

THE STATE OF SOUTH CAROLINA

In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
Ralph King Anderson III, Administrative Law Judge

Appellate Case No. 2014-000973
Case No. 2012-ALJ-07-0090-CC

Grand Strand Regional Medical Center, LLC Respondent,
v.

South Carolina Department of Health and
Environmental Control.....Respondent below.

Case No. 2012-ALJ-07-0091-CC

Grand Strand Regional Medical Center, LLC Respondent,
v.

South Carolina Department of Health and
Environmental Control and Carolina Regional Cancer Center, LLC... Respondents below,
Of whom Carolina Regional Cancer Center, LLC is the Appellant.

RECORD ON APPEAL – VOLUME 8 OF 10

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- (1) Chilled water piping - 2" and less pipe 1-1/2" thick, 2-1/2" and larger pipe 2" thick.
- b) Glassfiber pipe insulation shall be factory-foamed, factory-jacket "system". Jacket is to be vapor-barrier type when used for systems operating below 60 degrees F. "System" shall have minimum 4 pound per cubic foot density and "R" value of 4.00 per inch. Product to be equal to Mansville "Micro-Lok 650" with jacket of fiberglass reinforced kraft paper with aluminum foil. Provide insulation for the following services:
 - (1) Hot water and steam piping - 1-1/2" thick.
 - (2) Moisture condensate drain - 1" thick.
- c) Blanket type duct insulation shall be minimum 1 pound per cubic foot density, flexible, factory-reinforced, foil-faced, kraft vapor barrier glass fiber blanket "system" having a minimum "R" value of 3.92 per inch. Product to be equal to "Microlite" with FSKL aluminum foil reinforced with fiberglass with scrim laminated to kraft, as manufactured by Mansville. Provide insulation for the following:
 - (1) Outside air duct - 1-1/2" thick.
 - (2) Conditioned supply and return ducts concealed from view - 1-1/2" thick.
- d) Rigid board type shall be minimum 3 pound density, with FSKL aluminum facing. Equal to Manville "800 series Spin-Glas" or equal. Provide liner for the following:
 - (1) All exposed ductwork - 1-1/2" thick.
- e) Insulated fitting covers and jacketing shall be equal to Manville Zeston 2000 P.V.C. or equal.

H. HOT WATER HEATING COILS

1. GENERAL

- a) Coil capacities, pressure drops and selection procedures to be certified in accordance with ARI Standards 410-72.

2. PRODUCTS

- a) Fins to be continuous aluminum or copper plate-fin type.
- b) Tubes to be copper, expanded into fin collars and headers.
- c) Headers to be hydrostatically tested to 400 PSI.

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- d) Casing to be 16 gauge.

3. EXECUTION

- a) Coil mounting to be in accordance with SMACNA standards.
- b) Coil to be externally insulated with 1" thick, fiberglass, blanket wrap insulation.

I. AIR HANDLING UNIT - MEDIUM PRESSURE

1. GENERAL

- a) Air-handling units to be single-zone central station type. Units to be York Custom, Trane Custom, Haakon or Gouvernair. Cabinet leakage is not to exceed 1% of specified airflow. The deflection of the panels shall not exceed L/240 at +/- 8" wg.

2. PRODUCTS

- a) Each unit to be of the sectionalized double wall cabinet construction type. All sections and framing shall be insulated with minimum 4" thick insulation.
- b) Pre-Filter Section:
 - (1) Pre-filters shall be 4" thick x 24"x24", 30% front loading.
- c) Blower section:
 - (1) Supply and Return Fans to be airfoil plug-type with VFD. Maximum RPM shall be 1,800.
 - (2) Fan shaft to be solid steel.
- d) Cooling coil section:
 - (1) Locate coil for horizontal airflow.
 - (2) Provide 5/8" chilled water coils
- e) Final-Filter Section:
 - (1) Final-filters shall be 12" thick x 24"x24", 90% front loading.

J. ROOF EXHAUST FAN

1. PRODUCT

- a) Acceptable manufacturers: Greenheck, Acme, Penn, Cook or approved equal.
- b) Roof mounted fan:
 - (1) Fan to have aluminum housing, rubber isolators for motor and roof curb.

2. EXECUTION

- a) Install per manufacturer's installation instructions.
- b) Provide flexible connections between fan and duct.

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- c) Secure roof fan to curb with stainless steel screws.
- d) Unit to be mounted level.

K. FILTERS

1. GENERAL

- a) Provide filters as scheduled. Media type filters to be American Air Filter, Farr or approved equal. Electronic type filters to be CRS Industries or approved equal.

2. PRODUCTS

- a) Medium efficiency, disposable, plated media equals to Farr 30/30 at locations shown on drawings.
- b) High-efficiency cartridge type filter to be high density micro-fine glass fibers which are laminated to a non-woven synthetic backing equal to Farr Riga-Flo.

3. EXECUTION

- a) Install filters in accordance with manufacturer's published installation instruction.

L. SHEET METAL LOW PRESSURE

1. GENERAL

- a) Low pressure refers to systems operating up to 2.00" WG. Total static pressure with velocities up to 2,000 fpm.
- b) SMACNA Manual: Sheet metal tradesman to have a copy of SMACNA "Sheet Metal Construction for Ventilating and Air Conditioning System" latest edition on site.

2. PRODUCTS

- a) Rectangular duct and fittings:
 - (1) Provide rectangular sheet metal ducts constructed of prime quality galvanized sheet, thickness as required in SMACNA Manual.
 - (2) Fittings shall be manufactured from galvanized steel as specified in SMACNA Manual.
- b) Round and Spiral duct and fittings:
 - (1) Provide round and/or spiral sheet metal duct constructed of prime quality galvanized sheet, thickness as required in SMACNA Manual.
 - (2) Fittings shall be manufactured from galvanized steel of lock-forming quality as specified in SMACNA Manual.

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3. EXECUTION

- a) Duct connections to unit to allow for straight and smooth airflow. No turns to be installed at fan discharge in opposite direction to fan wheel rotation.
- b) Ductwork to be supported with galvanized steel hangers and routed to allow for maximum clearance for other trades.
- c) Where round duct exposed to view, contractor to use spiral duct.
- d) Seal all transverse joints with to be sealed Hardcast Inc. Foil-Grip AFG-1402 tape or approved equal.

M. MEDIUM-PRESSURE DUCT

1. GENERAL

- a) Ductwork this section to be constructed in accordance with SMACNA manual entitled "High Velocity Duct Construction Standards".
- b) Medium-pressure duct and fittings to be manufactured by a company who has had its principal business the manufacture of this type ductwork and fittings for at least five years.
- c) Duct dimensions shown on drawings are inside clear dimensions.

2. PRODUCTS

- a) Spiral pipe and fittings:
 - (1) Round pipe to be manufactured of galvanized steel meeting ASTM A-527-67 and in accordance with the SMACNA High Velocity Manual.
- b) Flat-oval duct and fittings:
 - (1) Ductwork and fittings shall be manufactured from galvanized steel of lock-forming quality as specified in ANSI/ASTM A-527-71.

3. EXECUTION

- a) Hangers and bracing used with ductwork to be galvanized.
- b) Provide pilot ports for measuring airflow in each main supply duct downstream of the straightest run of main and before first branch takeoff.
- c) Duct to be sealed with sealer specifically formulated for the sealing of high-pressure duct system as manufactured by Hardcast Inc. or approved equal.

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- d) Duct system to be leak tested at 50% above design operating pressure. Total allowable leakage is 1/2 of 1% of the air handling unit capacity.

N. SHEET METAL SPECIALTIES

1. GENERAL

- a) Air distribution to have ratings certified by Air Diffusion Council.

2. PRODUCTS

- a) Square ceiling diffusers shall be Titus "TMS" or equal by Metal-aire. Diffuser to be complete with opposed-blade volume damper, T-bar mounting frame and finish to be baked-on, off-white enamel.
- b) Laminar flow perforated face ceiling diffuser to be equal to Titus VerTec-AL or equal by Metal-aire. Diffuser to be complete with internal baffles for distributing air evenly over perforated plate, safety chain, balancing deflector, mounting frame suitable for type ceiling diffuser being installed-in and baked on off-white enamel finish.
- c) Sidewall supply air register shall be Titus 272R double deflection register or equal by Metal-aire. Register to be complete with two set of adjustable blades, front blades to be parallel with floor, opposed blade volume control, 3/4" border and baked-on, off-white enamel finish.
- d) Linear supply diffuser to be Titus "ML" diffuser or equal by Metal-aire. Diffuser to be complete with horizontal and/or vertical airflow adjustment (finish to be flat black), slot to be 1" and finish to be baked-on, off-white enamel.
- e) Return/exhaust air register shall be Titus "50-5F" or equal by Metal-aire. Register to be complete with opposed-blade volume damper, flush mount frame and finish to be baked-on, off-white enamel.
- f) Sidewall all steel return/exhaust registers to be Titus model 23R register or equal by Metal-aire. Register to be complete with 45 degree fixed blades running parallel to the floor, opposed blade volume control, 3/4" border and baked-on, off-white finish.
- g) Air louvers to be 6" deep American Warming and Vent, Inc. steel hurricane impact resistant type. Finish to be anodized, color selected by architect. Louver to have 1/2" mesh expanded aluminum screen.
- h) Fire dampers shall be type "C" multi-leaf, 100% free area, U.L. listed with 165 degree fusible links by Ruskin or approved equal.

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- i) Combination smoke/fire dampers to be U.L. listed for both fire and smoke, damper operator to be DDC compatible with control system. Dampers in medium pressure ducts to be airfoil, dampers in low pressure ducts to be triple "V" grooved.
- j) Flexible duct to be equal to Flexmaster U.S.A. model no. type 6M insulated or approved equal. Duct to be U.L. class 1 air duct. Length of duct to not exceed 6 feet.

3. EXECUTION

- a) Sheet metal specialty items to be installed in locations as shown on drawings and per manufacturer's recommendations.

O. VARIABLE/CONSTANT VOLUME REHEAT BOXES

1. GENERAL

- a) Variable-constant boxes to be Trane, Krueger, JCI or ETI. Boxes to be pressure independent, single duct, DDC powered with hot water reheat coil.
- b) Units to be pressure independent with factory actuators and accessory controls suitable DDC interface.
- c) Provide factory mounted hot water reheat coil in accordance with separate "hot water heating coil" section of the specifications.

2. EXECUTION

- a) Unit to be installed per manufacturer's recommendations.

P. CONTROLS - DDC

1. GENERAL

- a) Control system to be DDC.
- b) All work to be performed by trained and qualified electricians and mechanics.

2. PRODUCT

- a) Control panel to be 11 gauge cold-rolled steel, minimum 24" wide, 32" high, 8" deep with hinge locking door.
- b) Duct smoke detectors to be furnished by electrical and installed by mechanical.
- c) The system shall perform the automatic temperature control and energy management functions as indicated.

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d) Input devices shall input these signals:

(1) Analog inputs

- a. 4-20 mA
- b. 0-10 vDC
- c. Resistance Elements

(2) Digital inputs

- a. dry contact closure
- b. pulse accumulator

e) Output devices shall operate on these signals:

(1) Analog outputs

- a. 4-20 mA
- b. 0-16 vDC

(2) Digital outputs

- a. motor starters, size 1 to 4
- b. relays, contractors

f) User to have programmability of system.

g) Room thermostats to be manufacturer's top-line.

h) Automatic control dampers to be arrow pin lock damper No. OBDAF.

3. EXECUTION

a) Electrical tradesman to mount and wire items where directed by mechanical tradesman.

b) Control system as specified and shown to be free from defects in workmanship and material under normal use and service. If within one year from date of acceptance by architect any equipment prove defective in workmanship or material, it will be replaced or repaired free of charge.

Q. HVAC COMMISSIONING

1. GENERAL

a) Commissioning is a systematic process of ensuring that all building systems perform interactively according to design intent and the owner's operational needs.

b) The following systems will be commissioned:

- (1) Chillers, Boilers, Water Pumps, Air Handlers, Variable Frequency Drives, Terminal boxes, Fans, Combination Fire/Smoke Dampers, and Building Automatic System (and EMS).

2. PRODUCTS

- a) All testing equipment shall be of sufficient quality and accuracy to test and/or measure systems performance to the following tolerances:
 - (1) Temperature sensors plus or minus 0.1 degree
 - (2) Pressure sensors plus or minus 2.0 percent

3. EXECUTION

- a) Each piece of equipment shall receive complete checkout. No sampling strategies are to be used.
- b) Checkout forms shall be provided to contractor to be used during respective equipment inspection.
- c) Mechanical and General Contractors to inspect the HVAC equipment after the initial commissioning has been completed and make all corrections as required to correct deficiencies found.
- d) After each item on checklist and passed inspection both the Mechanical and General Contractors to sign respective checklist. These checklists will be included in closeout documents.

R. SYSTEM BALANCING

1. GENERAL

- a) Test and balance work to be performed by a Test and Balance firm engaged solely in full time test and balance work. Firm to be member of Associated Air Balance Control (AABC) or approved equal.
- b) Test and balance contractor to be hired by mechanical contractor.
- c) Copy of final test and balance report to be provided to inspector for their use at final inspection.

2. EXECUTION

- a) Balance air side devices to within the following:
 - (1) Supply diffusers -0 to +10%
 - (2) Return registers +0 to -10%
 - (3) Exhaust Register +0 to -10%
- b) Balance air side fans to within the following:
 - (1) Supply Fans: -0 to +5%
 - (2) Return Fans -0 to +5%
- c) Balance water side of system to within -0 to +10% of designed requirements and record data.
- d) Mechanical contractor to make changes as required for correct balance as directed by Balance Agent at no additional cost.

- e) Balance Agent to provide 3 copies of report to Architect for evaluation and approval.

Prepared by: J. Boyd Johnson, P.E. - I. C. Thomasson Associates, Inc.

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June 24, 2011

**Plumbing Systems Narrative
Grand Strand Regional Medical Center
Linear Accelerator
Myrtle Beach, South Carolina
ICT File No. 110103.02**

I. PROJECT DESCRIPTION

- A. The project will consist of a new single story addition to the existing hospital with a mechanical penthouse on the roof. The new addition will house a new linear accelerator, support spaces and administrative services. Refer to the architectural floor plans and space allocation for actual square footage of the facility. The plumbing and fire protection systems to be provided are described in the following paragraphs.

The project is located in a seismic zone. All plumbing and fire protection piping shall be braced for seismic Class C requirements.

II. NEW CONSTRUCTION

A. SANITARY WASTE AND VENT

Sanitary waste and vent shall be extended to all new plumbing fixtures. All sanitary sewer lines below slab shall be Schedule 40 PVC piping and fittings. All sanitary sewer and vent piping above slab shall be no hub cast iron piping with no-hub joints. Sanitary sewer for the addition shall be by a new 6" main connecting to the existing site sewer system.

B. STORM WATER DRAINAGE SYSTEM

The new addition will be provided with a complete storm water drain system utilizing cast iron roof drains and will be piped to the site storm drain system. Overflow will be accomplished by cast iron overflow roof drains, which will be piped together and discharged above grade. All rainwater and overflow leaders shall be insulated with 1" fiberglass all service jackets. Storm water piping below slab shall be Schedule 40 PVC piping and fittings. All storm water piping above slab shall be no hub cast iron piping with no-hub joints. Storm sewer from the new addition shall be by a new 10" main connecting to the existing site storm system.

C. DOMESTIC COLD, HOT AND HOT RETURN WATER

Domestic cold, hot, and hot water recirculation shall be provided to the addition by connecting to the existing 4" cold water, 2 1/2" hot water and 1" recirculation lines located approximately 50 feet away. New 2" cold water, 1 1/4" hot water and 3/4" recirculation lines shall serve the addition and extended to all plumbing fixtures. All new domestic hot water connections are to be totally re-circulated.

New shut-off valves shall be installed at the points of connection between new and existing and on all branch lines supplying new plumbing fixtures. Mechanical make-up water and equipment connections will be supplied with backflow prevention devices. Non-freeze wall hydrants will be provided on the new exterior walls. All new domestic hot and cold water piping shall be type "L" hard drawn copper pipe and fittings with 95/5 joints. All piping is to be insulated with fiberglass insulation with all-service jacket.

D. MEDICAL GAS

Medical gas shall be provided to the addition by connecting to the existing 1 1/4" vacuum, 3/4" oxygen, and 3/4" air lines located approximately 50 feet away. These lines shall be extended to the addition. A 1" vacuum, 1/2" oxygen and 1/2" air shall serve linear accelerator room. Valve and cap a 1" vacuum, 1/2" oxygen and 1/2" air lines above the ceiling for future linear accelerator.

Medical gas outlets to be provided as follows:

1. Linear Accelerator Room: Wall outlets (1) oxygen, (1) air, (1) vacuum, (1) slide bracket.

A medical gas zone valve box shall be provided per NFPA 99. Systems shall be independently certified after installation is complete. Medical gas outlets shall be compatible with existing.

E. PLUMBING FIXTURES

All plumbing fixtures shall be white, hospital grade. Water closets shall be floor mounted flush valve type. Lavatories accessible by patients and staff shall be vitreous china with chrome-plated gooseneck faucets with wrist blades. General area sinks to be stainless steel sinks with gooseneck faucets and wrist blades. Floor-mounted service basins will be provided in janitor's closets. Electric water coolers with stainless steel finish shall be provided.

F. FIRE PROTECTION SYSTEMS

Fire Protection shall be provided to the addition by connecting to the existing 6" fire main located approximately 50 feet away. The addition shall be equipped with a 100% fully sprinklered, hydraulically calculated automatic sprinkler system. A 2 1/2" fire department valve in a cabinet shall be provided.

Fire extinguishers, both wall hung and in cabinets, will be provided so that a maximum of 50 feet travel will reach any space. Fire extinguishers will be 10 lb ABC for general areas, 10 lb CO2 for electrical rooms.

All requirements of NFPA 13 and 14 shall be met.

