

**Form 641 – Parts A, B & C
ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form**

**For All 2010 Denali Commission Approved Projects –
Projects No. 1265 – A through 1265 – L**

Project Name: Stereotactic Breast Biopsy Equipment

Name of Hospital / Grant Sub-Recipient: Ketchikan General Hospital

Reporting Period: January 1 – March 31, 2011

Sub-Recipient Grant No.: 1265 – H

Part 641 – A. Project Budget Summary (provide the following information requested; use additional pages as necessary):

1. Original Project Budget Information:

a. The *original total* approved project budget:

i. Amount of Denali Commission Grant Award: \$76,500.00

ii. Amount of Facility Cost Share Match (CSM): \$76,500.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: \$153,000.00

2. Actual Project Costs Recorded During the Current Reporting Period:

a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:

\$76,500.00

b. Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 (Part B) to reimburse your hospital for its project expenditures:

\$76,500.00

c. Total amount of project costs recorded during the reporting period, whether expended facility CSM or reimbursement for facility expenditures is being sought (add lines 2a & 2b):

\$153,000.00

3. Total Denali Commission Grant Funds Received to Date:

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period (i.e., the total grant funds received to-date):

\$0

4. Total Facility Cost Share Match Funds Expended to Date:

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project *for which reimbursement was not and cannot be sought* from the Denali Commission) as of the end of the current reporting period (i.e., the total hospital matching funds expended to-date for which you did not seek reimbursement):

\$76,500.00

5. Project Schedule:

Please state the anticipated start and end dates of this funded 2010 Denali Commission Primary Care Improvements in Hospitals project, and provide a list of appropriate milestone dates for the major phases or activities of your project.

Start date: July 2010

End date: April 2011

<u>Description of Milestone Or Activity</u>	<u>Anticipated Completion Date</u>
1. Equipment installed, staff trained and machine fully operational.	12/31/2010
2. Request, receive and install Denali Commission Funding Plaque.	April 2011
3. Project complete; file Project Close-Out Report	April 2011

Part 641 – B. Project Performance Analysis (add line items to the chart as appropriate):

2010 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
Equipment purchase, installation and training.	\$153,000.00	\$153,000.00	April 2011	Equipment ordered, shipped and installed; staff and physicians trained; and machine fully operational.
Totals:	\$153,000.00	\$153,000.00		

Part 641 – C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer, that the information contained herein is accurate and complete to the best of his or her knowledge.

Karen Wolfred
Signature

April 13, 2011
Date

Karen Wolfred, Grants and Special Projects Manager
Printed Name and Official Title

**Project Fund Disbursement Request
Form 642 – Parts A & B**

ASHNHA's Quarterly Project Reporting Form

**Covering All 2010 Denali Commission Approved Projects
Projects No. 1265 – A through 1265 – L**

Please Use this Form to Make a Fund Disbursement Request

Project Name: Stereotactic Breast Biopsy Equipment

Name of Hospital / Grant Sub-Recipient: Ketchikan General Hospital

Reporting Period: January 1, 2011 – March 31, 2011

Sub-Recipient Grant No.: 1265 - H

Part 642 – A. Project Narrative (use additional pages as necessary) :

- 1. What is the status of your D/C 2010 "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)**

The grant project is now complete. Equipment is fully operational and the Denali Commission Funding Plaque has been installed.

- 2. Is your 2010 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2012?**

The project was completed on schedule.

- 3. Is the 2010 project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?**

The project was completed on budget as presented in the original grant application.

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

None at this time.

Part 642 – B. Project Fund Disbursement Request (Advance or Reimbursement)

We are requesting ASHNHA to release \$ \$76,500.00 in Denali Commission Grant Funds for our project at this time. *This funding request is:*

1. a request for an *Advance* against our Project Grant Award Funds; **or**
2. a request for *Reimbursement* from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.

Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance.

Attachment A
Vendor Invoice and Proof of Payment

101817-HOLOGIC INC, 24506 NETWORK PL, CHICAGO IL 60673-1245

Invoice/Credit	Date	P.O. Number	Gross Amount	Discount Amount	Net Amount Paid
6065932	11/24/10		153,000.00	0.00	153,000.00
TOTALS:			\$153,000.00	\$0.00	\$153,000.00

Detach at Perforation Before Depositing Check

Go to [HTTP://WWW.PEACEHEALTH.ORG/INFO/POLICY](http://www.peacehealth.org/info/policy) to learn about the deficit reduction act of 2005.



