0 2009~~

Re-ENTERED AUG 2 1 2009

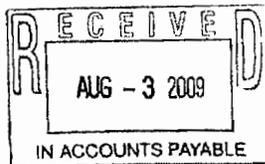
SOLD TO  
**South Peninsula Hospital**  
**ATTN: Accounts Payable**  
**PO Box 1017**  
**Homer AK 99603**

SHIP TO  
**South Peninsula Hospital**  
**ATTN: Diagnostic Imaging**  
**4300 Bartlett Street**  
**Homer AK 99603**

<b>CUSTOMER ORDER #</b>	P-1001/bax	<b>SHIP VIA</b>	direct			
<b>DATE SHIPPED</b>	07/27/09	<b>SALES CONTACT</b>	Bob			
<b>TERMS</b>	Net 30 Days	<b>ENTERED BY</b>	Kim Ottum			
<b>SPECIAL INSTRUCTIONS</b>						
ITEM # / DESCRIPTION	QTY ORDERED	QTY SHIPPED	BACK ORDERED	UNIT	PRICE	AMOUNT
WDRYPIX40002DK: DryPix 4000 DICOM System with 2 Film Drawers	1.00	1.00	0.00	Ea	35750.00	35750.00
WDPIXFBM256MB: DryPix 5000/7000 256MB Memory Upgrade, each	1.00	1.00	0.00	Ea	0.00	0.00
Freight: Freight (nonstock item)	1.00	0.00	1.00	Ea	0.00	0.00
<b>ORDER COMMENTS:</b> per Donna Rufsholm, approved at July 7th meeting requested installation date of 7/27/09 Payment terms: 30% (\$10,725.00) due with order → ck # 238189, 7/14/09 received \$10,725.00 (pmt + credit) 60% (\$21,450.00) due on delivery 10% (\$3,575.00) due on installation delivered & installed 7/27/09... balance of \$25,025.00 is now due freight will be invoiced separately. thank you. Proudly Serving the Alaska Medical Community for over 21 years. Thank You!						

P1001

11800005  
 Proj: 1003



**PAY THIS AMOUNT** ~~35750.00~~

\$25025.00

Hologic, Inc.  
35 Crosby Drive, Bedford, MA 01730 USA  
Main: +1.781.999.7300 Fax: +1.781.280.0669

August 17, 2009

South Peninsula Hospital  
Po Box 1017  
Homer, AK 99603-1017

Attn: Donna Rufsholm, Radiology Manager

Dear Donna,

In reference to our conversation the Hologic Digital Mammography system and ALL components as listed on quotation #107856 and purchased by South Peninsula Hospital have a full one (1) year parts and labor warranty with the exception of the x-ray tube which has a 24 month pro-rated warranty.

If you have any additional questions please don't hesitate to contact me.

Sincerely,

*Ander Stockland*

Ander Stockland  
Director of Sales NW Region  
[astockland@hologic.com](mailto:astockland@hologic.com)  
425-210-2322

**HOLOGIC**  Clarity of Vision

[www.hologic.com](http://www.hologic.com)