III. PLUMBING SPECIFICATIONS

A. PIPING

1. Steel Pipes:
 - a) Schedule 40 (ASTM-120) black steel pipe with cast iron fittings, screwed, flanged, or mechanical coupled Allied XL Thin Wall Pipe or Schedule 10 (ASTM-135) with mechanical coupling.
 - b) Fire protection system piping
 - c) Waste, vent, and drain piping: 1-1/2 and smaller
2. Copper Pipes:
 - a) Type "L," hard drawn seamless, ASTM B-88:
 - b) Domestic hot and cold water piping: up to 4" OD
3. Type "K," hard drawn seamless for the following services:
 - a) Domestic cold water piping located under concrete slabs
4. Copper Pipe (Precognized):
 - a) Type "L," hard drawn, Recognized and capped, marked for "Oxygen Use"
 - b) All medical gas piping including vacuum
 - c) All medical gas piping to be certified
5. Standard Weight Cast-Iron Soil and Vent Pipe with Drainage Fittings:
 - a) Waste and vent pipe: 2" and larger
 - b) Storm water pipe
6. Joints in Cast-Iron Pipe:
 - a) Hub and spigot with Neoprene compression type gasketed joints
 - b) No hub couplings shall be standard C.I.S.P.I. couplings manufactured with 300 stainless steel and neoprene rubber sleeve, ASTM C564.
7. Schedule 40 PVC Pipe and Fittings:
 - a) Sanitary sewer and storm lines below grade only.
8. Pipe Insulation:
 - a) Glass Fiber:
 - (1) Factory-formed, fiberglass jacketed "system" type, fiberglass reinforced, white Kraft paper jacket, aluminum foil vapor barrier, and 4 pounds per cubic foot density
 - (2) Temperature Limit: 650 degrees F, minimum "R" of 4.00
 - (3) Manville "Micro-Lok 650" with Type AP jacketing
 - b) Insulate as follows:
 - (1) Domestic hot water and re-circulating piping: 1" thick
 - (2) Domestic cold water piping: 1/2" thick
 - (3) Rainwater leaders: 1" thick
 - c) Fitting Covers:
 - (1) Provide factory pre-molded one-piece insulated fitting covers, pre-cut insulation inserts and installation materials for the following services:
 - (2) All pipe fittings, elbows, tees, butterfly valves, and couplings
 - (3) PVC fitting covers are not acceptable

Prepared by: Anthony Estella C P D: I. C. Thomasson Associates, Inc.

June 24, 2011

Electrical Systems Narrative
Grand Strand Regional Medical Center
Linear Accelerator
Myrtle Beach, South Carolina
ICT File No. 110103.01

I. PROJECT DESCRIPTION

- A. The project will consist of a new single story addition to the existing hospital with a mechanical penthouse on the roof. The new addition will house a new linear accelerator, support spaces and administrative services. Refer to the architectural floor plans and space allocation for actual square footage of the facility. The electrical systems for the facility are described in the following paragraphs.

II. NEW CONSTRUCTION

A. POWER DISTRIBUTION

A new 400-amp, 480/277-volt 'Equipment Branch' panel shall be provided to serve the new mechanical equipment. The panel shall be served from distribution equipment located in the existing powerhouse. In addition, a new 50-amp, 208/120-volt panel shall be provided via a 15 KVA transformer fed from the 250-amp panel described above.

A new 400-amp, 480/277-volt 'Critical Branch' panel shall be provided to serve the linear accelerator and other critical power needs. The panel shall be served from distribution equipment located in the existing powerhouse. In addition, a new 100-amp, 208/120 volt panel shall be provided via a 30KVA transformer fed from the 250-amp panel described above.

A new 100-amp, 208/120 volt 'normal branch' panel shall be provided. This panel shall be fed from existing 208V panel 'LN' located in the existing 2nd floor electrical room of adjacent patient tower.

All new 'Life Safety Branch' circuits shall be served from existing panels located in adjacent areas.

B. LIGHTNING PROTECTION

The existing building lightning protection system shall be expanded to provide complete coverage of the new addition per NFPA 780 and all requirements of authorities having jurisdiction

C. FIRE ALARM

The existing Simplex 4100 fire alarm system shall be expanded as required to provide complete coverage of the new addition per NFPA 72.

D. LIGHTING

In general, most spaces shall utilize direct/indirect 2' x 4' fluorescent lights. At work spaces additional under counter or under cabinet task lighting shall be utilized. All egress paths shall be marked with directional exit lights, each having LED type illumination. Fluorescent downlights, decorative pendants and decorative sconces shall be utilized at locations determined by the architect. Dimmable incandescent down lights shall be utilized in the linear accelerator room. Exterior lighting shall consist of aluminum pole mounted fixtures and building mounted lights equal to Kim Archelyn and wall director respectively.

E. RECEPTACLE

All receptacles shall be hospital grade at patient care locations. At each bed location in critical treatment spaces shall have eight duplex receptacles. Four receptacles shall be wired on critical power using three dedicated branch circuits. Two receptacles shall be wired on normal power with each branch circuit serving two treatment spaces. Two receptacles (one critical and one normal) shall be on wall at 18" above floor at either side of the bed location. Additional receptacles shall be added in a treatment room for the monitor (critical), general use (normal) and other owner furnished equipment as required. Wall-mounted receptacles shall be provided in all office, work and staff spaces with normal and emergency power as required by code and usage. At nurse and work stations, duplex receptacles (critical) shall be provided 4" above counter. All receptacles above counters and within 6' from a sink shall be ground fault circuit interrupter (GFI) type. The new Electrical and Mechanical Rooms shall have duplex receptacles and shall be wired on critical circuits. Near each new exterior entrance and at roof-mounted mechanical units shall have GFI duplex receptacle in weatherproof enclosure. All owner-furnished equipment, like freezers, refrigerators, vending machines, microwaves, etc., shall have dedicated duplex receptacles.

F. STARTERS/DISCONNECTS

Provide all starters, disconnects, rough-in, 120 volt control wiring, duct smoke detectors, and thermal motor switches as necessary for connection to all new equipment as described in the Division 15 Mechanical Systems Narrative.

G. LOW VOLTAGE ROUGH-IN

Provide all required back boxes, conduits (minimum 3/4" from each device box to accessible corridor ceiling), and sleeves, as required for installation of low voltage system.

III. ELECTRICAL SPECIFICATIONS

- A. Applicable codes with which the electrical work must comply include the latest adopted edition of the following, including all amendments and revisions.

NFPA-70 National Electrical Code
NFPA-72 National Fire Alarm Code
NFPA-101 National Life Safety Code
State and Local Building Codes in use by the local authorities having jurisdiction

B. RACEWAYS AND CONDUIT SYSTEMS

1. Electrical Metallic Tubing (EMT) may be used for all feeders and branch circuits not subject to physical damage or located underground, in wet locations, or encased in concrete slabs or ductbanks. Rigid Galvanized Steel (RGS) conduit or Intermediate Metal Conduit (IMC) will be used in such areas. Polyvinyl Chloride (PVC) conduit may be used here, only as indicated below.
2. PVC conduit will be used only underground and will be encased in 4" concrete envelope as detailed on the drawings. Where PVC conduit is used, a transition to RGS or IMC will be made prior to emergence above grade or through slabs. No PVC upturns to above grade or through slabs will be permitted.
3. All-steel conduit couplings, connectors, and fittings will be used on metallic raceways. Couplings for metallic raceways will be double lock nut or set screw type.
4. Flexible metallic conduit will be used for connection to recessed lighting fixtures and most types of equipment, especially that subject to vibration, such as motors and transformers. In damp or wet locations, flexible conduit will be liquid tight type.

C. CONDUCTORS

1. All conductors will be 98 percent conductivity copper with a minimum insulation rating of 600 volts; No. 10 AWG and smaller - solid with Type THHN; No. 8 AWG and larger - stranded with Type THHN or THWN. Cross-linked polyethylene type insulation will be used on all conductors underground or outside building footprint.

D. OUTLET BOXES

1. A galvanized steel outlet box will be provided for each fixture, switch, receptacle, or other device; 4" octagonal for ceiling and 4" square for wall, with raised plaster ring or device ring.

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E. PANELBOARDS

1. Bolt-on circuit breaker type panel boards with copper bus, each having an isolated neutral bus and separate ground bus, will be provided, rated 120/208 volt, 3 phase, 4 wire or 277/480 volt, 3 phase, 4 wire as appropriate. Panel boards will either be distribution type or lighting type, surface-mounted or flush-mounted, as indicated on the drawings.

F. WIRING DEVICES

1. Hospital grade receptacles will be used in all patient care areas. Special type outlets will be used where required by certain equipment and as indicated in the drawings and specifications.

G. INDIVIDUAL STARTERS AND CONTROLS

1. Starters will be provided as indicated on the drawings and where not furnished integral to the mechanical equipment. Line voltage control wiring and conduit will be provided by the electrical tradesmen.

H. SAFETY SWITCHES

1. Safety switches furnished with arc shields and rated for the voltage system in which they are applied will be used. General duty switches may be used on systems of 240 volts line-to-line or less. Heavy-duty switches will be used on systems above 240-volts line-to-line.

Prepared by: Josh Cartwright, P.E. - I. C. Thomasson Associates, Inc.

0162

June 24, 2011

Telecommunications Narrative
Grand Strand Regional Medical Center
Linear Accelerator
Myrtle Beach, South Carolina
ICT File No. 110103.01

I. PROJECT DESCRIPTION

The project will consist of a new single story addition to the existing hospital with a mechanical penthouse on the roof. The new addition will house a new linear accelerator, support spaces and administrative services. Refer to the architectural floor plans and space allocation for actual square footage of the facility. The systems to be provided are described in the following paragraphs.

II. NEW CONSTRUCTION

The telecommunications systems required for the new and renovated areas are described in the following paragraphs.

The Structured Voice and Data Cabling System shall be designed to provide adequate capacity for growth and can be expanded to meet the additional needs of the construction project. All hardware shall meet the HCA design specifications for performance.

A new communications room will be provided for the newly constructed addition to house the communications equipment described below. All communications equipment shall be coordinated through the IT&S designer.

The Nurse Call system shall be integrated with the current Nurse Call system (Rauland-Borg). All Patient care signaling shall be sent to the local Nurse station and all Code Blue signaling shall be sent to both the local Nurse Station as well as the PBX operator.

A Community Antenna TV (CATV) System shall be furnished to meet the need of the new addition. Installation shall provide for all necessary equipment and hardware to produce a noise free signal and High Resolution Picture.

The existing telephone system is scalable and will need to be expanded to meet the needs of the additions.

III. MISCELLANEOUS

Flush-mounted work area outlets shall be provided in all office, work and staff spaces. Each outlet shall consist of at least one Category 6 communications outlet. Personal computers and phone sets shall be identified per the user group/coordination meetings pertinent to this project.

Coordinate all owner-furnished system drawings with the structured cable design. Each individual system shall be color coded for ease of identification.

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Provide structured pathway and spaces for all communication and systems cabling for the addition and renovation. A "Snake Tray/J-Hook pathway shall be installed in the major corridors to manage the cabling to be installed on the 1st floor. A J-Hook system shall be used in all areas off the major corridors. All pathways shall adhere to the ANSI/TIA/EIA – 569 standard for pathways and spaces.

The new Communications Room shall be equipped with two 30 amp quad dedicated emergency circuits at 72" above finished floor. In addition each Communications Room shall be equipped with three 20 amp duplex outlets for primary clinical signaling equipment. Painted, fire rated A/C plywood shall be placed around the perimeter of the room to be used as mounting structure for the communications hardware.

The new Communications Room shall be equipped with standard 19"x84" freestanding racks. Racks shall be securely fastened to the concrete floor. Each rack shall have both vertical and horizontal wire management installed. Overhead ladder racking shall be in place for cable management and lateral seismic bracing.

All racks, cabinets, and ladder rack installed shall be grounded to the Telecommunications Ground Bar located in the communications room as per EIA/TIA – 607.

All Nurse Call cabling shall be furnished and installed by the Low Voltage Contractor according to vendor drawings. The Nurse Call manufacturer shall terminate, test and label all devices per manufacturer's instructions. The Paging/Public Address System shall operate in conjunction with the Nurse Call system.

All CATV cabling shall be furnished and installed by the Low Voltage Contractor. Owner vendor shall terminate, test and label all devices per manufacturer's instructions. Owner vendor to supply all equipment to insure adequate signal strength at each of the television locations.

IV. TELECOMMUNICATIONS SPECIFICATIONS

A. Applicable codes and standards to which the Telecommunication work must comply include the latest adopted edition of the following, including all amendments and revisions.

BICSI	2006 Telecommunications Distribution Methods Manual
ANSI/NFPA-70	National Electrical Code
ANSI/EIA/TIA- 568A	Commercial Building Telecommunications Cabling Standard
ANSI/EIA/TIA- 569	Commercial Building Standards for Telecommunications Pathways & Spaces
ANSI/EIA/TIA- 606	The Administration Standard for Telecommunications Infrastructure of Commercial Buildings
ANSI/EIA/TIA- 607	Commercial Building Grounding and Bonding

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Requirements for Telecommunications

B. STRUCTURED VOICE AND DATA CABLING INFRASTRUCTURE

A structured cabling system generally consists of one telecommunications outlet in each workstation, wall telephones in common and mechanical areas, an Intermediate Distribution Frames (IDF) located on each floor, and the Main Distribution Frame (MDF) centrally located in the building.

All cabling installed in the facility shall be Belden. The contractor shall warrant the entire installation for a minimum of 20 years from date of acceptance.

All Copper cabling shall be plenum Category 6 compliant cable. All cabling shall be terminated, tested and labeled to industry standards.

All UTP cabling shall be color coded for ease of identification and maintenance.

The New Communications closet backbone cable shall originate from the respective service provider. Communications cabling is not currently planned to route from the existing Hospital to this facility.

C. TELEVISION CABLING SYSTEM

All television outlets shall consist of one (1) RG6 coax cable. Cabling shall be terminated, tested, and labeled to industry standard.

All television back bone cabling shall be RG11 coax cable. This cable shall be delivered to each of the new communications closets.

All amps, taps, splitters, etc. shall be required to produce a picture free from noise and frequency degradation.

All Cabling shall be plenum rated.

Coordinate with system drawings for device placement and backbone requirements.

D. NURSE CALL SYSTEM

The Owner shall furnish and install an integrated Nurse Call system. The system shall be in accordance with UL-1069 specifications and shall take into account fail-safe regulations as described by national and local safety codes.

The equipment furnished under this specification shall be the standard product of one manufacturer.

All cabling shall be furnished and installed by the Low Voltage contractor per the coordinated vendor drawings.

The nurse call system shall have the capability to interface with a wireless telephone system. A nurse master station shall be provided per unit. When multiple units are located on a single floor, the nurse masters shall be capable of working together or independently.

All Patient care and Code Blue signaling shall be sent to the local Nurse station.

E. LOW VOLTAGE ROUGH-IN

Provide all required back boxes and conduits for all Low Voltage Systems. Conduit shall be a minimum 3/4" and be stubbed above the accessible ceiling or the nearest corridor ceiling. Back boxes shall consist of a 4 square box with a single gang mud ring for installation of a standard faceplate.

Back Box requirements vary from system to system. Refer to vendor drawings for height and size requirements.

Special back boxes shall be the responsibility of the respective vendor.

Contractor shall be responsible for all rough-in sleeves, riser floor penetrations, and fire stopping as required by code or AHJ.

Prepared by: Michael Henry - I. C. Thomasson Associates, Inc.

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McComas Enterprises Inc.
Van H. McComas, MS, DABR
Medical Physics Consultant
4124 Hall Oaks Dr. Gloucester, VA 23061

Adam Rudd
HCA Healthcare

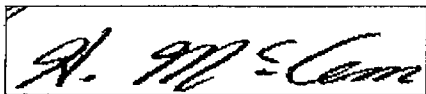
July 12, 2011

Dear Mr. Rudd:

Thank you for the opportunity to perform the shielding design for your proposed linear accelerator addition. I have been working as a medical physicist for 29 years and have performed several shielding designs during that time. I can provide references and locations of these accelerator vaults upon request.

I look forward to talking to you about this in the near future. If you have any questions please call my cell phone/voice mail @ 757-876-0734 or you can e-mail me at Van.McComas@cox.net. Thank you again.

Sincerely,

A rectangular box containing a handwritten signature in cursive script that reads "A. McComas".

Van H. McComas, MS,
Consulting Medical Physicist
President, McComas Enterprises Inc.

Exhibit B-9

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R003522

PATIENT TRANSFER AGREEMENT

THIS TRANSFER AGREEMENT (the "Agreement") is made as of this 16th day of January, 2010, by and between Grand Strand Regional Medical Center, LLC, doing business as Grand Strand Regional Medical Center and Conway Hospital, Inc. d/b/a Conway Medical Center, individually referred to herein as "facility," or "Transferring Facility" if transferring a patient, or "Receiving Facility" if receiving a patient, pursuant to the terms and provisions of this Agreement, and collectively as "facilities."

WITNESSETH:

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between the two facilities; and,

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities;

NOW, THEREFORE, to facilitate the continuity of care and the timely transfer of patients and records between the facilities, the parties hereto agree as follows:

1. **TRANSFER OF PATIENTS.** In the event any patient of either facility is deemed by that facility (the "Transferring Facility") as requiring the services of the other facility (the "Receiving Facility") and the transfer is deemed medically appropriate, a member of the nursing staff of the Transferring Facility or the patient's attending physician will contact the admitting office or Emergency Department of the Receiving Facility to arrange for appropriate treatment as contemplated herein. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of the Joint Commission on the Accreditation of Healthcare Organizations ("JCAHO") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious, or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility. The Receiving Facility's responsibility for the patient's care shall begin when the patient is admitted to the Receiving Facility.