PeaceHealth

Ketchikan General Hospital
3100 Tongass Avenue
Ketchikan AK 99901



East Grand Forks Minnesota 56721
75-1592/912

Check Date
01/20/2011

Number
3000851

PAY VOID VOID VOID VOID VOID VOID VOID

Amount
\$ ****153000.00

Void After 90 Days

PAY TO THE ORDER OF
HOLOGIC INC
24506 NETWORK PL
CHICAGO IL 60673-1245

NON-NEGOTIABLE

KETCHIKAN GENERAL HOSPITAL

CAPITAL REQUEST FORM

DEPARTMENT NUMBER 71400

CRF # _____

DATE 8/25/2014 P075817

DEPARTMENT NAME RADIOLOGY

JUSTIFICATION: IF YES, PLEASE ATTACH APPROPRIATE DOCUMENTATION

CHECK IF APPLICABLE

(1) EQUIPMENT COST \$153,000

(2) CONSTRUCTION/INSTALLATION COST \$

(3) FREIGHT COST \$

(4) OTHER \$

(5) TOTAL \$153,000

1. DISPOSABLE/SUPPLY COSTS (ANNUALIZED) _____
2. VENDOR QUOTES _____
3. ALTERNATIVES CONSIDERED _____
4. ADDITIONAL REVENUE GENERATED FROM EQUIPMENT _____
5. WILL THIS INCREASE OR DECREASE FTE's _____
6. HAVE MAINTENANCE CONTRACTS OR WARRANTIES BEEN CONSIDERED _____
7. HAS LEASING BEEN CONSIDERED _____
8. HAVE PREMIER DISCOUNTS BEEN CONSIDERED _____

(6) DOES THIS REPLACE ANOTHER PIECE OF EQUIPMENT?
YES X NO _____

GOAL OR OBJECTIVE THIS ITEM RELATES TO:

(7) IF YES, WHAT WILL BE THE STATUS OF THE OLD EQUIPMENT?

OLD ACCT. # _____

SURPLUS (RESALABLE) _____

SCRAP _____

TRADE IN: AMOUNT OFFERED X 33K

OTHER _____

50% MATCHING FUNDS FROM DENACI
INFORMATION ATTACHED

EQUIPMENT/CONSTRUCTION INFORMATION

(8) MANUFACTURER HOLOGIC

(9) MODEL NUMBER MULTICORE PLATINUM

(10) DESCRIPTION _____

(11) VENDOR _____

(12) CONTRACTOR _____

(13) START DATE _____

(14) FINISH DATE _____

(15) Month of Purchase _____

BIOMED APPROVAL _____ INFO SYSTEMS APPROVAL _____

MAINTENANCE APPROVAL _____

ASST ADMIN APPROVAL [Signature] FINANCE APPROVAL _____

ADMIN COUNCIL _____ APPROVED _____ DISAPPROVED _____ DEFERRED _____

(16) IS THIS ITEM CURRENTLY BUDGETED?
YES X NO _____

(IF YES, PLEASE CHECK WITH MATERIALS MGMT)

PRIORITY

_____REPLACE ONLY WHEN BREAKS

_____STANDARD OF CARE

_____ADDS REVENUE

_____PHYSICIAN REQUEST

CAPITAL EQUIPMENT IS DEFINED AS FOLLOWS:

1. IF ITEM EXCEEDS \$1000 (Inc Freight), IT IS ALWAYS CONSIDERED CAPITAL EQUIPMENT
2. IF ITEM IS LESS THAN \$1000, IT IS ALWAYS CONSIDERED MINOR EQUIPMENT
3. IF ITEMS ARE PURCHASED AS A GROUP, THE AMOUNT MUST EXCEED \$20,000 TO BE CAPITAL

PLEASE COMPLETE ALL AVAILABLE INFORMATION.

