

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

**Project Name: Hematology Analyzer System Replacement**

**Agency: Ketchikan General Hospital / PeaceHealth Southeast Alaska (KGH)**

**Reporting Period: Fourth Quarter (October – December) 2008**

**Grant No.: 01004-09**

**A. Disbursement Request**

**We are requesting ASHNHA to release \$ 53,000 in Denali Commission Grant Funds for our project at this time.**

**B. Project Narrative**

- 1. What is the status of your 2008 HNHFIP project (include portions completed) as of 12/31/2008?**

The equipment was installed, staff trained and the new Hematology Analyzer System is fully operational. The Denali Commission Funding Plaque is installed. The project is complete.

- 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 was completed on budget.

- 4. Other comments, problems and solutions:**

We are grateful to the Denali Commission for assistance in funding this project which has enabled Ketchikan General Hospital / PeaceHealth Southeast Alaska to provide a higher level of service to the patients and communities we serve. In the month of December more than 1,000 patients' tests benefited from this new equipment.

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

**Project Name: Hematology Analyzer Equipment Replacement**

Agency: Ketchikan General Hospital / PeaceHealth Southeast Alaska (KGH)

Reporting Period: **Fourth Quarter (October – December) 2008**

Grant No.: 01004-09

**Please include the following information:**

*(Use additional pages as necessary)*

D/C = ~~0~~  
N/D/C = \$53,000

Budget Information:

1. The total project budget—Denali Commission and other funds combined: \$106,000
2. The amount of Denali Commission funds awarded / committed to the project: \$53,000
3. The total project expenditures as of December 31, 2008: \$106,000. Please see attached Purchase Order #67637 and Check #00244312.
4. The amount of Denali Commission funds expended for the project as of the end December 31, 2008: \$53,000
5. The percentage of total expenditures to-date compared to the projected total project cost: 100%

6. Project Schedule:

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

9/23/08 - Equipment delivered on-site  
Week of 10/6/08 - Equipment installed  
10/13/08 – 10/27/08 – Computer interface achieved  
Week of 10/27/08 – Staff training  
11/15/08 - Equipment fully operational

Please see attached photographs showing the new Hematology Analyzer equipment and the Denali Commission Funding Plaque.

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: Hematology Analyzer System Replacement

Agency: Ketchikan General Hospital / PeaceHealth Southeast Alaska (KGH)

Reporting Period: **Fourth Quarter (October – December) 2008**

Grant No.: 01004-09

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Sleep Monitoring System	\$106,000	\$106,000	11/15/08	Equipment purchased, delivered, installed, staff trained and now fully operational. Denali Commission Funding Plaque installed. Project is now complete.
<b>Totals:</b>	\$106,000	\$106,000		

Karen Wolfred  
Signature

January 14, 2009  
Date

Karen Wolfred, Special Projects  
Print Name and Title

Form 641B

**67637**

PO Number:

90711/08

PO Date:

90711/08

**PURCHASING COPY**

**Vendor: V07639**  
 SYSMEX AMERICA, INC  
 ONE NELSON C. WHITE PARKWAY  
 MUNDELEIN IL 60060  
 800 378-7838

**Ship To:**  
 KETCHIKAN GENERAL HOSPITAL  
 3100 TONGASS AVE  
 KETCHIKAN AK 99801  
 AL CR JEF 907-228-7837

**Bill To Customer Number:**  
 KETCHIKAN GENERAL HOSPITAL  
 ATTN: ACCOUNTS PAYABLE  
 3100 TONGASS AVE  
 KETCHIKAN AK 99801  
 907-228-8900 X7074

**Comments:**

**Terms:**

**Ordered Via/Fax:**

**Tax ID Number:** 92-0018490

**Purchasing LIC:** P44201

**Delivery Date:** 08/13/08

**Composed by:** GAYNIC

**PO Type:** CAP

Line	Vendor Catalog	Order Quantity	Description	UOM	Quantity	Unit Price	Ext Price	Account Category	Order Price	Extended Price
1	XT-2000I-RD	2 EA	HEMATOLOGY ANALYSER XT-2000	EA	1	53000.00	53000.00	9000	53000.00	106000.00
2		2 EA	PLEASE SEE ATTACHED QUOTE	EA	1	0.00	0.00	0000	0.00	0.00
3		2 EA	TRAINING SEATS	EA	1	0.00	0.00	0000	0.00	0.00
4		2 EA	ONE YEAR WARRANTY	EA	1	0.00	0.00	0000	0.00	0.00
		2 EA	FREIGHT	EA	1	0.00	0.00	0000	0.00	0.00

**Page Total:** 106000.00

**Discount:** 0.00

**Grand Total:** 106000.00

Authorized Signature

KETCHIKAN GENERAL HOSPITAL 3100 TONGASS AVE. KETCHIKAN



**PeaceHealth**  
 Ketchikan General Hospital  
 3100 Tongass Avenue  
 Ketchikan, AK 99901

75-1592  
 912

**usbank.**  
 East Grand Forks, Minnesota 56721

00244312

**\$ 106,000.00**

**PAY** *One Hundred Six Thousand and 00/100 Dollars*  
 TO THE ORDER OF

DATE	AMOUNT
10/23/08	\$****106,000.00

**SYSMEX AMERICA, INC**  
 PO BOX 94002  
 CHICAGO IL 60690

**NON-NEGOTIABLE**

330327 SYSMEX AMERICA, INC CHECK DATE: 10/23/08 CHECK NUMBER: 244312

**PeaceHealth**  
 Ketchikan General Hospital  
 3100 Tongass Avenue  
 Ketchikan, AK 99901

INVOICE/CREDIT	DESCRIPTION	GROSS	DISCOUNT	NET
90079992	330327 CHECK DATED 10/23/08	106,000.00	NET AMOUNT \$***	106,000.00 *106,000.00



10/16

33027

REMIT PAYMENTS TO:  
SYSMEX AMERICA, INC.  
P.O BOX 94002  
CHICAGO, IL 60690

# Invoice (Original)

Federal ID: 364139882

**Bill-To-Party (2001003725)**

Ketchikan General Hospital  
3100 Tongass Ave  
KETCHIKAN, AK 99901

**Ship-To-Party (2004006056)**

Ketchikan General Hospital  
3100 Tongass Ave  
KETCHIKAN, AK 99901

**Information**

Reference 49722  
Invoice Number 90079992  
Invoice Date 10/03/2008  
Customer PO No. 67637  
Customer PO Date 07/14/2008  
Customer No. 2001003725  
Currency USD  
Collective No.  
Version No.  
Inco Term FOB Origin  
Due Date 11/02/2008

Material/Description	Quantity	Unit Price	Value
XT2000-KIT / XT-2000I KIT	1 EA	53,000.00	53,000.00
XT2000-KIT / XT-2000I KIT	1 EA	53,000.00	53,000.00
<b>Subtotal</b>			106,000.00
<b>Total Discount</b>			0.00
<b>Total Tax</b>			0.00
<b>Grand Total</b>			106,000.00

N

10/23



18/12/2008 16:31

**LABORATORY MISSION**

The Laboratory is committed to providing excellent service to the business community, providing and supporting with respect and expertise. The Laboratory's main objective is to provide professional services.

We continue to be able to provide quality products and services, we ensure that our quality, service, safety and support processes reflect the highest standards and practices. We have established a performance improvement program to ensure continuous improvement. Our commitment is to provide the highest quality services.

18/12/2008 16:31