2. **RESPONSIBILITIES OF THE TRANSFERRING FACILITY.** The Transferring Facility shall be responsible for performing or ensuring performance of the following:

- (A) Provide, within its capabilities, for the medical screening and stabilizing treatment of the patient prior to transfer;
- (B) Arrange for appropriate and safe transportation and care of the patient during transfer, in accordance with applicable federal and state laws and regulations;
- (C) Designate a person who has authority to represent the Transferring Facility and coordinate the transfer of the patient from the facility;
- (D) Notify the Receiving Facility's designated representative prior to transfer to receive confirmation as to availability of appropriate facilities, services, and staff necessary to provide care to the patient;
- (E) Prior to transfer of non-emergent patient, the transferring physician shall contact and secure a receiving physician at the Receiving Facility who shall attend to the medical needs of the patient and who will accept responsibility for the patient's medical treatment and hospital care;

- (F) Prior to transfer of emergent patient, the Transferring physician or designated administrator on call shall contact and secure the acceptance of the patient from Receiving Facility's emergency department or administration-on-call.
- (G) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the transferring physician with the coordination and transfer of the patient;
- (H) Provide, within its capabilities, personnel, equipment, and life support measures determined appropriate for the transfer of the patient by the transferring physician;
- (I) Forward to the receiving physician and the Receiving Facility a copy of those portions of the patient's medical record that are available and relevant to the transfer and continued care of the patient, including records related to the patient's condition, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests, and with respect to a patient with an emergency medical condition that has not been stabilized, a copy of the patient's informed consent to the transfer or physician certification that the medical benefits of the transfer outweigh the risk of transfer. If all necessary and relevant medical records are not available at the time the patient is transferred, then the records will be forwarded by the Transferring Facility as soon as possible;
- (J) Transfer the patient's personal effects, including, but not limited to, money and valuables, and information related to those items;
- (K) Notify the Receiving Facility of the estimated time of arrival of the patient;
- (L) Provide for the completion of a certification statement, summarizing the risk and benefits of the transfer of a patient with an emergency condition that has not been stabilized, by the transferring physician or other qualified personnel if the physician is not physically present at the facility at the time of transfer;
- (M) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider;
- (N) Recognize the right of a patient to request to transfer into the care of a physician and facility of the patient's choosing;
- (O) Recognize the right of a patient to refuse consent to treatment or transfer;
- (P) Complete, execute, and forward a memorandum of transfer form to the Receiving Facility for every patient who is transferred;
- (Q) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's medical records in accordance with applicable state and federal law and (ii) for the inventory and safekeeping of any patient valuables sent with the patient to the Receiving Facility; and,
- (R) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

3. **RESPONSIBILITIES OF THE RECEIVING FACILITY.** The Receiving Facility shall be responsible for performing or ensuring performance of the following:

- (A) Provide, as promptly as possible, confirmation to the Transferring Facility regarding the availability of bed(s), appropriate facilities, services, and staff necessary to treat the

patient and confirmation that the Receiving Facility has agreed to accept transfer of the patient. The Receiving Facility shall respond to the Transferring Facility within 30 minutes after receipt of the request to transfer.

- (B) Provide, within its capabilities, appropriate personnel, equipment, and services to assist the receiving physician with the receipt and treatment of the patient transferred
- (C) Reserve beds, facilities, and services as appropriate for patients being transferred from the Transferring Facility who have been accepted by the Receiving Facility and a receiving physician, if deemed necessary by a transferring physician unless such are needed by the Receiving Facility for an emergency;
- (D) Designate a person who has authority to represent and coordinate the transfer and receipt of patients into the facility.
- (E) When appropriate and within its capabilities, assist with the transportation of the patient as determined appropriate by the transferring or receiving physician.
- (F) Provide the Transferring Facility with a copy of the patient's clinical or medical records, including any record generated in the emergency department.
- (G) Maintain the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law.
- (H) Establish a policy and/or protocols (i) for maintaining the confidentiality of the patient's clinical or medical records in accordance with applicable state and federal law, (ii) for the receipt of the patient into the facility, and (iii) for the acknowledgment and inventory of any patient valuables transported with the patient.
- (I) Provide for the return transfer of patients to the Transferring Facility when requested by the patient or the Transferring Facility and ordered by the patient's attending/transferring physician, if the Transferring Facility has a statutory or regulatory obligation to provide health care assistance to the patient, and if transferred back to the Transferring Facility, provide the items and services specified in Section 2 of this Agreement.
- (J) Provide the Transferring Facility any information available about the patient's coverage or eligibility under a third party coverage plan, Medicare or Medicaid, or a healthcare assistance program established by a county, public hospital, or hospital district.
- (K) Upon request, provide current information concerning its eligibility standards and payment practices to the Transferring Facility and patient.
- (L) Acknowledge any contractual obligations and comply with any statutory or regulatory obligations that might exist between a patient and a designated provider.
- (M) Complete, execute, and return the memorandum of transfer form to the Transferring Facility.
- (N) Recognize and comply with the requirements of any state law and regulations or local ordinances that apply to the care and transfer of patients.

4. **Transfer in Response to an Emergency Evacuation.** In the event that either facility is required to transfer patients to the other facility in response to an emergency or disaster situation (including mandatory evacuation during hurricanes), the Transferring Facility will contact the other facility to determine bed availability for the specific care needs of the patients to be transferred. In addition to the responsibilities of both parties detailed

in Paragraphs 2 and 3 above, the Transferring Facility, at the request of the Receiving Facility, may provide such staff, supplies, equipment, food and medications as may be necessary to care for the transferred patients for up to 72 hours. All Transferring or Receiving Facility staff shall remain employees of their respective institutions, and Transferring Facility shall be responsible for making arrangements to accommodate relocated staff in local hotels in the vicinity of the Receiving Facility.

5. **BILLING.** All claims or charges incurred with respect to any services performed by either facility for patients received from the other facility pursuant to this Agreement shall be billed and collected by the facility providing such services directly from the patient, third party payer, Medicare or Medicaid, or other sources appropriately billed by that facility, unless applicable law and regulations require that one facility bill the other facility for such services. In addition, it is understood that professional fees will be billed by those physicians or other professional providers who actually participate in the care and treatment of the patient and who are entitled to bill for their professional services at usual and customary rates. Each facility agrees to provide information in its possession to the other facility and such physicians or professional providers sufficient to enable them to bill the patient, responsible party, or appropriate third party payer.

6. **RETRANSFER; DISCHARGE.** At such time as the patient is ready for transfer back to the Transferring Facility or another health care facility or discharge from the Receiving Facility, in accordance with the direction from the Transferring Facility and with the proper notification of the patient's family or guardian, the patient will be transferred to the agreed upon location. If the patient is to be transferred back to the Transferring Facility, the Receiving Facility will be responsible for the care of the patient up until the time the patient is re admitted to the Transferring Facility.

7. **COMPLIANCE WITH LAW.** Both facilities shall comply with all applicable federal and state laws, rules and regulations, including, without limitation, those laws and regulations governing the maintenance of clinical or medical records and confidentiality of patient information as well as with all standards promulgated by any relevant accrediting agency.

8. **INDEMNIFICATION; INSURANCE.** The facilities shall each be responsible for their own acts and omissions in the performance of their duties hereunder, and the acts and omissions of their own employees and agents, and shall indemnify and hold harmless the other party from and against any and all claims, liabilities, causes of action, losses, costs, damages and expenses (including reasonable attorney's fees) incurred by the other party as a result of such acts and omissions. In addition, each party shall maintain, throughout the term of this Agreement, comprehensive general and professional liability insurance and property damage insurance coverage in amounts reasonably acceptable to the other party, and shall provide evidence of such coverage upon request. Grand Strand Regional Medical Center ("GSRMC") agrees that the limitations of liability under South Carolina Solicitation for Charitable Funds Act - Section 33-56-180 of the South Carolina Code, shall apply to Conway Medical Center ("CMC"), its employees, agents, directors and trustees, or any other person, including an independent contractor, for whose acts CMC may be held liable, for any claim brought by GSRMC arising out of any injuries incurred by GSRMC or any other party, whether liability is based in common law, equitable indemnification, statutory or contract law, or any other basis.

9. **TERM AND TERMINATION.** The term of this Agreement shall be three (3) years, commencing on the 16th day of January, 2010, and ending on the 15th day of January, 2013, unless sooner terminated as provided herein. Either party may terminate this Agreement without cause upon thirty (30) days advance written notice to the other party. Either party may terminate this Agreement upon breach by the other party of any material provision of this Agreement, provided such breach continues for five (5) days after receipt by the breaching party of written notice of such breach from the non-breaching party. This Agreement may be terminated immediately upon the occurrence of any of the following events:

- (A) Either facility closes or discontinues operation to such an extent that patient care cannot be carried out adequately, or
- (B) Either facility loses its license, or Medicare certification.

(C) This Agreement may be renewed for subsequent one (1) year terms upon the mutual written consent of the parties.

10. **ARBITRATION.** Any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be determined and settled by arbitration in Myrtle Beach, South Carolina, in accordance with the rules of the American Health Lawyers Association Alternative Dispute Resolution Services and applying the laws of the state specified in section 11 below. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both parties. During the pendency of any such arbitration and until final judgment thereon has been entered, this Agreement shall remain in full force and effect unless otherwise terminated provided hereunder.

11. **ENTIRE AGREEMENT; MODIFICATION.** This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement.

12. **GOVERNING LAW.** This Agreement shall be construed in accordance with the laws of the State of South Carolina.

13. **PARTIAL INVALIDITY.** If any provision of this Agreement is prohibited by law or court decree of any jurisdiction, said prohibition shall not invalidate or affect the remaining provisions of this Agreement.

14. **NOTICES.** All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to: Grand Strand Regional Medical Center, LLC
d/b/a Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572
Attention: Chief Executive Officer

Copy to: HCA Corporation
One Park Plaza, P.O. Box 550
Nashville, Tennessee 37202-0550
Donna Torsney, Esq.
Attention: Legal Operations Counsel

If to: Conway Medical Center
P. O. Box 829
300 Singleton Ridge Road
Conway, SC 29528
Attention: Chief Executive Officer

or to such other persons or places as either party may from time to time designate by written notice to the other.

15. **WAIVER.** A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

16. **ASSIGNMENT; BINDING EFFECT.** Facilities shall not assign or transfer, in whole or in part, this Agreement or any of Facilities' rights, duties or obligations under this Agreement without the prior written consent of the other Facility, and any assignment or transfer by either Facility without such consent shall be null and void.

17. **HIPAA Requirements** Both Facilities agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Part 142 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements."

Both Facilities agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement.

Both Facilities will make their internal practices, books, and records relating the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

18. **Provider Warranty.** Both Facilities represent and warrant to each other that it (i) is not currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(f) (the "Federal health care programs"); (ii) is not convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declare ineligible to participate in the Federal health care programs, and (iii) is not under investigation or otherwise aware of any circumstances which may result in the Facility being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement and each Facility shall immediately notify the other Facility of any change in the status of the representation and warranty set forth in this section. Any breach of this section shall give either Facility the right to terminate this Agreement immediately for cause.

19. **CHANGE IN LAW.** Notwithstanding any other provision of this Agreement, if the governmental agencies (or their representatives) which administer Medicare, any other payer or any other federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time while this Agreement is in effect, which prohibits, restricts, limits or in any way substantially changes the method or amount of reimbursement or payment for services rendered under this Agreement, or which otherwise significantly affects either party's rights or obligations hereunder, either party may give the other notice of intent to amend this Agreement to the satisfaction of both parties, to compensate for such prohibition, restriction, limitation or change. If this Agreement is not so amended in writing within three (3) days after said notice was given, this Agreement shall terminate as of midnight on the third (3rd) day after said notice was given.

20. **EXECUTION OF AGREEMENT.** This Agreement shall not become effective or in force until all of the below named parties have fully executed this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

Grand Strand Regional Medical Center, LLC
d/b/a Grand Strand Regional Medical Center

By: _____
Its: _____

Conway Medical Center

By: _____

17. **HIPAA Requirements** Both Facilities agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Part 142 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements."

Both Facilities agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement.

Both Facilities will make their internal practices, books, and records relating the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

18. **Provider Warranty.** Both Facilities represent and warrant to each other that it (i) is not currently excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 U.S.C. Section 1320a-7b(1) (the "Federal health care programs"); (ii) is not convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declare ineligible to participate in the Federal health care programs, and (iii) is not under investigation or otherwise aware of any circumstances which may result in the Facility being excluded from participation in the Federal health care programs. This shall be an ongoing representation and warranty during the term of this Agreement and each Facility shall immediately notify the other Facility of any change in the status of the representation and warranty set forth in this section. Any breach of this section shall give either Facility the right to terminate this Agreement immediately for cause.

19. **CHANGE IN LAW.** Notwithstanding any other provision of this Agreement, if the governmental agencies (or their representatives) which administer Medicare, any other payer, or any other federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation, or if any court of competent jurisdiction renders any decision or issues any order, at any time while this Agreement is in effect, which prohibits, restricts, limits or in any way substantially changes the method or amount of reimbursement or payment for services rendered under this Agreement, or which otherwise significantly affects either party's rights or obligations hereunder, either party may give the other notice of intent to amend this Agreement to the satisfaction of both parties, to compensate for such prohibition, restriction, limitation or change. If this Agreement is not so amended in writing within three (3) days after said notice was given, this Agreement shall terminate as of midnight on the third (3rd) day after said notice was given.

20. **EXECUTION OF AGREEMENT.** This Agreement shall not become effective or in force until all of the below named parties have fully executed this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

Grand Strand Regional Medical Center, LLC
d/b/a Grand Strand Regional Medical Center

By: [Signature] 3/22/10
Its: CEO

Conway Medical Center

By: [Signature]
Its: CEO

Exhibit B-11A

0176

R003530



2010 – 2011 SOUTH CAROLINA HEALTH PLAN

**South Carolina State Health Planning Committee
South Carolina Department of Health and
Environmental Control**

Effective November 12, 2010

0177

with radiosurgery versus smaller fractions over time with radiation therapy. It is also known as Stereotaxic Radiosurgery or Radiation Surgery.

Stereotactic Radiation Therapy (SRT) is an approach similar to Stereotactic Radiosurgery which delivers radiation to the target tissue. However, the total dose of radiation is divided into several smaller doses given over several days, rather than a single large dose. The treatment time per session typically ranges from 30 to 90 minutes for two-five sessions. It can be used to treat both brain and extracranial tumors.

2. Types of Radiation Equipment:

A. Particle Beam (Proton):

Particle beams use heavy charged subatomic particles to deliver radiation to the tumor. Unlike the other equipment forms, some particle beams can only penetrate a short distance into tissue. Therefore, they are often used to treat cancers located on the surface of or just below the skin. There are only a few facilities that operate particle beam (or cyclotron) units, which can be used to treat brain cancers and fractionated to treat other cancers. There are currently only 5 facilities in the United States and the cost of more than \$100 million will limit their expansion.

B. Linear Accelerator (X-Ray):

The linear accelerator produces high energy x-rays that are collected to form a beam that matches the size and shape of the patient's tumor. The patient lies on a movable couch and radiation is transmitted through the gantry, which rotates around the patient. Radiation can be delivered to the tumor from any angle by rotating the gantry, moving the couch, or moving the accelerator with a robotic arm. The accelerator must be located in a room with lead and concrete walls to keep the rays from escaping. A conventional linac requires modifications, such as additional equipment, in order to be used for IMRT or other advanced techniques.

Minimal equipment requirements for a linear accelerator include:

1. at least 1 teletherapy unit, with an energy exceeding 1 megavolt (MV); the distance from the source to the isocenter must be at least 80 cm;
2. access to an electron beam source or a low energy X-ray unit;
3. adequate equipment to calibrate and measure dosimetric characteristics of all treatment units in the department;
4. capability to provide appropriate dose distribution information for external beam treatment and brachytherapy;

5. equipment for accurate simulation of the treatment units in the department (in general, one simulator can service 2-3 megavoltage treatment units);
6. field-shaping capability; and
7. access to CT scanning capability.

The capacity standards for a linear accelerator vary by the capability of the equipment. A conventional linear accelerator, either with or without EPID, has a capacity of 7,000 treatments per year, based upon an average of 28 patients treated per day, 5 days per week, 50 weeks per year. Linacs with IMRT and IGRT systems (such as Tomotherapy and Novalis TX) take longer to set up and perform treatments than those relying on previously generated images. Therefore, a lower capacity of 5,000 treatments per year is established for such equipment (20 patients treated per day, 5 days per week, 50 weeks per year). IMRT/IGRT machines that perform stereotactic procedures have a lower capacity of 4,500 treatments per year (18 patients treated per day, 5 days per week, 50 weeks per year). MUSC has three linacs designated with a capacity of 5,000 treatments and two with a capacity of 4,500. The Tomotherapy unit at Spartanburg Regional has been designated with a capacity of 4,500 treatments and the Tomotherapy unit at Carolina Regional Radiation Center has been designated as having a capacity of 5,000 treatments per year. The capacities for these machines and the need calculations for their service areas have been adjusted accordingly.

There is also linac equipment designed strictly to provide Stereotactic Radiotherapy in 1-5 treatment sessions. These specialized linacs have an even lower capacity because of the treatment time associated with this type of care. The capacity for such equipment is established as 2,000 treatments per year per unit, based on 8 treatments per day, 5 days per week, for 50 days per year. The Cyberknife at Roper Hospital is the only equipment so designated. It is an older generation unit with a previously designated capacity of 1,000 treatments per year. The capacity and need calculations for this facility and service area have also been adjusted.

C. Cobalt-60 (Photon):

This modality, best known by the trade name of Gamma Knife, is used to perform Stereotactic Radiosurgery. It is primarily used to treat brain tumors, although it can also be used for other neurological conditions like Parkinson's Disease and Epilepsy. Its use is generally reserved for cancers that are difficult or dangerous to treat with surgery. The radiation damages the genetic code of the tumor in a single treatment, preventing it from replicating and causing it to slowly shrink. Installation of a Gamma Knife system costs between \$3.4 and \$5 million, plus an additional \$0.25 to \$0.5 million every 5-10 years to replenish the cobalt-60 power source.

The Gamma Knife consists of a large shield surrounding a large helmet-shaped device with 201 separate, fixed ports that allow the radiation to enter the patient's head in small beams that converge on the designated target. A rigid frame is attached to the patient's

skull to provide a solid reference for both targeting and treatment. The patient is then sent for imaging, to accurately determine the position of the target. The computer system develops a treatment plan to position the patient and the paths and doses of radiation. The patient is positioned with the head affixed to the couch, and the treatment is delivered. The patient goes home the same day.

3. Status of South Carolina Providers:

A. Linear Accelerators:

There are currently 28 facilities either operating or approved for a total of 56 linear accelerators in South Carolina. In 2009, the 47 operational linear accelerators performed 264,116 treatments, or an average of 5,620 treatments per unit.

B. Gamma Knife:

Palmetto Health Richland performed 210 Gamma Knife treatments in 2009. MUSC's Gamma Knife became operational in February 2010.