Vendor: **HOLOGIC INC/ CYTYC**

PO Date: **08/27/10**

PO Number: **75817**

PURCHASING COPY

Vendor: V00126
 HOLOGIC INC/ CYTYC
 LORAD
 36 APPLE RIDGE ROAD
 DANBURY CT 06810
 800 321-4659 #1

Ship To:
 KETCHIKAN GENERAL HOSPITAL
 3100 TONGASS AVE
 KETCHIKAN AK 99901
 AL OR JEF 907-228-7637

Bill To Customer Number:
 KETCHIKAN GENERAL HOSPITAL
 ATTN: ACCOUNTS PAYABLE
 3100 TONGASS AVE
 KETCHIKAN AK 99901
 907-228-8300 X7074

Comments:

Terms:

Ordered Via: Fax

Tax ID Number: 92-0016490

Purchasing LIC: P44201

Delivery Date: 09/21/10

Composed by: ALVCAR **PO Type:** CAP

Line	Vendor Catalog	Order Quantity	Description	Contents	Charge Department	Account Category	Item Number	Order Price	Extended Price
1	MULTICARE PLATNM	1 EA	STERIOTACTIC BREAST BIO SYSTEM QUOTE # 133718 KATHIE RADIE 08/10 TRADE IN ALLOWANCE (10000.00) TRADE IN/TRADE UP (TS) ATEC PEARL TRADE IN/TRADEUP (TS) EVIVA STX KIT 13CM	1 EA	22530010012610	0000		148000.00	148000.00
2		1 EA	INITIAL APPLICATIONS	1 EA	22530010012810	0000		.00	0.00
3	ASY-03852	1 EA	MAX COMFORT PACKAGE OPTION	1 EA	22530010012610	0000		15000.00	15000.00
4	SFW-00097	1 EA	DICOM SFTWR FOR DSM	1 EA	22530010012810	0000		.00	0.00
5		1 EA	TRADE IN ALLOWANCE	1 EA	22530010012810	0000		10000.00-	10000.00-

Page Total: 153000.00 **Discount:** 0.00 **Grand Total:** 153000.00

Authorized Signature



The Women's Health Company

Quotation

PLEASE REFER TO THIS NUMBER ON ALL CORRESPONDENCES AND ORDERS

Quote #: 133718

Buying Group: NONE

Status : Approved

TO: Ketchikan General Hospital
3100 Tongass Ave
Ketchikan, AK 99901

We are pleased to offer you the products listed on the condition that this Quotation and the attached terms comprise the complete and exclusive statement of the contract between us. This Quotation and the attached terms supersede all other quotations, agreements, understandings, warranties and representations, whether written or oral, between us, and may be accepted only in accord with their terms. This offer will remain open for 45 days after the quotation date unless otherwise specified, and is subject to change or withdrawal by Hologic prior to acceptance. To accept, please sign below within the time period for acceptance. Signed quote and/or purchase order should be forwarded by mail, via e-mail or by fax to:

Skeletal Health (DXA & Mini-C): HOLOGIC, INC. 35 Crosby Drive Bedford, MA 01730 ATTN: Sales Administration Fax: (781) 280-0668 Bed-SalesAdmin@hologic.com	Breast Health: HOLOGIC, INC. 36 Apple Ridge Drive Danbury, CT 06810 ATTN: Sales Administration Fax: (203) 731-8463 Danburyorders@hologic.com	Interventional Breast Solutions (Suros): HOLOGIC, INC. 6100 Technology Center Drive Indianapolis, IN 46278 ATTN: Sales Administration Fax: (317) 344-7691 allfieldservicecoordinators@hologic.com
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ATTN: Scott Smith, Director of Imaging Phone: 907-225-9673 Fax: Email:

Quote Date	Hologic Representative	Payment Terms	FOB	Est. Del. Date
Aug 09, 2010	Kathy Radic kradic@hologic.com	0-80-20	FACTORY, NO CHARGE	60-90 Days ARO
Qty	Product Model Number and Description	List Price (US \$/Unit)	Unit Price (US \$/Unit)	Extended Price (US \$)
1	MULTICARE PLATINUM - Stereotactic Breast Biopsy System Table Specifications: Bi-directional elevating table assembly Motorized Height Range - 34 to 57 inches Table Surface Dimensions - 72 x 28 inches - closed Max Length - 106 inches Max Patient Weight - 300lbs Undertable C-Arm Assembly Total Access - 360° C-Arm rotation angle Independent Vertical C-Arm Motion - 8 inches Work Area Light - 2 adjustable halogen lamps on C-Arm Motorized & Manual Compression Modes Cartesian Coordinate System w/SmartWindows Stereotactic Angle - +/-15° Accuracy - +/- 1.0 mm Needle Gun Holder X-Ray Generator Constant Potential High Frequency, Inverter Type kV Range - 22 - 34 kV mAs Range - 3 - 400 mAs Generator Control Unit - Handheld Controller w/LCD Screen Molybdenum, Rotating X-Ray Tube Focal Spot Size - 0.25 mm square, nominal Filtration - 30 microns Molybdenum, minimum Port- Beryllium DSM System Digital Image Detector Active Image Area - 6.8 x 6.8 cm @ phosphor screen Image Display Resolution - 512 or 1024 pixel resolution DSM Camera - CCD sensor coupled to high efficiency lens Intensifying Screen - High efficiency front phosphor Light Quantum Efficiency - 60% @ 550 mm Magnification Factor - 1.327 measured from center of compressed breast Pixel Resolution - 20.04 pixels/mm Spatial Resolution - 9-10 lp/mm Detective Quantum Efficiency (DQE) - High CCD Sensor - Full-frame CCD Pixel Count - 1024 (H) x 1024 (V) Pixel Size - 24 mm (H) x 24 mm (V)	\$234,000.00	\$148,000.00	\$148,000.00