4. Certificate of Need Standards for Radiotherapy

1. The capacity of a conventional linear accelerator, either with or without EPID, is 7,000 treatments per year.
2. Linear accelerators providing IMRT or IGRT have a capacity of 5,000 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.
3. IMRT/IGRT linear accelerators performing stereotactic procedures have a capacity of 4,500 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.
4. Linear Accelerators designed strictly to provide Stereotactic Radiotherapy have a capacity of 2,000 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.
5. There are 13 service areas established for Radiotherapy units as shown on the following chart.
6. New Radiotherapy services shall only be approved if the following conditions are met:

- A. All existing units in the service area have performed at a combined use rate of 80 percent of capacity for the year immediately preceding the filing of the applicant's CON application; and
 - B. An applicant must project that the proposed service will perform a minimum number of treatments equal to 50 percent of capacity annually within three years of initiation of services, without reducing the utilization of the existing machines in the service area below the 80 percent threshold. If the new equipment is a specialized radiotherapy unit as described in Standards 2, 3 or 4 above, then the applicant may propose an annual capacity based on the specialized use of the equipment by that applicant. If the applicant can justify this proposed annual capacity, then this capacity will be used in CON application calculations, as well as future capacity calculations, for that applicant. The applicant must document where the potential patients for this new service will come from and where they are currently being served, to include the expected shift in patient volume from existing providers.
7. Expansion of an existing service, whether the expansion occurs at the existing site or at an alternate location in the service area, shall only be approved if the service has operated at a minimum use rate of 80 percent of capacity for each of the past two years and can project a minimum use rate of 50 percent of capacity per year on the additional equipment within three years of its implementation. If the additional equipment is a specialized radiotherapy unit as described in either Standards 2, 3 or 4 above, then the existing provider may propose an annual capacity for that additional equipment, based on the specialized use of the equipment by that applicant. If the applicant can justify this proposed annual capacity, then this capacity will be used in CON application calculations, as well as future capacity calculations, for that applicant.
8. The applicant shall project the utilization of the service and document referral sources for patients within its service area, including letters of support from physicians and health care facilities indicating a willingness to refer patients to the proposed service, with expected annual referral volumes.
9. The applicant must affirm the following:
- A. All treatments provided will be under the control of a board certified or board eligible radiation oncologist;
 - B. The applicant will have access to a radiation physicist certified or eligible for certification by the American Board of Radiology or its equivalent;
 - C. The applicant will have access to simulation equipment capable of precisely producing the geometric relationships of the equipment to be used for treatment of the patient;

- D. The applicant will have access to a custom block design and cutting system; and

The institution shall operate its own tumor registry or actively participate in a central tumor registry.

Quality

Incorrect doses of radiation can be dangerous. Two patients in New York died from lethal overdoses. In response, the Medical Imaging & Technology Alliance and the Advanced Medical Technology Alliance recently announced the Radiation Therapy Readiness Check Initiative, which is intended to incorporate safety-check mechanisms into radiation therapy equipment. The manufacturers have agreed to make equipment modifications to improve patient safety, by preventing equipment from operating unless the users verify that safeguards are in place.

The initiative requires medical physicists to record the performance of quality-assurance reviews of treatment plans. Technicians are required to perform beam modification checks, verify correct placement of machine accessories, and confirm correct patient placement. Individual manufacturers will be responsible for incorporating the safety-check software into new equipment and creating software add-ons that can be incorporated into existing equipment. However, some older machines may not be capable of adding the safeguards.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for these services:

- a. Compliance with the Need Outlined in this Section of the Plan;
- b. Community Need Documentation;
- c. Distribution (Accessibility);
- d. Projected Revenues;
- e. Projected Expenses;
- f. Financial Feasibility; and
- g. Cost Containment.

The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

RADIOTHERAPY

<u>SERVICE AREAS</u>	<u>2009 POPULATION</u>	<u># OF LIN ACC</u>	<u>POP PER LIN ACC</u>	<u>TOTAL AREA TREATMENTS</u>	<u>TREATMENTS PER LIN ACC</u>	<u>PLANNING AREA CAPACITY</u>	<u>PERCENT CAPACITY</u>
ANDERSON, OCONEE	253,230	3	84,410	18,728	6,243	21,000	89.2%
GREENVILLE, PICKENS	541,950	6	90,325	29,754	4,959	42,000	70.8%
CHEROKEE, SPARTANBURG UNION	364,780	5	72,956	18,512	3,702	32,500	57.0%
CHESTER, LANCASTER, YORK	288,250	3	96,083	13,416	4,472	21,000	63.9%
ABBEVILLE, EDGEFIELD GREENWOOD, LAURENS MCCORMICK, SALUDA	232,640	2	116,320	6,747	3,374	14,000	48.2%
FAIRFIELD, KERSHAW LEXINGTON, NEWBERRY RICHLAND	712,910	9	79,212	47,211	5,246	63,000	74.9%
CHESTERFIELD, DARLINGTON DILLON, FLORENCE, MARION MARLBORO	340,910	5	68,182	22,191	4,438	35,000	63.4%
CLARENDON, LEE, SUMTER	170,600	2	85,300	10,812	5,406	14,000	77.2%
GEORGETOWN, HORRY WILLIAMSBURG	332,400	4	83,100	20,918	5,230	26,000	80.5%
BAMBERG, CALHOUN ORANGEBURG	128,340	2	64,170	6,545	3,273	14,000	46.8%
ALLENDALE, BEAUFORT, HAMPTON, JASPER	200,890	2	100,445	17,108	8,554	14,000	122.2%
BERKELEY, CHARLESTON COLLETON, DORCHESTER	647,160	11	58,833	44,288	4,026	60,000	73.8%
AIKEN, BARNWELL	187,170	2	93,585	7,886	3,943	14,000	56.3%
STATE TOTAL	4,401,230	56	78,593	264,116	4,716	370,500	71.3%

MEGAVOLTAGE VISITS

<u>REGION & FACILITY</u>	<u>COUNTY</u>	<u># UNITS</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
REGION I					
ANMED HEALTH MEDICAL CENTER	ANDERSON	2	10,811	12,781	12,449
GIBBS REGIONAL CANCER CTR SATELLITE 1	CHEROKEE	(1)	---	---	---
CANCER CENTERS OF THE CAROLINAS	GREENVILLE	1	6,175	5,821	4,834
CANCER CENTERS CAROLINAS - EASTSIDE		1	11,563	10,553	9,487
GREENVILLE MEMORIAL MEDICAL CENTER		3	17,669	18,309	15,433
GREER MEDICAL CAMPUS CANCER CTR 2		1	---	---	---
CANCER CENTERS CAROLINAS - OCONEE CO.	OCONEE	1	6,303	6,550	6,279
CANCER CENTER CAROLINAS - MARY BLACK 3	SPARTANBURG	1	---	---	---
SPARTANBURG REGIONAL MED CTR		3	18,853	17,480	18,512
VILLAGE AT PELHAM CANCER CENTER 1		1	---	---	---
REGION II					
SELF REGIONAL HEALTHCARE	GREENWOOD	2	6,060	6,589	6,747
LANCASTER RADIATION THERAPY CTR 4	LANCASTER	1	---	---	---
LEXINGTON MEDICAL CENTER	LEXINGTON	2	12,215	9,599	10,433
NEWBERRY ONCOLOGY ASSOCIATES 5	NEWBERRY	1	---	---	---
PALMETTO HEALTH RICHLAND	RICHLAND				
LINEAR ACCELERATORS		2	12,065	11,710	14,107
GAMMA KNIFE		1	232	206	210
SOUTH CAROLINA ONCOLOGY ASSOCIATES		4	20,242	26,881	22,671
ROCK HILL RADIATION THERAPY CENTER	YORK	2	14,721	14,210	13,416
REGION III					
CAROLINAS HOSPITAL SYSTEM	FLORENCE	1	5,358	4,557	5,015
MCLEOD REGIONAL MEDICAL CENTER		4	17,842	19,164	17,176
GEORGETOWN MEMORIAL HOSPITAL	GEORGETOWN	1	5,466	5,903	5,305

CAROLINA REGIONAL RADIATION CENTER		HORRY	3	13,107	14,335	15,613
TUOMEY		SUMTER	2	9,892	9,407	10,812
REGION IV						
RADIATION ONCOLOGY CTR OF AIKEN	6	AIKEN	2	6,916	7,371	7,886
BEAUFORT/HILTON HEAD RAD ONCOLOGY CTR		BEAUFORT	1	5,745	6,369	6,182
BEAUFORT MEMORIAL HOSPITAL	7		1	5,143	5,143	10,926
MUSC MEDICAL CENTER	8	CHARLESTON				
LINEAR ACCELERATORS			5	16,810	16,806	18,184
GAMMA KNIFE			1			
ROPER HOSPITAL	9		4	12,877	13,403	14,440
TRIDENT MEDICAL CENTER	10		2	11,971	11,461	11,664
REG MED CTR ORANGEBURG/CALHOUN	11	ORANGEBURG	2	5,545	7,060	6,545
TOTAL			56	253,349	261,462	264,116

- 1 GIBBES LINAC APPROVED 3/31/03; APPEALED. CON TO MOVE PROPOSED GIBBES LINAC TO VILLAGE AT PELHAM APPEALED 2/12/08. CONS ISSUED FOR GIBBES BY SUPREME CT RULING.
- 2 CON ISSUED 10/12/07, SC-07-53.
- 3 CON ISSUED BY SUPREME COURT RULING 3/31/10.
- 4 CON APPROVED 2/15/08; APPEALED. APPEAL DISMISSED 8/5/09; SC-09-39 ISSUED 8/12/09.
- 5 CON APPROVED 3/20/06.
- 6 CON ISSUED TO TRANSFER OWNERSHIP FROM AIKEN REGIONAL & ADD 2ND LINAC 6/11/09, SC-09-29.
- 7 DATA NOT AVAILABLE FOR 2008
- 8 CON FOR GAMMA KNIFE ISSUED 6/8/09. CON FOR 5TH LINAC ISSUED 7/8/09.
- 9 CON ISSUED FOR A CYBERKNIFE LINEAR ACCELERATOR 8/10/06. CON APPROVED FOR 3RD CONVENTIONAL LINAC 8/5/09.
- 10 CON ISSUED FOR REPLACEMENT LINAC 2/26/09 SC-09-07.
- 11 CON ISSUED FOR 2ND LINAC 10/14/10, SC-10-31.

Certificate of Need Standards for Stereotactic Radiosurgery

1. The capacity of a dedicated Stereotactic Radiosurgery unit is 300 procedures annually. This is based on an average of two procedures per day times three days per week times 50 weeks per year.
2. The service area for a dedicated Stereotactic Radiosurgery unit is defined as all facilities within 90 minutes one-way automobile travel time.
3. New Radiosurgery services shall only be approved if the following conditions are met:

- A. All existing units in the service area have performed at a combined use rate of 80 percent of capacity for the most recent year; and
 - B. An applicant must project that the proposed service will perform a minimum of 200 procedures annually within three years of initiation of service, without reducing the utilization of existing units below the 80 percent threshold.
- 4. Expansion of an existing radiosurgery service shall only be approved if the service has operated at a minimum use rate of 80 percent of capacity for each of the past two years and can project a minimum of 200 procedures per year on the additional equipment within three years of its implementation.
- 5. The applicant shall project the utilization of the service, to include:
 - A. Epidemiological evidence of the incidence and prevalence of conditions for which radiosurgery treatment is appropriate, to include the number of potential patients for these procedures;
 - B. The number of patients of the applicant who were referred to other radiosurgery providers in the preceding three years and the number of those patients who could have been served by the proposed service; and
 - C. Current and projected patient origin information and referral patterns for the facility's existing radiation therapy services. The applicant shall document the number of additional patients, if any, that will be generated through changes in referral patterns, recruitment of specific physicians or other changes in circumstances.
- 6. The applicant must include letters of support from physicians and health care facilities indicating a willingness to refer patients to the proposed service.
- 7. The applicant must document that protocols will be established to assure that all clinical radiosurgery procedures performed are medically necessary and that alternative treatment modalities have been considered.
- 8. The applicant must affirm the following:
 - A. The radiosurgery unit will have a board certified neurosurgeon and a board certified radiation oncologist, both of whom are trained in stereotactic radiosurgery;
 - B. The applicant will have access to a radiation physicist certified or eligible for certification by the American Board of Radiology or its equivalent;

- C. Dosimetry and calibration equipment and a computer with the appropriate software for performing radiosurgical procedures will be available;
 - D. The applicant has access to a full range of diagnostic technology, including CT, MRI and angiography; and
 - E. The institution shall operate its own tumor registry or actively participate in a central tumor registry.
9. Due to the unique nature and limited need for this type of equipment, the applicant should document how it intends to provide accessibility for graduate medical education students in such fields as neurosurgery and oncology.

Relative Importance of Project Review Criteria

The following project review criteria are considered to be the most important in evaluating certificate of need applications for these services:

- a. Compliance with the Need Outlined in this Section of the Plan;
- b. Community Need Documentation;
- c. Distribution (Accessibility);
- d. Projected Revenues;
- e. Projected Expenses;
- f. Financial Feasibility; and
- g. Cost Containment.

The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

Exhibit B-1 1B

0188

February 1, 2007

Ms. Patricia Price
Carolina Regional Cancer Center
4708 Oleander Drive
Myrtle Beach, SC 29577

Dear Ms. Price:

In order to develop the South Carolina State Health Plan, we need the following calendar year 2006 Linear Accelerator data for Carolina Regional Cancer Center. Your previously reported utilization data for 2005 are included below.

	<u>FY 2005</u>	<u>FY 2006</u>
Number of Linear Accelerators:	<u>2</u>	<u> </u>
Number of treatments: ***	<u>15,770</u>	<u> </u>

*** Refers to the number of patient visits, not the number of ports.

Name of the person completing this form (Print): _____

E-Mail Address (If Available): _____

Phone Number: _____ FAX: _____

Please complete the information on this letter and return by **February 28, 2007**. You can either send the completed report back via fax or mail to the addresses below. Thank you in advance for this information. If you have any questions, please contact me or Les Shelton at (803) 545-4200.

Sincerely,

Albert N. Whiteside, Director
Division of Planning and Certification of Need

South Carolina Department of Health and Environmental Control
Division of Planning and Certification of Need
2600 Bull Street
Columbia, SC 29201
Phone: (803) 545-4200
FAX: (803) 545-4579
E-Mail: whitesan@dhec.sc.gov

0189

R003543

March 31, 2008

Ms. Patricia Price
Carolina Regional Cancer Center
4708 Oleander Drive
Myrtle Beach, SC 29577

Dear Ms. Price:

In order to develop the South Carolina State Health Plan, we need the following calendar year 2007 Linear Accelerator data for Carolina Regional Cancer Center. Your previously reported utilization data for 2007 are included below.

	<u>FY 2006</u>	<u>FY 2007</u>
Number of Linear Accelerators:	<u>2</u>	<u>3</u>
Number of treatments: ***	<u>14,032</u>	<u>13,107</u>

*** Refers to the number of patient visits, not the number of ports.

Name of the person completing this form (Print): Patricia Price
E-Mail Address (If Available): PPrice @ crcc md. com
Phone Number: 843-449-9415 FAX: 843-449-2160

Please complete the information on this letter and return by June 2, 2008. You can either send the completed report back via fax or mail to the addresses below. Thank you in advance for this information. If you have any questions, please contact me at (803) 545-4200.

Sincerely,

Leslie W. Shelton, III
Division of Planning and Certification of Need

South Carolina Department of Health and Environmental Control
Division of Planning and Certification of Need
2600 Bull Street
Columbia, SC 29201
Phone: (803) 545-4200
FAX: (803) 545-4579
E-Mail: sheltolw@dhec.sc.gov

0190

R003544

JOINT ANNUAL REPORT FOR LINEAR ACCELERATORS – 2008

South Carolina Department of Health and Environmental Control

1. Name of Facility: Carolina Regional Cancer Center
2. Address: 4708 Oleander Drive
City: Myrtle Beach Zip Code: 29577 County: Horry
3. Name of Person Completing Form: Patricia Price
4. Telephone Number: 843-449-9415 Ext. 319
5. Fax Number: 843-449-2160
6. E-Mail Address: pprice@arccmd.com
7. Signature of Administrator: Patricia Price
8. Number of Linear Accelerators: 3
9. Number of Patients Treated During Reporting Period: 692
10. Number of Treatments Provided ***: 14,335
(*** Refers to the Number of Patient Visits, Not the Number of Ports)

Please report data for a full 12-month period, preferably from January 1, 2008 – December 31, 2008 (if not in operation for a full 12-month period, please report data from initiation of service to December 31, 2008).

Beginning Date 1 / 1 / 08 Ending Date 12 / 31 / 08
month day year month day year

RETURN COMPLETED FORM TO:

South Carolina Department of Health and Environmental Control
Division of Planning and Certification of Need
2600 Bull Street
Columbia, SC 29201
Phone: (803) 545-4200
FAX: (803) 545-4579
E-Mail: sheltolw@dhec.sc.gov

0191

JOINT ANNUAL REPORT FOR LINEAR ACCELERATORS - 2009

South Carolina Department of Health and Environmental Control

SCHEDULE A-IDENTIFICATION

Name of Facility:	Carolina Regional Cancer Center, PA		
Address:	4708 Oleander Drive		
City:	Myrtle Beach	Zip Code:	29577
		County:	Horry
Name of Person Completing Form:	Patricia Price, RTT		
Telephone Number:	843-449-9415		
Fax Number:	843-449-2160		
E-Mail Address:	PPRICE@CRCCMD.COM		
Required			
Signature of Chief Administrative Officer:	Patricia Price R.T.T.		
Number of Linear Accelerators:	3		
Number of Patients Treated During Reporting Period:	730		
Total Patient Treated During Reporting Period:			
Number of Treatments Provided: ***	15,613		
*** Refers to the Number of Patient Visits, Not the Number of Ports			

SCHEDULE B-REPORTING

Please report data for a full 12-month period, preferably from January 1, 2009 - December 31, 2009 (if not in operation for a full 12-month period, please report data from initiation of service to December 31, 2009).

Beginning Date 01 / 01 / 2009 Ending Date 12 / 31 / 2009
month day year month day year

RETURN COMPLETED FORM TO:

South Carolina Department of Health and Environmental Control
Division of Planning and Certification of Need
2600 Bull Street
Columbia, SC 29201
Phone: (803) 545-4200
FAX: (803) 545-4579

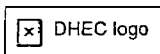
E-Mail: sheltolw@dhec.sc.gov or hallmamd@dhec.sc.gov

MAR 30 2010

HEALTH UTILITIES AND
SERVICES DEPARTMENT

ENTERED JUL 21 2010

0192



Joint Annual Reports South Carolina Department of Health and Environmental Control

Date: 06/09/2011
Admin

User : DHEC Administrator
Log Out

Linear Accelerator JAR, 2010

A. Identification

Name of Facility: CAROLINA REGIONAL CANCER CENTER, LLC

Edit

Facility ID: LAX-0009

Facility FEIN: 570956164

Address: 4708 OLEANDER DR

City: MYRTLE BEACH

Zip Code: 29577-

County: HORRY

Name of Person Completing Form: Richard R. Lewis

Telephone Number: (239) 931-7343

Fax Number: (239) 931-7380

Email Address: rlewis@rtsx.com

Chief Administrative Officer: PATRICIA PRICE

Does your facility have its own National Provider Identifier (NPI, or Subpart NPI) issued from the National Plan and Provider Enumeration System? ☒ Yes ☐ No ☐ No Response

If yes, please report the ten-digit Facility NPI: 1679524714

Is your NPI a Subpart NPI, of a Parent Organization? ☒ Yes ☐ No ☐ No Response

If yes, please report:

Parent Organization Name: Atlantic Urology Clinics, LLC

Parent Organization City: Myrtle Beach

Parent Organization State: SC

Parent Organization NPI: 1447293790

B. Reporting Period

Report data for a full 12-month period, preferably from January 1, 2010 through December 31, 2010

Edit

If not in operation for a full 12-month period, please report data from date of licensure to December 31, 2010.

Beginning Date: 01 / 01 / 2010

Ending Date: 12 / 31 / 2010

Beginning of your current fiscal year: 01 / 01 / 2010

Number of days in your reporting period: 365

Was your facility in operation 12 full months at the end of your reporting period? Yes

0193

R003547

C. Utilization

Total number of patients admitted/treated during reporting period : 830

Edit

Number of linear accelerators : 3

Number of treatments provided *** : 20946

***refers to the number of patient visits, not the number of ports.

0194

R003548

Joint Annual Report of Hospitals 2005

Georgetown Memorial Hospital

SCHEDULE A: Identification

Hospital Name: Georgetown Memorial Hospital
 Name of Operating Authority: Georgetown Hospital System
 Building Ownership: Georgetown Memorial Hospital
 Name of Person Completing Form: Colleen Kisner
 E-mail of Person Completing Form: ckisner@gmhsc.com
 Phone: 8435277138
 Chief Administrative Officer: Bruce Bailey

SCHEDULE B: Classification

B1. CONTROL

Government, Non-Federal	Nongovernment, Not for Profit	Investor-Owned, For-Profit	Federal Government
☐ State ☐ County ☐ City, County ☐ Hospital District or Authority	☐ Church-Operated ☒ Other	☐ Individual ☒ Partnership ☐ Corporation ☐ Limited Liability Co.	☐ Air Force ☐ Army ☐ Navy ☐ Veterans Affairs

B2. SERVICE

- ☒ General Medical and Surgical
- ☐ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ☐ Hospital Unit in an Institution for the Mentally Retarded
- ☐ Surgical
- ☐ Psychiatric
- ☐ Obstetrics and Gynecology
- ☐ Tuberculosis and Other Respiratory Diseases
- ☐ Long Term Acute Care Hospital
- ☐ Ear, Eye, Nose and Throat
- ☐ Rehabilitation
- ☐ Orthopedic
- ☐ Chronic Disease
- ☐ Institution for Mentally Retarded
- ☐ Alcoholism and Other Chemical Dependency
- ☐ Other (Specify Treatment Area):

CATH L
00993

http://www.ors2.state.sc.us/jaroh/2006/jaroh_print.asp?HID=310

7/27/2006

0195

R003549

D. PET Scanner (Including PET CT)

of Mobile Units:

of Fixed Units:

	# of Procedures 2004	# of Procedures 2005
Inpatient	0	
Outpatient	0	
Total	0	

E. Megavoltage Radiation Therapy

Megavoltage	Number of Machines	Number of Unduplicated Patients During Reporting Period	Number of Treatments*
1. Linear Accelerator			
2004	1	98	1899
2005	1	167	4533
2. Gamma Knife			
2004	0	0	0
2005			

F. Surgical Department**Number of Operating/Special Purpose Rooms and Number of Operations**

Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2005 Total
	2004	2005	2004	2005	2004	2005	
Operating	6	6	989	1869	3169	2208	4077
Cystoscopy	0	0	0	0	0	0	0
Endoscopy	2	2	813	867	2059	2579	3446
Other	0	0	0	0	0	0	0
TOTAL	8	8	1802	2736	5228	4787	7523

How many days per week may elective surgery be scheduled? 5

CATH L
01006

http://www.ors2.state.sc.us/jaroh/2006/jaroh_print.asp?HID=310

7/27/2006

0196

R003550



Date: 03/30/2007 Hospital: DHEC ADMIN Definitions Admin Page Log Out

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SCHEDULE A: Identification

Hospital Name: 310 - GEORGETOWN MEMORIAL HOSPITAL

Name of Operating Authority: GEORGETOWN HOSPITAL SYSTEM

Building Ownership: GEORGETOWN MEMORIAL HOSPITAL

Name of Person Completing Form: COLLEEN KISNER

Email Address of Person Completing Form: CKISNER@GMHSC.COM

Phone: 843-527-7138

Chief Administrative Officer: BRUCE BAILEY

SCHEDULE B: Classification

B1. Control

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. Check only one box.

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
☐ No Response			
☐ State	☐ Church-Operated	☐ Individual	☐ Air Force
☐ County	☒ Other	☐ Partnership	☐ Army
☐ City, County		☐ Corporation	☐ Navy
☐ Hospital District or Authority		☐ Limited Liability Corp.	☐ Veterans Administration

B2. Service

Indicate the one category that best describes the type of service your hospital provides to the majority of admissions. Check only one box.

- ☐ No Response
- ☒ General Medical and Surgical
- ☐ Hospital Unit of an Institution (e.g. Prison Hospital, College Infirmary)
- ☐ Hospital Unit in an Institution for the Mentally Retarded

0197

. PET Scanner (Include PET CT)

of Mobile Unit: 1 # of Fixed Units:

of Procedures 2005

of Procedures 2006

Inpatient	5
Outpatient	141
Total	146

E. Megavoltage Radiation TherapyFinal CPT Codes for Radiation Treatment Delivery [Joint Annual Report]

77401 Radiation treatment delivery, superficial and/or ortho voltage

77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV

77403 6-10 MeV

77404 11-19 MeV

77406 20+ MeV

77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV

77408 6-10 MeV

77409 11-19 MeV

77411 20+ MeV

77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV

77413 6-10 MeV

77414 11-19 MeV

77416 20+ MeV

77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session

77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)

G0339 Single fractionation treatment

G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2005	1	167	4533
2006	1	217	5416
Gamma Knife			
2005			

0198

2007



Date: 07/07/2008 Hospital: DHEC ADMIN [Instructions/Definitions](#) [Admin Page](#) [Log Out](#)

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SCHEDULE A: Identification

Hospital Name: 310 - GEORGETOWN MEMORIAL HOSPITAL

Name of Operating Authority: Georgetown Hospital System

Building Ownership: Georgetown Memorial Hospital

Name of Person Completing Form: Colleen Kisner

Email Address of Person Completing Form: ckisner@georgetownhospitalsystem.org

Phone: 843-527-7138

Chief Administrative Officer: Bruce Bailey

SCHEDULE B: Classification

B1. Control

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. Check only one box.

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
☐ No Response			
☐ State	☐ Church-Operated	☐ Individual	☐ Air Force
☐ County	☒ Other	☐ Partnership	☐ Army
☐ City, County		☐ Corporation	☐ Navy
☐ Hospital District or Authority		☐ Limited Liability Corp.	☐ Veterans Administration

B2. Service

Indicate the one category that best describes the type of service your hospital provides to the majority of admissions. Check only one box.

- ☐ No Response

0199

Therapeutic,				
Total	44	58	0	0
Inpatient	44	7	0	0
Outpatient	0	51	0	0
All Other, Total	0	328	0	0
Inpatient	0	128	0	0
Outpatient	0	200	0	0

Note: Report the number of patients having cardiac catheterization regardless of the number of procedures performed during that visit.

C. Magnetic Resonance Imaging

# of Mobile Unit:	# of Fixed Units: 1		
	# of Procedures 2006		# of Procedures 2007
Inpatient	694	594	
Outpatient	2207	2030	
Total	2901	2624	

D. PET Scanner (Include PET CT)

# of Mobile Unit: 1	# of Fixed Units:		
	# of Procedures 2006		# of Procedures 2007
Inpatient	5	4	
Outpatient	141	223	
Total	146	227	

E. Megavoltage Radiation Therapy

Final CPT Codes for Radiation Treatment Delivery [Joint Annual Report]

- 77401 Radiation treatment delivery, superficial and/or ortho voltage
- 77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV
- 77403 6-10 MeV
- 77404 11-19 MeV
- 77406 20+ MeV
- 77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV
- 77408 6-10 MeV
- 77409 11-19 MeV
- 77411 20+ MeV
- 77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV

0200

77413 6-10 MeV

77414 11-19 MeV

77416 20+ MeV

77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session

77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)

G0339 Single fractionation treatment

G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2006	1	217	5416
2007	1	264	5466
2. Gamma Knife			
2006			
2007	0	0	0

*Note: Under Number of Treatments, record the number of patient visits. This is NOT ports.

F. Surgical Department

- Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical

procedures that were performed while the patient was in the operating room or procedure room.

- For outpatient surgical operations, record operations performed on patients who do not remain in the hospital overnight.

- Include all operations, whether performed in the inpatient operating rooms or in procedure rooms located in the outpatient facility.

- Exclude vaginal deliveries; include Caesarean Sections.

- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2007 Total
	2006	2007	2006	2007	2006	2007	
Operating	6	6	1711	1626	2184	2027	3653
Cystoscopy	0	0	0	0	0	0	0

0201

2008



Date: 03/16/2009 Hospital: DHEC ADMIN Instructions/Definitions Admin Page Log Out

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SCHEDULE A: Identification

Hospital Name: 310 - GEORGETOWN MEMORIAL HOSPITAL
Name of Operating Authority: Georgetown Hospital System
Building Ownership: Georgetown Memorial Hospital
Name of Person Completing Form: Erin Shaffer Beadle
Email Address of Person Completing Form: ebeadle@georgetownhospitalsystem.org
Phone: (843) 520-8617
Chief Administrative Officer: Bruce Bailey

SCHEDULE B: Classification

B1. Control

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. Check only one box.

Government, Non-Federal	Non-Government, Not for Profit	Investor Owned, For Profit	Federal Government
☐ No Response			
☐ State	☐ Church-Operated	☐ Individual	☐ Air Force
☐ County	☒ Other	☐ Partnership	☐ Army
☐ City, County		☐ Corporation	☐ Navy
☐ Hospital District or Authority		☐ Limited Liability Corp.	☐ Veterans Administration

B2. Service

Indicate the ONE category that best describes your hospital or the type of service it provides to the MAJORITY of patients. Check only one box.

- ☐ No Response
☒ General Medical and Surgical

0202

Total 2452

D. PET Scanner (Include PET CT)

of Mobile Unit: 1 # of Fixed Units: 0

	# of Procedures 2007	# of Procedures 2008
Inpatient	6	
Outpatient	231	
Total	237	

E. Megavoltage Radiation Therapy

Final CPT Codes for Radiation Treatment Delivery [Joint Annual Report]

77401 Radiation treatment delivery, superficial and/or ortho voltage

77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV

77403 6-10 MeV

77404 11-19 MeV

77406 20+ MeV

77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV

77408 6-10 MeV

77409 11-19 MeV

77411 20+ MeV

77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV

77413 6-10 MeV

77414 11-19 MeV

77416 20+ MeV

77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session

77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)

G0339 Single fractionation treatment

G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2007			
2008	1	255	5903

0203

2. Gamma Knife

2007

2008

0

0

0

*Note: Under Number of Treatments, record the number of patient visits. This is NOT ports.

F. Surgical Department

- Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating room or procedure room.
- For outpatient surgical operations, record operations performed on patients who do not remain in the hospital overnight.
- Include all operations, whether performed in the inpatient operating rooms or in procedure rooms located in the outpatient facility.
- Exclude vaginal deliveries; include Caesarean Sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2008 Total
	2007	2008	2007	2008	2007	2008	
Operating	6			1502		2045	3547
Cystoscopy	0			0		0	0
Endoscopy	2			699		1287	1986
Other	0			0		0	0
TOTAL	8			2201		3332	5533

How many days per week may elective surgery be scheduled? days

SCHEDULE E: Licensed Beds

Licensed Bed Capacity on last day of reporting period: 131 beds

SCHEDULE F: Utilization

F1. Inpatient - Adult and Pediatric (Exclude Newborn)

A. Patient Census Records

- Provide either admissions or discharges by service, if available. However, both TOTAL admissions and TOTAL discharges are needed.
- List beds for a particular service area only if a unit is specifically designated for the service area.
- If beds are not assigned to separate services, indicate by recording all beds under UNASSIGNED.

0204

2009



Date: 04/23/2010 Hospital: DHEC ADMIN Instructions/Definitions Admin Page Log Out

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Outline of Form Sections

Click on one of these links to jump directly to a section.

SCHEDULE A: Identification

SCHEDULE B: Classification

SCHEDULE C: Reporting Period

SCHEDULE D: Facilities and Services

D1. General Medical, Surgical, And Ancillary Services

D2. Selected Service Utilization

SCHEDULE E: Licensed Beds

SCHEDULE F: Utilization

F1. Inpatient - Adult And Pediatric (Exclude Newborn)

F2. Nursing Home Care

F7. Obstetrics Unit

SCHEDULE G: Outpatient Utilization

SCHEDULE H: Hospital Employees as of the last day of the reporting period

SCHEDULE I: Physician Arrangements

SCHEDULE J: Community Orientation

SCHEDULE K: Information Technology

SCHEDULE L: Supplemental Information

Comments

SCHEDULE A: Identification

Definition

Hospital Name: GEORGETOWN MEMORIAL HOSPITAL

Name of Operating Authority: Georgetown Hospital System

Building Ownership: Georgetown Memorial Hospital

Name of Person Completing Form: Erin Shaffer Beadle

Email Address of Person Completing Form: ebeadle@georgetownhospitalsystem.org

Phone: (843) 520-8617

Chief Administrative Officer: Bruce Bailey, CEO

SCHEDULE B: Classification

Definition

B1. CONTROL

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. **CHECK ONLY ONE BOX.**

Government, Non-Federal

Non-Government, Not for Profit

Investor Owned, For Profit

Federal Government

☐ No Response

☐ State

☐ County

☐ City

☐ City, County

☐ Hospital District or Authority

☐ Church-Operated

☒ Other

☐ Individual

☐ Partnership

☐ Corporation

☐ Limited Liability Corp.

☐ Air Force

☐ Army

☐ Navy

☐ Public Health Service

☐ Veterans Administration

☐ PHS Indian Service

☐ Department of Justice

☐ Federal other than above

0205

R003559

77408 6-10 MeV

77409 11-19 MeV

77411 20+ MeV

77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV

77413 6-10 MeV

77414 11-19 MeV

77416 20+ MeV

77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session

77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)

G0339 Single fractionation treatment

G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2008	1	255	5903
2009	1	529	5305
2. Gamma Knife			
2008	0	0	0
2009			

*Note: Under Number of Treatments, record the number of patient visits. This is NOT ports.

Back to Top / Jump to Save Button

F. Surgical Department

- Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating room or procedure room.
- For outpatient surgical operations, record operations performed on patients who do not remain in the hospital overnight.
- Include all operations, whether performed in the inpatient operating rooms or in procedure rooms located in the outpatient facility.
- Exclude vaginal deliveries; include Cesarean Sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2009 Total
	2008	2009	2008	2009	2008	2009	
Operating	6	6	1502	1410	2045	2037	3447
Cystoscopy	0	0	0	0	0	0	0
Endoscopy	2	2	699	788	1287	683	1471
Other	0	0	0	0	0	0	0
TOTAL	8	8	2201	2198	3332	2720	4918

How many days per week may elective surgery be scheduled? 7

SCHEDULE E: Licensed Beds

Definition

Licensed Bed Capacity on last day of reporting period: 131

Back to Top / Jump to Save Button

SCHEDULE F: Utilization

Definition

F1. Inpatient - Adult and Pediatric (Exclude Newborn)

A. Patient Census Records

- Provide either admissions or discharges by service, if available. However, both TOTAL admissions and TOTAL discharges are needed.
- List beds for a particular service area only if a unit is specifically designated for the service area.
- If beds are not assigned to separate services, indicate by recording all beds under UNASSIGNED.
- The total number of beds set up and staffed for use on last day of reporting period should be recorded in TOTAL. Please account for all the inpatient beds set up and staffed on last day of reporting period.
- DO NOT include swing beds or Medicaid administrative days program or observation patients not admitted as inpatients.
- Include patient days in observation for patients admitted as inpatients following observation status.

0206

R003560

Date: 06/21/2011

Instructions/Definitions | Admin Page | Log Out

2010

Hospital : DHEC ADMIN

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Click on one of these links to jump directly to a section.

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SCHEDULE D: Facilities and Services

D1. General Medical, Surgical, And Ancillary Services

D2. Selected Service Utilization

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SCHEDULE F: Utilization

F1. Inpatient - Adult And Pediatric (Exclude Newborn)

F2. Nursing Home Care

F7. Obstetrics Unit

SCHEDULE G: Outpatient Utilization

SCHEDULE H: Hospital Employees as of the last day of the reporting period

SCHEDULE I: Physician Arrangements

SCHEDULE J: Community Orientation

SCHEDULE K: Information Technology

SCHEDULE L: Supplemental Information

Comments

[Back to Top / Jump to Save Button](#)

SCHEDULE A: Identification

Definition

Hospital Name: GEORGETOWN MEMORIAL HOSPITAL

Name of Operating Authority: Georgetown Hospital System

Building Ownership: Georgetown Memorial Hospital

Name of Person Completing Form: Erin Shaffer Beadle

Email Address of Person Completing Form: ebeadle@georgetownhospitalsystem.org

Phone: (843) 520-8617

Chief Administrative Officer: Bruce Bailey, CEO

[Back to Top / Jump to Save Button](#)

SCHEDULE B: Classification

Definition

B1. CONTROL

Indicate the type of organization responsible for establishing policy concerning overall operation of the hospital. **CHECK ONLY ONE BOX.**

0207

R003561

E. Megavoltage Radiation Therapy

Final CPT Codes for Radiation Treatment Delivery [Joint Annual Report]

77401 Radiation treatment delivery, superficial and/or ortho voltage
 77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks, up to 5 MeV
 77403 6-10 MeV
 77404 11-19 MeV
 77406 20+ MeV
 77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks, up to 5 MeV
 77408 6-10 MeV
 77409 11-19 MeV
 77411 20+ MeV
 77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutrons), up to 5 MeV
 77413 6-10 MeV
 77414 11-19 MeV
 77416 20+ MeV
 77418 Intensity modulated treatment delivery (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g., binary, dynamic MLC), per treatment session
 77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
 G0339 Single fractionation treatment
 G0340 Multiple treatment sessions

Megavoltage	Number of Machines	Number of unduplicated patients for the reporting period	Number of Treatments*
1. Linear Accelerator			
2009	1	529	5305
2010	1	607	5515
2. Gamma Knife			
2009			
2010			

*Note: Under Number of Treatments, record the number of patient visits. This is NOT ports.