	<p>Processing Station Microprocessor – Pentium IV, 2.4 GHZ unit Operating System – Windows 2000 Archive Media – DVD+R/RW, CD-R/RW Monitor - LCD Flat Panel Display Area – 18” Diagonal (46 cm) min Viewing Area – 160°, min Resolution – 1280 x 1024, min Brightness – 700 cd/m2, min</p> <p>Standard Accessories Compression Paddles Scout Biopsy 17 cm S.S. Compression Biopsy 10 cm Auxiliary Biopsy T-Shaped Ultrasound Biopsy Perforated Biopsy Interchangeable Apertures Scout Digital Stereo Comfort Package 2 Gel Pads Arm Sling Filler Panel Foam Cushion Dual Function Footswitch MIN-R 2000 Cassette Refuse Tray Pillow Stool w/Backrest Quality Assurance Needle FNA Guide; Needle Loc Guide; 14G Needle Guides Air Phantom DICOM Print</p> <p>DSM Computer Table Operator & Service Manuals</p> <p>Installation included Warranty - Standard 12 Months all Parts and Labor & Glassware; after the Warranty Period, mammography x-ray tubes are warranted on a straight-line prorated basis during months 13-24.. Warranty available Monday through Friday - 8 am to 5 pm local time except Hologic recognized holidays.</p> <p>NOTE: Hologic does not supply x-ray shielding with this product. Customer is responsible to provide shielding in accordance with their state regulatory agency.</p>			
1	<p>Initial Applications - MultiCare Platinum - Initial Applications per site - MultiCare Platinum Three (3) days Applications Training for up to 3 Technologists and 3 Radiologists per site.</p> <p>Applications must be completed within 12 months of equipment shipment.</p> <p>Please note: Cancellations must be made 48 hours prior to the end of the business week before your scheduled applications to avoid cancellation fees.</p>	\$5,100.00	\$0.00	\$0.00
1	<p>ASY-03662 - Maximum Comfort Package Option - Factory Option ONLY This kit consists of</p> <ul style="list-style-type: none"> • A full table top replacement Same steel construction with three interchangeable apertures. A standard opening aperture- 9.5 inches A larger opening aperture – 10.5 inches • 3 different cushions for the center of the table to facilitate positioning and address patient comfort Maximum Access pad Standard pad Maximum Comfort pad • Arm through Support Package Full arm support to attach to the C-arm for secure arm thru procedures D shaped aperture Accompanying pad for the table top for Arm thru procedures • Additional accessory cushions Two head support cushions One wedge cushion One abdominal support cushion • A replacement top for the top of the pillar support arm to match the curve of the table top for additional comfort. 	\$25,000.00	\$15,000.00	\$15,000.00