F. Surgical Department

- Count each patient undergoing surgery as one surgical operation, regardless of the number of surgical procedures that were performed while the patient was in the operating room or procedure room.
- For outpatient surgical operations, record operations performed on patients who do not remain in the hospital overnight.
- Include all operations, whether performed in the inpatient operating rooms or in procedure rooms located in the outpatient facility.
- Exclude vaginal deliveries; include Caesarean Sections.
- Count other special rooms (e.g. laser surgery) on the OTHER line.

Number of Operating/Special Purpose Rooms and Number of Operations

(Please include open heart surgeries and Caesarean sections. Exclude licensed free-standing ambulatory surgeries and lithotripters.)

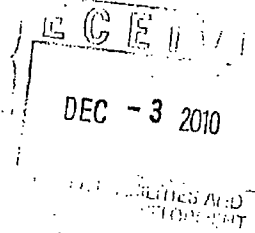
Type of Room	Number of Rooms		Inpatient Operations		Outpatient Operations		2010 Total
	2009	2010	2009	2010	2009	2010	
Operating	6		1410	1296	2037	1900	3196
Cystoscopy	0		0		0		
Endoscopy	2		788	791	683	663	1454
Other	0		0		0		
TOTAL	8		2198	2087	2720	2563	4650

0208

LEVITT
healthcare
affiliates

December 2, 2010

Beverly A. Brandt
Chief
Bureau of Health Facilities and Services Development
Division of Planning and Certificate of Need
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201-1708



RE: Construction of a free standing facility on the campus of Waccamaw Community Hospital to accommodate the relocation of existing radiation therapy services currently located at Francis B. Ford Cancer Treatment Center at Georgetown Memorial Hospital; purchase of a replacement linear accelerator and CT simulator; upon completion, services will be shifted from Georgetown Memorial Hospital to the new center.

Dear Ms. Brandt,

The following is response to your letter dated November 4, 2010, requesting additional information on the above referenced project.

1. Please provide the county location for item 2 of the Part A - Questionnaire. For B-2 (page 5), provide evidence of accreditation by the American College of Radiology. Also indicate if the proposed new location will house "medical oncology offices" and provide "access to chemotherapy." Please provide a copy of the current license for the Francis B. Ford Cancer Treatment Center.

Response: The proposed site is located in Georgetown County. Attachment A provides documentation that the Francis B. Ford Cancer Treatment Center is accredited by the ACR. The new location will house medical oncology offices and provide access to chemotherapy services. Attachment A also provides the current license for the Francis B. Ford Cancer Treatment Center.

2. The Project Overview on page 6 states that "the existing linear accelerator will be relocated." Please confirm if the existing accelerator will be physically relocated, and if so, the costs associated with the relocation and de-installation from the new facility when the "new replacement linear accelerator" is installed. Indicate the distance in miles between the current and proposed locations for the Francis B. Ford Cancer Treatment Center.

Response: The Project Overview references relocation of the linear accelerator service. The existing machine will not be physically relocated. The project scope will also include the purchase of a new replacement linear accelerator and simulator. The old equipment will be removed from the existing site and returned to the vendor. All costs associated with "de-installation" have been included in the total

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project costs. The distance between the current and proposed locations for the linear accelerator is approximately 24 miles according to Google Maps.

3. **Indicate if the new linear accelerator will be used for clinical trials and specifically what will be conducted in the "research space" referenced on page 6. Please further describe the collaboration with the Hollings Cancer Center.**

Response: All clinical trials currently conducted at the current location will be offered at the new location. **Attachment B** provides a list of the current clinical trials available at Georgetown Hospital System. The research space label on the proposed schematic is office space for the Clinical Trials Coordinator.

Georgetown Hospital System's affiliation with regional cancer leader, Medical University of South Carolina's Hollings Cancer Center's Research Network, affords access to the latest in cancer expertise and information. The Research Network is a program unique to South Carolina. It establishes the infrastructure for bridging access to cancer clinical trials research across the state and enables sites to share resources and work together in delivering quality clinical trials.

The partnership between the Georgetown Hospital System Francis B. Ford Cancer Treatment Center and the MUSC Hollings Cancer Center provides cancer patients in the Georgetown area access to new and innovative cancer treatments that are not yet available to the public. An MUSC faculty medical physicist and radiation oncologist are on the staff of the Georgetown facility. The radiation oncologist, Eric G. Aguero, M.D., is the principal investigator for many of the Research Network studies planned for Georgetown.

Georgetown Hospital System doctors and other healthcare professionals have the opportunity to participate in a variety of seminars, conferences, and internet-based education programs through affiliation with the Hollings Cancer Center. The Research Network also provides the doctors and study coordinators additional guidance and support to promote a successful clinical trials program. Network participation will help the Hollings Cancer Center expand its clinical trial program by providing a larger patient base.

The Georgetown Hospital System and MUSC (through University Medical Associates (UMA)), have formed an LLC to own and operate the Francis B. Ford Cancer Center. GHS owns 90 percent of the LLC, with the remaining 10 percent owned by UMA.

In addition to the affiliation described above, Georgetown Hospital System and MUSC have a professional services agreement to facilitate the supervision and training of Center personnel and certain residents and other personnel connected with UMA; afford effective selection, maintenance and utilization of Center's radiation therapy services and equipment; assure consistency of service, quality control and improve the safety of patients; provide for prompt availability of services; allow the needs of the patients to be met effectively and efficiently at a reasonable and fair cost; provide continuous availability of radiation therapy services for consultation with attending physicians; provide consistency with customary patterns for administration; provide a full continuum of care for patients; and promote the

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ability of Francis B. Ford Cancer Center to deliver high quality care efficiently, effectively, and at a fair and reasonable cost.

4. The total project cost estimate of \$10,370,321 in B-3 differs from the total project cost of \$10,631,407 in Attachment B; there are also discrepancies in the equipment costs in B-3 vs. Attachment B. Please reconcile. In addition, project cost estimates were not verified the architect; taxes do not appear to have been added to equipment costs; the CT and linear accelerator quotes expired in July, so current quotes must be obtained; the CT quote submitted is incomplete and a complete quote must be provided. Please describe the proposed use for the CT unit.

Response: The figure below provides the correct total project costs that corresponds to the verification by the architect provided in Attachment C to this document. Taxes have been added as a separate line item. Also provided in Attachment C are updated equipment quotes. The CT will be used as a simulator in treatment planning.

Figure 1
Project Cost Detail

Construction	\$ 2,532,634
Equipment	
Linear Accelerator	\$ 4,298,652
CT	\$ 1,208,245
Additional Equipment	\$ 871,825
<u>Taxes</u>	<u>\$ 446,511</u>
Total Equipment	\$ 6,825,233
Financing	\$ 707,393
Professional & Permit Fees	\$ 300,584
Other:	
Reimbursable Costs	\$ 50,653
Owner Contingency	\$ 202,611
Telecommunications	\$ 485,000
Furnishings/Artwork	\$ 50,000
County Impact Fees	\$ 68,413
<u>Other Miscellaneous</u>	<u>\$ 37,000</u>
Other Total	\$ 893,677
Total Project Cost Estimate	\$ 11,259,521

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5. Item B-5 mentions the "demolition of the existing medical building on the site" will be required where the proposed building will be located. The project cost estimate in Attachment B does not specify demolition costs. Please provide this information and update applicable costs.

Response: All site prep costs, including any demolition costs are included in the construction estimate of \$2,532,634.

6. For B-6, provide proposed use for the space currently occupied by the Francis B. Ford Cancer Treatment Center.

Response: The vacated building currently housing the linear accelerator services at the Francis B. Ford Cancer Treatment Center at GMH will be used for various administrative and support services of GHS. Proposed uses include physician offices and research offices, particularly for physicians and research personnel who see patients at both GMH and WCH and require administrative offices at each location. Additionally, GHS will make the space available to the community for health and wellness related events and educational classes as needed. GHS also proposes to make the space available to local support groups. GHS currently sponsors numerous support groups, including ones for cancer patients, Alzheimer's patients, caregivers, diabetes patients, amputees, stroke patients and Parkinson's patients, all of which would benefit from access to additional space. GHS is dedicated to improving the health status of the community, and the space will improve access to health and wellness space for community members. The building will not be physically altered so that if additional linear accelerator services are determined to be necessary in the future, that physical location could be used again for that purpose.

7. For B-8, Thomas Moran is listed as the registered agent for Georgetown Radiation Therapy, LLC according to the SC Secretary of State. Please indicate his role with the facility.

Response: Thomas Moran, Esq., is an attorney with Nelson Mullins who developed and filed the legal documents for Georgetown Radiation Therapy, LLC.

8. For B-9, provide current and projected volumes for the "new and innovative cancer treatments" if to be performed on the linear accelerator. The emergency transfer agreements in Attachment E are for emergency evacuations - provide copies of appropriate transfer agreements for non-evacuation emergencies.

Response: The "new and innovative cancer treatments" referenced in the CON application, refer to the clinical trials and treatment protocols accessible through the affiliation with the Hollings Cancer Center. Attachment B provides a list of the current clinical trials available at GHS. We have not quantified the projected volumes of these specific treatment protocols, as they are dynamic and change over time. As a freestanding cancer center, emergencies are rare. In the rare occasion that a transfer is required, 911 emergency services are utilized.

Attachment D provides letters from the Francis B. Ford Cancer Treatment Center to Georgetown Memorial Hospital and Waccamaw Community Hospital requesting appropriate transfer agreements.

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9. For B-11, Figure 3 map does not show zip codes for 29440, 29575 and 29485 as referenced in the application - please provide a map with this information. Please explain the difference in the service areas in Figure 3 and Figure 6. Please indicate why the patients for the Combined Service Area were counted twice instead of being split. Please provide historical volumes by service area. Indicate if the GMH internal data is based on calendar year or fiscal year. For Figure 5 on page 24, provide more information about the origin of the "Other" patients that account for 17.2% of the 2009 patients. Please provide projected utilization data by service area. Please address projected treatment types - conventional, specialized (IMRT, IGRT), stereotactic, etc. vs. current capabilities.

Response: On Figure 3, the labels for ZIP Codes 29440 and 29575 do not appear on the map, however the areas are shaded. 29485 is not a part of the proposed service area. Attachment E provides a revised map.

The South Carolina Health Plan identifies the service area for linear accelerator services to be comprised of Georgetown, Horry and Williamsburg Counties. Figure 3 in the CON application illustrates the three-county service area as defined by the South Carolina Health Plan, while Figure 6 represents the service areas for Waccamaw Community Hospital (WCH) and Georgetown Memorial Hospital (GMH) as defined by GHS. The service area definitions by GHS are shown below in Figure 2.

Figure 2
Services Areas for WCH and GMH, As Defined by GHS

ZIP Code	County	Area
WCH Service Area:		
29575	Horry	Surfside Beach
29576	Horry	Murrells Inlet
29577	Horry	Myrtle Beach
29578	Horry	Myrtle Beach
29579	Horry	Carolina Forest
29585	Georgetown	Pawleys Island
29588	Horry	Socastee
GMH Service Area:		
29440	Georgetown	Georgetown
29442	Georgetown	Georgetown
29458	Charleston	McClennanville
29510	Georgetown	Andrews
29554	Williamsburg	Hemingway
29556	Williamsburg	Kingstree
29580	Williamsburg	Nesmith
29585	Georgetown	Pawleys Island
29590	Williamsburg	Salters

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One ZIP Code, 29585, is included in both service area definitions. Patients were not "counted twice." Figure 5 shows the number of Cancer Center patients that originated from those ZIP codes in table format, and Figure 6 shows the same information in map format. As noted in yellow on Figure 6, ZIP Code 29585 is included in both service area definitions. It is assumed that the projected utilization by service area will be reflective of the prior year patterns and proximity.

Revised Figure 5 below shows the historical patient origin by service area by calendar year, and ZIP code 29585 is split between WCH and GMH based on the 2008 volume for WCH and GMH as a percent of total, subtracting out "Other" and ZIP code 29585.

Revised CON Figure 5
Georgetown Memorial Hospital Cancer Center
2008-2009 Patient Origin by Service Area

Zip Code	County	Area	2008		2009	
			Patients	% of Total	Patients	% of Total
WCH Service Area						
29575	Horry	Surfside Beach	38	9.4%	23	5.3%
29576	Horry	Murrells Inlet	86	21.3%	74	17.2%
29577	Horry	Myrtle Beach	19	4.7%	11	2.6%
29578	Horry	Myrtle Beach	1	0.2%	1	0.2%
29579	Horry	Carolina Forest	8	2.0%	20	4.6%
29585	Georgetown	Pawleys Island	37	9.2%	39	9.0%
29588	Horry	Socastee	26	6.5%	29	6.7%
WCH Service Area Total			215	53.3%	197	45.7%
GMH Service Area						
29440	Georgetown	Georgetown	70	17.4%	79	18.3%
29442	Georgetown	Georgetown	4	1.0%	3	0.7%
29458	Charleston	McClennanville	-	0.0%	2	0.5%
29510	Georgetown	Andrews	23	5.7%	30	7.0%
29554	Williamsburg	Hemingway	10	2.5%	18	4.2%
29556	Williamsburg	Kingstree	2	0.5%	-	0.0%
29580	Williamsburg	Nesmith	3	0.7%	3	0.7%
29585	Georgetown	Pawleys Island	23	5.7%	24	5.6%
29590	Williamsburg	Salters	-	0.0%	1	0.2%
GMH Service Area Total			135	33.5%	160	37.1%
Other			53	13.2%	74	17.2%
Grand Total			403	100.0%	431	100.0%

Source: GMH internal data.

Note: ZIP Code 29585 is included in both WCH's and GMH's service areas, and is split between the two facilities. The split is based on the volumes for WCH and GMH as a percent of total, subtracting out "Other" and 29585.

The "other" category for 2008 and 2009, detailed below in Figures 3 and 4, contains 19 different ZIP codes for each year. The majority of patients within this category originated from ZIP codes within Horry County for both years (68 percent and 82 percent of total other patients in 2008 and 2009, respectively).

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Figure 3
Georgetown Memorial Hospital Cancer Center
2008 Patient Origin by Service Area—"Other" Category Detail

Zip Code	County	2008	
		Patients	% of Total
29527	Horry	11	20.8%
29566	Horry	11	20.8%
29568	Horry	8	15.1%
29582	Horry	4	7.5%
29572	Horry	2	3.8%
29464	Charleston	2	3.8%
29563	Dillon	2	3.8%
29564	Williamsburg	2	3.8%
29511	Horry	1	1.9%
29555	Florence	1	1.9%
29483	Dorchester	1	1.9%
28469	Brunswick (NC)	1	1.9%
28468	Brunswick (NC)	1	1.9%
29405	Charleston	1	1.9%
29469	Berkeley	1	1.9%
29546	Marion	1	1.9%
33884	Polk (FL)	1	1.9%
40741	Laurel (KY)	1	1.9%
43719	Belmont (OH)	1	1.9%
Total, Other		53	100.0%

Source: GMH Internal Data.

Figure 4
Georgetown Memorial Hospital Cancer Center
2009 Patient Origin by Service Area—"Other" Category Detail

Zip Code	County	2009	
		Patients	% of Total
29526	Horry	18	24.3%
29527	Horry	11	14.9%
29566	Horry	9	12.2%
29568	Horry	6	8.1%
29582	Horry	6	8.1%
29569	Horry	5	6.8%
29572	Horry	3	4.1%
29511	Horry	3	4.1%
28470	Brunswick (NC)	2	2.7%
29580	Florence	2	2.7%
29555	Florence	1	1.4%
29483	Dorchester	1	1.4%
28469	Brunswick (NC)	1	1.4%
28337	Bladen (NC)	1	1.4%
29142	Orangeburg	1	1.4%
29528	Horry	1	1.4%
29536	Dillon	1	1.4%
29587	Horry	1	1.4%
29591	Florence	1	1.4%
Total, Other		74	100.0%

Source: GMH Internal data.

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The following figure provides the historical treatment volume by treatment type. It is assumed that the projected treatment volume by treatment type will be reflective of the prior year. Although the proposed equipment will have similar capabilities to the old equipment, it will be high performance, allowing for optimal treatment planning and fast, high quality treatments.

Figure 5
Georgetown Memorial Hospital Cancer Center
Historical Treatment Volume by Treatment Type

	FY07	FY08	FY09
IMRT Tx	2,904	3,450	3,099
Other External Beam TX	2,567	2,463	2,242
Total	5,471	5,909	5,341

Source: GMH Internal data.

- 10. Page 27 states "a notable portion of radiation therapy patients" are persons aged 65 and older. Please provide historical, current and projected volumes for this population regarding radiation therapy use by service area.**

Response: Approximately 69 and 63 percent of radiation therapy patients were persons aged 65 and older in calendar years 2008 and 2009, respectively. It is assumed that the projected volumes for this population will be reflective of the most recent full calendar year, 2009.

- 11. On page 30, Figure 13, please explain the decrease in utilization from 2008 to 2009. The JAR for this time period reports an increase from 255 to 529 unduplicated patients. Please explain the dramatic increase.**

Response: Figure 13 shows a slight decrease in the number of linear accelerator treatments from 2008 to 2009. This fluctuation is attributable to changes in practice and referral patterns by the urologists.

The JAR information is incorrect. The actual number of unduplicated patients in 2009 was 263.

- 12. For B-15, provide the financing letter that was referred to be in Attachment H, but was not present. A more definitive method of financing must be also provided as compared with the narrative.**

Response: Attachment F provides the financing letter from Terry Kiser, CFO. As identified in the letter, GHS had over \$100,000,000 in cash and cash equivalents as of August 31, 2010. Sufficient funding for this project is available.

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13. For B-16, no financial projections were provided as required.

Response: Attachment F provides the financial projections.

14. For B-17, document the proposed charges for this project (for purposes of comparison with the charge information that will be required in the final completion report.)

Response: The following provides the average charge for the highest volume radiation therapy procedures. These charges will be the same ones that will be used at the new location.

Figure 6
Current Charges
Francis B. Ford Cancer Center

X77403 Daily TxS 6-10MC/Mev	\$ 233.71
X77409 Daily Tx I 11-19mv/mev	\$ 292.14
X77413 Daily Tx C 6-10mv/mev	\$ 353.28
X77414 Daily Tx C 11-19mv/mev	\$ 350.56
X77418 IMRT Delivery	\$ 1,928.10

Source: GMH internal data.

15. For B-19, since there are other existing radiation therapy providers in the service area as defined by the S.C. Health Plan, the impact upon existing providers must be addressed. Please explain how this project fosters cost containment since the facility currently exists and the total project cost for the proposed project is indicated to be \$10,370,321 in the Appendix A Questionnaire. Please further address potential duplication of existing similar services that might caused by the relocation north of the current location. Please address any impact upon accessibility to rural and indigent populations by the potential relocation.

Response: Since the proposed project is a relocation of an existing service and will not result in an increase in the inventory of linear accelerators in the services area, no other providers will be impacted. In addition, the other existing provider in the service area operated at over 86 percent of capacity in 2009 (15,613 treatments).

WCH patients would benefit from the relocation of the existing linear accelerator, and GMH patients would not see any changes in radiation therapy services. Without the proposed project, radiation therapy services would not be as accessible to the majority of GHS patients. GHS strives to provide state-of-the-art care with comprehensive, technologically advanced equipment to its patient population. The replacement linear accelerator and simulator will have a positive impact on cost containment and quality of care by improving operational efficiency, as the proposed equipment will be high performance, allowing for optimal treatment planning and fast, high-quality treatments. The linear accelerator will be housed in the proposed Francis B. Ford Cancer Treatment Center at Waccamaw Community Hospital, which has been designed to enhance the productivity and efficiency of the providers of care, as well as the

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systems supporting them. This, in turn, translates into design economies, increased patient comfort and convenience, and ultimately better patient care.

GHS aims to provide accessible radiation care, allowing cancer patients to receive the highest quality care while remaining in their home environments. By relocating the existing linear accelerator within GHS to WCH, overall accessibility will be improved. Relocating the existing linear accelerator within the Georgetown Health System (from GMH to WCH) will not only address the maldistribution of historical radiation therapy patients in the WCH service area, but also fulfill the current demand for these services within both the GMH and WCH service areas. The proposed project does not represent a duplication of existing services since it is a relocation of an existing resource to better service the majority of the existing GHS patients. Relocation of the existing linear accelerator will not only place the linear accelerator in a location that is more consistent with historical patient origin information, but also fulfill the current demand for these services within both the GMH and WCH service areas. Analysis of the patient origin at GMH demonstrates that a greater amount of GMH's patient base originates from the WCH service area. As shown in Revised Figure 5 in Question 9, approximately 20 percent more patients originated from the WCH service area in comparison to the GMH service area in 2008. More patients also came from the WCH service area in 2009 as well. Since more patients originate from the WCH service area, relocating the existing linear accelerator from GMH will improve overall patient care and access to radiation therapy services for patients in the region.

Additionally, the demographic analysis of the GHS entities reveals service areas with strong population bases and growing 65-plus populations, particularly in the WCH service area. The population in WCH's service area is projected to grow nearly 13 percent between 2010 and 2015, representing approximately 18,000 residents over the five-year time period. In contrast, the population projections for GMH's service area are significantly lower than those for the WCH service area. GMH's service area is projected to grow only approximately 1 percent between 2010 and 2015. Similarly, the 65-plus growth rate in WCH's service area is also expected to exceed that of GMH. The number of service area residents age 65 and over is projected to grow approximately 24 percent between 2010 and 2015 for WCH, whereas the same population cohort is approximately 12 percent. As explained in Question 10, persons aged 65 and older represent a notable portion of radiation therapy patients in any given area, including the service areas within GHS.

Traveling is a burden to ill oncology patients who may require radiation therapy on a daily basis for an extended period. These patients are often elderly and may not be able to transport themselves to a radiation therapy provider, and it would be more convenient and beneficial for the provider to be nearby. The same is true of patients who undergo radiation therapy as a palliative treatment. If any hardships become apparent in the future concerning transportation to the proposed site, GHS will address any potential concerns on a case-by-case basis. Individuals will be referred to social support services at GHS, who will assist them in finding appropriate transportation options, which may include community outreach groups that provide transportation to those in need.

The demand for radiation therapy services is already high in the WCH service area, and will continue to grow in the coming years. Relocating the existing linear accelerator within the Georgetown Health System (from GMH to WCH) will not only address the geographic demand for radiation therapy in the WCH service area, but also better meet the current demand for these services within both the GMH and WCH service areas. GHS strives to provide high quality, accessible radiation therapy treatment to

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Beverly Brandt
December 2, 2010
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patients throughout the region. With the proposed project, GHS will be able to more effectively serve its service area residents.

- 16. For B-21, address the impact of the proposed facility relocation upon the staff and physicians currently practicing at the Francis B. Ford Cancer Treatment Center. Please address the impact of the increased distance from the proposed relocation upon the Hollings Cancer Center staff. Please provide the current and three-year projected manpower budget since it was not provided in Attachment I as indicated.**

Response: The proposed relocation will not impact the staff and physicians at the Francis B. Ford Cancer Treatment Center. The proposed new site is approximately 24 miles from the current site and adjacent to the Waccamaw Community Hospital. Currently, there are a number of GHS staff that work at both hospital campuses as well off-site locations. Some of the staff also live closer to the proposed site. The additional travel for some will not be a significant impact. The radiation oncologist, Dr. Agüero, currently travels to WCH regularly to perform seed implant procedures. Existing staff have expressed support for the proposed relocation, as it will better serve the patient base of the Cancer Center. Staff and physicians at the Francis B. Ford Cancer Treatment Center are dedicated to providing quality patient care and accessible services to their patients.

Attachment F provides the current and three-year projected manpower budget. It is anticipated that the three-year manpower budget will be reflective of the existing staffing plan.

- 17. For B-1 2, indicate if any other oncology physicians on staff will be providing letters of support.**

Response: Additional letters of support are provided in **Attachment G**. It is important to note that one of the two groups of medical oncologists at GHS is employed by the other radiation therapy provider in the defined service area. Letters of support from the remaining medical oncology group have been either previously submitted or are attached.

- 18. For B-27, please address any quality or patient safety standards specifically for radiation therapy.**

Response: **Attachment H** provides quality and patient safety standards specifically for radiation therapy. These policies will be used at the relocated center.

- 19. For Part C: Programmatic Documents - for item 3, the plot plan must include the must include the required elements; for item 4, a legal description must be provided; for item 6, evidence of proper zoning must be provided; for item 7, appropriate documentation must be provided.**

Response: **Attachment I** provides a plot plan, legal description, and evidence of proper zoning and available utilities.

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December 2, 2010
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20. For Part C: Programmatic Documents, C-9, a copy of the signed and dated minutes from the Georgetown Hospital System/MUSC Francis B. Ford Cancer Treatment Center Board of Trustees meeting must be provided. Please explain the relationship between the Board of Trustees and the Executive Committee of Georgetown Radiation Therapy Center, LLC. The narrative refers to "a letter from Bruce Bailey, CEO, documenting authorization from the Georgetown Radiation Therapy Center, LLC Executive Committee to proceed with the project" in Attachment O. However, the letter makes no mention of Georgetown Radiation Therapy Center, LLC Executive Committee. Please explain. In addition, a letter of July 28, 2010 from Charles Moore, Chairman, GHS Board, references expanding services and "an additional Linear Accelerator." Please explain.

Response: As a limited liability company, no board of directors exists. The company has a manager that is designated to manage the assets, affairs and operations of the company, with the approval of the executive committee. The manager is Bruce Bailey, CEO of Georgetown Hospital System and the executive committee is comprised of The Executive Committee is composed of three members: Bruce Bailey of Georgetown Hospital System, Rick Kaylor of Georgetown Hospital System, and Joseph M. Jenrette, III of University Medical Associates (MUSC). The terms "executive committee" and "board of trustees" have been used interchangeably.

The letter from Charles Moore was inadvertently sent to DHEC and should be discarded. It was not submitted as part of this CON application.

We trust this information is sufficient for you to deem the application complete and initiate the review of this project. If you have any additional questions, please do not hesitate to contact me at 843.379.9372. I look forward to working with you as this project continues.

Sincerely,



David S. Levitt
Managing Partner

cc: Rick Kaylor, Vice President

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Exhibit B-11C

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SOUTH CAROLINA COMMUNITY PROFILES

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South Carolina State and County Population Projections 2000-2035 Summary

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County	April 1, 2000 Census	July 1, 2005 Estimate	July 1, 2010 Projection	July 1, 2015 Projection	July 1, 2020 Projection	July 1, 2025 Projection	July 1, 2030 Projection	July 1, 2035 Projection
Abbeville	26,167	25,676	25,950	26,760	27,580	28,380	29,070	29,830
Aiken	142,552	148,700	158,120	167,800	177,510	187,210	196,500	206,020
Allendale	11,211	10,737	10,550	10,680	10,820	10,940	11,010	11,110
Anderson	165,740	174,387	184,990	193,370	201,730	210,110	218,520	226,900
Bamberg	16,658	15,744	15,230	14,840	14,470	14,090	13,560	13,110
Barnwell	23,478	23,053	23,560	24,530	25,510	26,490	27,190	28,070
Beaufort	120,937	139,333	156,070	170,640	185,220	199,780	215,270	230,240
Berkeley	142,651	152,858	170,270	181,350	192,450	203,520	214,140	225,010
Calhoun	15,185	14,884	15,210	15,940	16,660	17,390	17,980	18,640
Charleston	309,969	337,199	348,370	357,370	366,380	375,390	386,660	396,640
Cherokee	52,537	53,545	55,800	58,780	61,760	64,760	67,350	70,170
Chester	34,068	32,908	33,020	33,830	34,620	35,440	36,000	36,700
Chesterfield	42,768	42,745	43,480	44,670	45,870	47,050	48,040	49,140
Clarendon	32,502	32,757	33,610	34,900	36,210	37,520	38,600	39,820
Colleton	38,264	38,973	39,870	41,470	43,080	44,680	46,250	47,850

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Darlington	67,394	66,917	67,620	68,940	70,260	71,580	72,710	73,940
Dillon	30,722	30,725	30,730	30,800	30,860	30,920	31,000	31,060
Dorchester	96,413	111,722	129,450	139,370	149,300	159,210	170,210	180,580
Edgefield	24,595	25,400	26,560	28,420	30,270	32,130	33,520	35,170
Fairfield	23,454	23,704	23,760	24,470	25,190	25,920	26,610	27,330
Florence	125,761	129,924	134,510	138,860	143,230	147,580	151,940	156,300
Georgetown	55,797	59,534	62,610	66,130	69,650	73,180	76,880	80,500
Greenville	379,616	406,661	443,160	468,020	492,890	517,740	542,290	567,010
Greenwood	66,271	67,708	69,770	72,300	74,840	77,370	79,750	82,240
Hampton	21,386	21,008	21,710	22,550	23,390	24,230	24,860	25,600
Horry	196,629	228,578	265,360	291,080	316,810	342,530	367,680	393,160
Jasper	20,678	21,185	22,920	24,530	26,130	27,730	29,000	30,460
Kershaw	52,647	55,832	60,370	64,040	67,700	71,390	74,810	78,380
Lancaster	61,351	69,821	74,800	77,150	79,480	81,830	83,940	86,180
Laurens	69,567	69,479	72,040	76,120	80,220	84,310	87,660	91,440
Lee	20,119	20,252	20,270	20,720	21,180	21,640	22,060	22,500
Lexington	216,014	233,297	255,100	274,800	294,510	314,220	333,180	352,590
McCormick	9,958	10,016	10,450	11,020	11,590	12,170	12,720	13,280
Marion	35,466	34,450	34,160	34,580	35,020	35,450	35,680	36,020
Marlboro	28,818	27,606	28,430	27,770	27,100	26,430	25,750	25,080
Newberry	36,108	36,983	38,390	39,650	40,900	42,170	43,400	44,640
Oconee	66,215	69,302	73,420	77,860	82,300	86,740	91,070	95,460
Orangeburg	91,582	90,772	91,450	93,920	96,400	98,880	10,0700	10,2890
Pickens	110,757	113,729	120,600	128,260	135,920	143,570	150,420	157,720
Richland	320,677	345,167	366,550	381,230	395,920	410,610	425,960	440,940
Saluda	19,181	18,727	19,150	19,810	20,470	21,140	21,570	22,130
Spartanburg	253,791	265,669	283,530	296,880	310,220	323,550	336,810	350,110
Sumter	104,646	104,849	106,180	109,900	113,630	117,360	121,160	124,910
Union	29,881	28,267	27,640	27,420	27,190	26,980	26,570	26,260
Williamsburg	37,217	34,808	35,370	35,240	35,100	34,980	34,440	34,150
York	164,614	189,398	218,990	235,930	252,860	269,790	287,970	305,440
South Carolina	4,012,012	4,254,989	4,549,150	4,784,700	5,020,400	5,256,080	5,488,460	5,722,720

Source: U.S. Census Bureau, 2000 Census and 2007 Population Estimates. Population projections calculated by South Carolina Budget and Control Board, Office of Research and Statistics.

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Resident Population of South Carolina by County: 2010 Census

County	Resident Population (April 1, 2010)
Abbeville	25,417
Aiken	160,099
Allendale	10,419
Anderson	187,126
Bamberg	15,987
Barnwell	22,621
Beaufort	162,233
Berkeley	177,843
Calhoun	15,175
Charleston	350,209
Cherokee	55,342
Chester	33,140
Chesterfield	46,734
Clarendon	34,971
Colleton	38,892
Darlington	68,681

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Dillon	32,062
Dorchester	136,555
Edgefield	26,985
Fairfield	23,956
Florence	136,885
Georgetown	60,158
Greenville	451,225
Greenwood	69,661
Hampton	21,090
Horry	269,291
Jasper	24,777
Kershaw	61,697
Lancaster	76,652
Laurens	66,537
Lee	19,220
Lexington	262,391
McCormick	10,233
Marion	33,062
Marlboro	28,933
Newberry	37,508
Oconee	74,273
Orangeburg	92,501
Pickens	119,224
Richland	384,504
Saluda	19,875
Spartanburg	284,307
Sumter	107,456
Union	28,961
Williamsburg	34,423
York	226,073
South Carolina	4,625,364

Source: Source: U.S. Census Bureau, Census of Population and Housing 2010.

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Exhibit B-11D

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Population by Age and Sex Trend 2010
County (see appendix for geographies), Georgetown County

Population	Totals
2015 Projection	63,661
2010 Estimate	61,396
2000 Census	55,797
1990 Census	46,302

Growth 1990 - 2000 20.51%

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Total Population by Age	55,797		61,396		63,661	
Age 0 - 4	3,477	6.23%	3,748	6.10%	3,982	6.26%
Age 5 - 9	3,876	6.95%	3,752	6.11%	3,841	6.03%
Age 10 - 14	4,226	7.57%	3,773	6.15%	3,876	6.09%
Age 15 - 17	2,465	4.42%	2,466	4.02%	2,466	3.87%
Age 18 - 20	1,887	3.38%	1,957	3.19%	1,996	3.14%
Age 21 - 24	2,425	4.35%	2,818	4.59%	3,070	4.82%
Age 25 - 34	6,473	11.60%	7,705	12.55%	7,597	11.93%
Age 35 - 44	7,975	14.29%	7,384	12.03%	7,566	11.88%
Age 45 - 54	8,113	14.54%	8,523	13.88%	7,917	12.44%
Age 55 - 64	6,526	11.70%	8,297	13.51%	8,743	13.73%
Age 65 - 74	4,878	8.74%	6,108	9.95%	7,332	11.52%
Age 75 - 84	2,819	5.05%	3,580	5.83%	3,771	5.92%
Age 85 and over	657	1.18%	1,285	2.09%	1,504	2.36%
Age 16 and over	43,398	77.78%	49,302	80.30%	51,145	80.34%
Age 18 and over	41,753	74.83%	47,657	77.62%	49,496	77.75%
Age 21 and over	39,866	71.45%	45,700	74.43%	47,500	74.61%
Age 65 and over	8,354	14.97%	10,973	17.87%	12,607	19.80%
Median Age	38.85		41.07		41.61	
Average Age	38.7		40.8		41.4	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), Georgetown County

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	26,700		29,511		30,618	
Age 0 - 4	1,758	6.58%	1,931	6.54%	2,039	6.66%
Age 5 - 9	2,005	7.51%	1,934	6.55%	1,979	6.46%
Age 10 - 14	2,134	7.99%	1,945	6.59%	2,010	6.56%
Age 15 - 17	1,212	4.54%	1,253	4.25%	1,266	4.13%
Age 18 - 20	940	3.52%	997	3.38%	1,015	3.32%
Age 21 - 24	1,192	4.46%	1,416	4.80%	1,582	5.17%
Age 25 - 34	3,138	11.75%	3,741	12.68%	3,737	12.21%
Age 35 - 44	3,771	14.12%	3,610	12.23%	3,682	12.03%
Age 45 - 54	3,792	14.20%	4,022	13.63%	3,765	12.30%
Age 55 - 64	3,071	11.50%	3,838	13.01%	4,023	13.14%
Age 65 - 74	2,305	8.63%	2,784	9.43%	3,345	10.92%
Age 75 - 84	1,183	4.43%	1,572	5.33%	1,657	5.41%
Age 85 and over	199	0.75%	468	1.59%	518	1.69%
Age 16 and over	20,400	76.40%	23,289	78.92%	24,177	78.96%
Age 18 and over	19,591	73.37%	22,448	76.07%	23,324	76.18%
Age 21 and over	18,651	69.85%	21,451	72.69%	22,309	72.86%
Age 65 and over	3,687	13.81%	4,824	16.35%	5,520	18.03%
Median Age	37.58		39.26		39.57	
Average Age	37.6		39.5		39.9	

Population by Age and Sex Trend 2010
County (see appendix for geographies), Georgetown County

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Female Population by Age	29,097		31,885		33,043	
Age 0 - 4	1,719	5.91%	1,817	5.70%	1,943	5.88%
Age 5 - 9	1,871	6.43%	1,818	5.70%	1,862	5.64%
Age 10 - 14	2,092	7.19%	1,828	5.73%	1,866	5.65%
Age 15 - 17	1,253	4.31%	1,213	3.80%	1,200	3.63%
Age 18 - 20	947	3.25%	960	3.01%	981	2.97%
Age 21 - 24	1,233	4.24%	1,402	4.40%	1,488	4.50%
Age 25 - 34	3,335	11.46%	3,964	12.43%	3,860	11.68%
Age 35 - 44	4,204	14.45%	3,774	11.84%	3,884	11.75%
Age 45 - 54	4,321	14.85%	4,501	14.12%	4,152	12.57%
Age 55 - 64	3,455	11.87%	4,459	13.98%	4,720	14.28%
Age 65 - 74	2,573	8.84%	3,324	10.42%	3,987	12.07%
Age 75 - 84	1,636	5.62%	2,008	6.30%	2,114	6.40%
Age 85 and over	458	1.57%	817	2.56%	986	2.98%
Age 16 and over	22,998	79.04%	26,013	81.58%	26,968	81.61%
Age 18 and over	22,162	76.17%	25,209	79.06%	26,172	79.21%
Age 21 and over	21,215	72.91%	24,249	76.05%	25,191	76.24%
Age 65 and over	4,667	16.04%	6,149	19.28%	7,087	21.45%
Median Age	39.99		42.79		43.55	
Average Age	39.7		42		42.7	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), Williamsburg County