	<ul style="list-style-type: none"> A metal platform with rubber matting to cover the back wire connections Rolling storage cart Supports all the parts associated with the comfort package Apertures Table pads Loose accessory cushions. <p>This cart can wheel to any location in the room or store flush against the wall.</p> <p>Please note that as of the date of this quotation, the tabletop option is not commercially available. Hologic makes no commitments that this will be the case and assumes no obligation to the contrary. Customer will not be billed for the price quoted for this option until the option is shipped.</p>			
1	<p>SFW-00097 - DICOM SOFTWARE FOR DSM</p> <p>Enables DSM users the ability to utilize additional DICOM service classes, in conjunction with their currently-existing DICOM print capability.</p> <p>Can be used with all systems using the LORAD DSM/Windows NT platform.</p> <p>Provides an interface with your PACS to perform DICOM functions including:</p> <ul style="list-style-type: none"> Verification Modality Worklist Management Store Storage Commit, and/or Query/Retrieve 	\$8,000.00	\$0.00	\$0.00
1	<p>Mammography Trade-In Allowance - Trade-In Allowance for Mammography System</p> <p>Trade-in Allowance for Mammography Systems</p>		(\$10,000.00)	(\$10,000.00)
1	<p>TRADE-IN, TRADE-UP PROGRAM (Total Solutions) - Trade-In, Trade-Up Program (Total Solutions)</p>	Included	Included	Included
1	<p>Trade-In, Trade-Up Program (TS) ATEC Pearl - ATEC Pearl console</p> <ul style="list-style-type: none"> Stereotactic & Ultrasound compatible Requires adapter for each STX table <p>Includes:</p> <ul style="list-style-type: none"> Two days on-site training One year standard parts and labor warranty Free shipping on capital items <p>Promo Requirements:</p> <ul style="list-style-type: none"> TRADE IN OF THE COMPETITIVE UNIT MUST OCCUR WITHIN THE SPECIFIED TIME BELOW AGREE TO RECEIPT OF DEVICE WITHIN 30 DAYS OF AGREEMENT <p>HOLOGIC RESERVES THE RIGHT TO BILL THE FULL AMOUNT OF THE TRADE-IN ALLOWANCE IN THE EVENT OF CUSTOMER'S FAILURE TO PROVIDE THE COMPETITIVE UNIT WITHIN THE SPECIFIED TIME.</p> <p>**CUSTOMER'S SIGNATURE ON THIS QUOTE CONSTITUTES AGREEMENT TO THESE TERMS.</p>	\$33,000.00	\$0.00	\$0.00
1	<p>Trade-In, Trade-Up Program (TS) EVIVA STX KIT 13CM - Stereotactic Adapter for use with 13CM Eviva handpiece - Lorad Systems</p> <p>Eviva Adapter is designed for use with the ATEC Pearl or the ATEC Sapphire consoles with 13CM Eviva handpiece on stereotactic systems. (Lorad Systems)</p>	\$5,000.00	\$0.00	\$0.00
Equipment Total:				\$153,000.00
List Price Total:				\$310,100.00
Discount:				(\$157,100.00)
Final Quote Price:				\$153,000.00

Notes:

Hologic to pay freight.

Hologic is required by law to collect all state and local taxes on all sales. If an exemption certificate is not provided by customer at time of order, final invoices will include these amounts. Many states require both specific operator qualifications and/or licensing and registration of x-ray devices. Hologic is not responsible for fulfilling customer's regulatory obligations.

Quotation reflects trade-in of existing Fischer Table and Mammatome device.

Trade In:

Fisher Table and Mammatome Device

Mammotome

Hologic is required by law to collect all state and local taxes on all sales. If an exemption certificate is not provided by customer at time of order, final invoices will include these amounts. Many states require both specific operator qualifications and/or licensing and registration of x-ray devices. Hologic is not responsible for fulfilling customer's regulatory obligations.

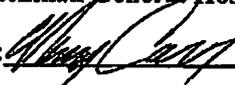
Hologic may request new customers and established customers to complete our credit application to create or update current credit files. This requirement will be contingent on order amount and prior history with Hologic.

This Quote is not entered into, pursuant to, or in connection with any group purchasing arrangement of which Customer or Hologic is a party, and is not intended to result in the reporting of sales or the payment of administrative fees to any group purchasing organization. In no event will Hologic be obligated to pay administrative fees to a group purchasing organization, integrated delivery network, or other entity with respect to any single purchase order by Customer under this Quote.

The customer agrees to treat all quoted and sales information as confidential and not to disclose it to any third party other than required by law.

Buyer Acceptance:

Ketchikan General Hospital

By:  (signature)

Name and Title: ALVIN CARR, MATERIALS SUPERVISOR (print/type)

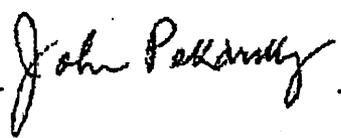
Date: 08/27/2010

Additional Buyer Acceptance (if applicable):

By: _____ (signature)

Name and Title: _____ (print/type)

Date: _____

Hologic Approval: 

Date: _____

Attachment B Photographs