Population	Totals
2015 Projection	33,795
2010 Estimate	34,897
2000 Census	37,217
1990 Census	36,815
Growth 1990 - 2000	1.09%

Description	2000 Census	Percent	2010 Estimate	Percent	2015 Projection	Percent
Total Population by Age	37,217		34,897		33,795	
Age 0 - 4	2,574	6.92%	2,051	5.88%	2,001	5.92%
Age 5 - 9	2,915	7.83%	1,977	5.67%	1,934	5.72%
Age 10 - 14	3,206	8.61%	2,007	5.75%	1,899	5.62%
Age 15 - 17	1,966	5.28%	1,558	4.46%	1,228	3.63%
Age 18 - 20	1,588	4.27%	1,441	4.13%	1,216	3.60%
Age 21 - 24	1,773	4.76%	1,987	5.69%	1,853	5.48%
Age 25 - 34	4,346	11.68%	4,177	11.97%	4,446	13.16%
Age 35 - 44	5,208	13.99%	4,333	12.42%	3,994	11.82%
Age 45 - 54	5,377	14.45%	4,681	13.41%	4,046	11.97%
Age 55 - 64	3,408	9.16%	4,594	13.16%	4,577	13.54%
Age 65 - 74	2,729	7.33%	2,923	8.38%	3,326	9.84%
Age 75 - 84	1,655	4.45%	1,971	5.65%	1,993	5.90%
Age 85 and over	472	1.27%	1,197	3.43%	1,282	3.79%
Age 16 and over	27,872	74.89%	28,347	81.23%	27,548	81.52%
Age 18 and over	26,556	71.35%	27,304	78.24%	26,733	79.10%
Age 21 and over	24,968	67.09%	25,863	74.11%	25,517	75.51%
Age 65 and over	4,856	13.05%	6,091	17.45%	6,601	19.53%
Median Age	35.46		40.19		40.81	
Average Age	36.2		40.7		41.6	

Population by Age and Sex Trend 2010
County (see appendix for geographies), Williamsburg County

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	17,409		17,263		16,784	
Age 0 - 4	1,325	7.61%	1,055	6.11%	1,022	6.09%
Age 5 - 9	1,520	8.73%	1,023	5.93%	997	5.94%
Age 10 - 14	1,635	9.39%	1,044	6.05%	995	5.93%
Age 15 - 17	1,001	5.75%	842	4.88%	656	3.91%
Age 18 - 20	814	4.68%	820	4.75%	681	4.06%
Age 21 - 24	843	4.84%	1,128	6.53%	1,024	6.10%
Age 25 - 34	1,992	11.44%	2,398	13.89%	2,552	15.20%
Age 35 - 44	2,348	13.49%	2,250	13.03%	2,197	13.09%
Age 45 - 54	2,517	14.46%	2,177	12.61%	1,931	11.51%
Age 55 - 64	1,569	9.01%	2,214	12.83%	2,169	12.92%
Age 65 - 74	1,130	6.49%	1,284	7.44%	1,492	8.89%
Age 75 - 84	594	3.41%	711	4.12%	737	4.39%
Age 85 and over	121	0.70%	317	1.84%	331	1.97%
Age 16 and over	12,599	72.37%	13,859	80.28%	13,546	80.71%
Age 18 and over	11,928	68.52%	13,299	77.04%	13,114	78.13%
Age 21 and over	11,114	63.84%	12,479	72.29%	12,433	74.08%
Age 65 and over	1,845	10.60%	2,312	13.39%	2,560	15.25%
Median Age	32.86		36.43		37.12	
Average Age	34.3		38		38.9	

Population by Age and Sex Trend 2010
County (see appendix for geographies), Williamsburg County

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Female Population by Age	19,808		17,634		17,011	
Age 0 - 4	1,249	6.31%	996	5.65%	979	5.76%
Age 5 - 9	1,395	7.04%	954	5.41%	937	5.51%
Age 10 - 14	1,571	7.93%	963	5.46%	904	5.31%
Age 15 - 17	965	4.87%	716	4.06%	572	3.36%
Age 18 - 20	774	3.91%	621	3.52%	535	3.15%
Age 21 - 24	930	4.70%	859	4.87%	829	4.87%
Age 25 - 34	2,354	11.88%	1,779	10.09%	1,894	11.13%
Age 35 - 44	2,860	14.44%	2,083	11.81%	1,797	10.56%
Age 45 - 54	2,860	14.44%	2,504	14.20%	2,115	12.43%
Age 55 - 64	1,839	9.28%	2,380	13.50%	2,408	14.16%
Age 65 - 74	1,599	8.07%	1,639	9.29%	1,834	10.78%
Age 75 - 84	1,061	5.36%	1,260	7.15%	1,256	7.38%
Age 85 and over	351	1.77%	880	4.99%	951	5.59%
Age 16 and over	15,273	77.11%	14,488	82.16%	14,002	82.31%
Age 18 and over	14,628	73.85%	14,005	79.42%	13,619	80.06%
Age 21 and over	13,854	69.94%	13,384	75.90%	13,084	76.91%
Age 65 and over	3,011	15.20%	3,779	21.43%	4,041	23.76%
Median Age	37.33		44.26		45.28	

Average Age 38

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Population by Age and Sex Trend 2010

Appendix: Area Listing

Area Name:

Type:	List - County	Reporting Detail:
Geography Code	Geography Name	
45043	Georgetown County, SC	

Component	Reporting I County
Geography	Geography Name
45089	Williamsburg County, SC

Project Information:

Site: 1

Order Num 9.69E+08

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29511 Aynor, SC

Population	Totals
2015 Projection	6,024
2010 Estimate	5,462
2000 Census	4,732
1990 Census	3,650

Growth 1990 - 2000 29.64%

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Total Population by Age	4,732		5,462		6,024	
Age 0 - 4	339	7.16%	436	7.98%	491	8.15%
Age 5 - 9	322	6.80%	410	7.51%	472	7.84%
Age 10 - 14	362	7.65%	367	6.72%	435	7.22%
Age 15 - 17	215	4.54%	211	3.86%	245	4.07%
Age 18 - 20	196	4.14%	190	3.48%	211	3.50%
Age 21 - 24	271	5.73%	286	5.24%	285	4.73%
Age 25 - 34	690	14.58%	831	15.21%	804	13.35%
Age 35 - 44	760	16.06%	756	13.84%	868	14.41%
Age 45 - 54	673	14.22%	729	13.35%	746	12.38%
Age 55 - 64	445	9.40%	566	10.36%	662	10.99%
Age 65 - 74	282	5.96%	389	7.12%	450	7.47%
Age 75 - 84	135	2.85%	217	3.97%	257	4.27%
Age 85 and over	42	0.89%	74	1.35%	98	1.63%
Age 16 and over	3,633	76.78%	4,174	76.42%	4,542	75.40%
Age 18 and over	3,494	73.84%	4,038	73.93%	4,381	72.73%
Age 21 and over	3,298	69.70%	3,848	70.45%	4,170	69.22%
Age 65 and over	459	9.70%	680	12.45%	805	13.36%
Median Age	34.57		35		35.8	
Average Age	35.2		36.4		36.7	

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29511 Aynor, SC

Description	2000	Percent	2010	Percent	2015	Percent
	Census		Estimate		Projection	
Male Population by Age	2,344		2,703		2,982	
Age 0 - 4	166	7.08%	223	8.25%	250	8.38%
Age 5 - 9	165	7.04%	209	7.73%	240	8.05%
Age 10 - 14	193	8.23%	179	6.62%	221	7.41%
Age 15 - 17	120	5.12%	109	4.03%	119	3.99%
Age 18 - 20	106	4.52%	105	3.88%	108	3.62%
Age 21 - 24	133	5.67%	159	5.88%	154	5.16%
Age 25 - 34	351	14.97%	420	15.54%	427	14.32%
Age 35 - 44	379	16.17%	383	14.17%	433	14.52%
Age 45 - 54	333	14.21%	361	13.36%	365	12.24%
Age 55 - 64	221	9.43%	274	10.14%	326	10.93%
Age 65 - 74	118	5.03%	175	6.47%	208	6.98%
Age 75 - 84	44	1.88%	83	3.07%	101	3.39%
Age 85 and over	15	0.64%	23	0.85%	30	1.01%
Age 16 and over	1,778	75.85%	2,055	76.03%	2,233	74.88%
Age 18 and over	1,700	72.53%	1,983	73.36%	2,152	72.17%
Age 21 and over	1,594	68.00%	1,878	69.48%	2,044	68.54%
Age 65 and over	177	7.55%	281	10.40%	339	11.37%
Median Age	33.22		33.74		34.33	
Average Age	34		35.1		35.5	

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29511 Aynor, SC

Description	Census 2000	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Female Population by Age	2,388		2,759		3,042	
Age 0 - 4	173	7.24%	213	7.72%	241	7.92%
Age 5 - 9	157	6.57%	201	7.29%	232	7.63%
Age 10 - 14	169	7.08%	188	6.81%	214	7.03%
Age 15 - 17	95	3.98%	102	3.70%	126	4.14%
Age 18 - 20	90	3.77%	85	3.08%	103	3.39%
Age 21 - 24	138	5.78%	127	4.60%	131	4.31%
Age 25 - 34	339	14.20%	411	14.90%	377	12.39%
Age 35 - 44	381	15.95%	373	13.52%	435	14.30%
Age 45 - 54	340	14.24%	368	13.34%	381	12.52%
Age 55 - 64	224	9.38%	292	10.58%	336	11.05%
Age 65 - 74	164	6.87%	214	7.76%	242	7.96%
Age 75 - 84	91	3.81%	134	4.86%	156	5.13%
Age 85 and over	27	1.13%	51	1.85%	68	2.24%
Age 16 and over	1,855	77.68%	2,119	76.80%	2,309	75.90%
Age 18 and over	1,794	75.13%	2,055	74.48%	2,229	73.27%

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Age 21 and over	1,704	71.36%
Age 65 and over	282	11.81%

Median Age	35.88

Average Age	36.5

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29526 Conway, SC

Population	Totals

2015 Projection	43,151

2010 Estimate	38,227

2000 Census	29,252

1990 Census	19,715

Growth 1990 - 2000	48.37%

Description	2000 Census	Percent

Total Population by Age	29,252	

Age 0 - 4	1,861	6.36%

Age 5 - 9	1,942	6.64%

Age 10 - 14	1,975	6.75%

Age 15 - 17	1,196	4.09%

Age 18 - 20	1,849	6.32%

Age 21 - 24	1,729	5.91%

Age 25 - 34	3,925	13.42%

Age 35 - 44	4,602	15.73%

Age 45 - 54	3,723	12.73%

Age 55 - 64	2,850	9.74%

Age 65 - 74	2,339	8.00%

Age 75 - 84	998	3.41%

Age 85 and over	263	0.90%

Age 16 and over	23,082	78.91%

Age 18 and over	22,278	76.16%

Age 21 and over	20,429	69.84%

Age 65 and over	3,600	12.31%

1,970	71.40%	2,126	69.89%
399	14.46%	466	15.32%

36.42	37.24

37.7	37.9

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R003591

0237

Median Age	35.32	36.55	37.67
Average Age	36.4	38.3	38.8

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Prepared For: scg/8 hca/14
Population by Age and Sex Trend 2010
County (see appendix for geographies), 29526 Conway, SC

Description	Census 2000	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Male Population by Age	14,271		18,550		20,949	
Age 0 - 4	933	6.54%	1,372	7.40%	1,583	7.56%
Age 5 - 9	985	6.90%	1,285	6.93%	1,486	7.09%
Age 10 - 14	1,033	7.24%	1,156	6.23%	1,413	6.74%
Age 15 - 17	610	4.27%	726	3.91%	791	3.78%
Age 18 - 20	906	6.35%	882	4.75%	942	4.50%
Age 21 - 24	899	6.30%	986	5.32%	1,086	5.18%
Age 25 - 34	1,956	13.71%	2,875	15.50%	2,826	13.49%
Age 35 - 44	2,234	15.65%	2,468	13.30%	2,980	14.23%
Age 45 - 54	1,824	12.78%	2,402	12.95%	2,624	12.53%
Age 55 - 64	1,325	9.28%	1,836	9.90%	2,099	10.02%
Age 65 - 74	1,100	7.71%	1,482	7.99%	1,860	8.88%
Age 75 - 84	402	2.82%	844	4.55%	959	4.58%
Age 85 and over	64	0.45%	236	1.27%	300	1.43%
Age 16 and over	11,126	77.96%	14,507	78.20%	16,214	77.40%
Age 18 and over	10,710	75.05%	14,011	75.53%	15,676	74.83%
Age 21 and over	9,804	68.70%	13,129	70.78%	14,734	70.33%

R003592

0238

R003593

Age 65 and over	1,566	10.97%	2,562	13.81%	3,119	14.89%
Median Age	34.04		34.97		36.17	
Average Age	35.3		37		37.4	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29526 Conway, SC

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Female Population by Age	14,981		19,677		22,202	
Age 0 - 4	928	6.19%	1,310	6.66%	1,484	6.68%
Age 5 - 9	957	6.39%	1,248	6.34%	1,451	6.54%
Age 10 - 14	942	6.29%	1,169	5.94%	1,378	6.21%
Age 15 - 17	586	3.91%	687	3.49%	802	3.61%
Age 18 - 20	943	6.29%	878	4.46%	961	4.33%
Age 21 - 24	830	5.54%	865	4.40%	950	4.28%
Age 25 - 34	1,969	13.14%	2,909	14.78%	2,849	12.83%

0239

Age 35 - 44	2,368	15.81%	2,479	12.60%	2,925	13.17%
Age 45 - 54	1,899	12.68%	2,629	13.36%	2,848	12.83%
Age 55 - 64	1,525	10.18%	2,126	10.80%	2,361	10.63%
Age 65 - 74	1,239	8.27%	1,731	8.80%	2,226	10.03%
Age 75 - 84	596	3.98%	1,152	5.85%	1,301	5.86%
Age 85 and over	199	1.33%	494	2.51%	666	3.00%
Age 16 and over	11,956	79.81%	15,713	79.85%	17,613	79.33%
Age 18 and over	11,568	77.22%	15,263	77.57%	17,087	76.96%
Age 21 and over	10,625	70.92%	14,385	73.11%	16,126	72.63%
Age 65 and over	2,034	13.58%	3,377	17.16%	4,193	18.89%
Median Age	36.42		38.12		39.19	
Average Age	37.4		39.5		40.1	

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Prepared For: scg/8 hca/14
Population by Age and Sex Trend 2010
County (see appendix for geographies), 29527 Conway, SC
Population Totals
2015 Projection 25,062
2010 Estimate 22,298
2000 Census 18,034
1990 Census 14,337

Growth 1990 - 2000 25.79%

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Total Population by Age	18,034		22,298		25,062	
Age 0 - 4	1,232	6.83%	1,750	7.85%	1,965	7.84%
Age 5 - 9	1,392	7.72%	1,642	7.36%	1,926	7.68%
Age 10 - 14	1,432	7.94%	1,531	6.87%	1,834	7.32%
Age 15 - 17	783	4.34%	895	4.01%	964	3.85%
Age 18 - 20	739	4.10%	838	3.76%	900	3.59%
Age 21 - 24	1,027	5.69%	1,212	5.44%	1,313	5.24%
Age 25 - 34	2,545	14.11%	3,300	14.80%	3,378	13.48%
Age 35 - 44	2,865	15.89%	2,895	12.98%	3,316	13.23%
Age 45 - 54	2,428	13.46%	2,937	13.17%	3,165	12.63%

R003594

0240

R003595

Age 55 - 64	1,611	8.93%	2,226	9.98%	2,615	10.43%
Age 65 - 74	1,107	6.14%	1,575	7.06%	1,927	7.69%
Age 75 - 84	625	3.47%	1,032	4.63%	1,185	4.73%
Age 85 and over	248	1.38%	465	2.09%	574	2.29%
Age 16 and over	13,717	76.06%	17,072	76.56%	19,011	75.86%
Age 18 and over	13,195	73.17%	16,480	73.91%	18,373	73.31%
Age 21 and over	12,456	69.07%	15,642	70.15%	17,473	69.72%
Age 65 and over	1,980	10.98%	3,072	13.78%	3,686	14.71%
Median Age	34.48		34.94		35.76	
Average Age	35.5		36.9		37.3	

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29527 Conway, SC

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Male Population by Age	8,731		10,794		12,150	
Age 0 - 4	660	7.56%	891	8.25%	1,004	8.26%
Age 5 - 9	718	8.22%	851	7.88%	984	8.10%
Age 10 - 14	759	8.69%	847	7.85%	970	7.98%
Age 15 - 17	402	4.60%	471	4.36%	531	4.37%
Age 18 - 20	392	4.49%	450	4.17%	501	4.12%
Age 21 - 24	512	5.86%	627	5.81%	675	5.56%
Age 25 - 34	1,237	14.17%	1,604	14.86%	1,664	13.70%
Age 35 - 44	1,399	16.02%	1,384	12.82%	1,593	13.11%

0241

Age 45 - 54	1,166	13.35%	1,411	13.07%	1,519	12.50%
Age 55 - 64	756	8.66%	1,056	9.78%	1,253	10.31%
Age 65 - 74	463	5.30%	672	6.23%	839	6.91%
Age 75 - 84	210	2.41%	390	3.61%	456	3.75%
Age 85 and over	57	0.65%	140	1.30%	161	1.33%
Age 16 and over	6,453	73.91%	8,035	74.44%	9,003	74.10%
Age 18 and over	6,192	70.92%	7,734	71.65%	8,661	71.28%
Age 21 and over	5,800	66.43%	7,284	67.48%	8,160	67.16%
Age 65 and over	730	8.36%	1,202	11.14%	1,456	11.98%
Median Age	32.46		32.85		33.47	
Average Age	33.6		35		35.3	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29527 Conway, SC
2000

2010

2015

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R003597

Description	Census	Percent	Estimate	Percent	Projection	Percent
Female Population by Age	9,303		11,504		12,912	
Age 0 - 4	572	6.15%	859	7.47%	961	7.44%
Age 5 - 9	674	7.24%	791	6.88%	942	7.30%
Age 10 - 14	673	7.23%	684	5.95%	864	6.69%
Age 15 - 17	381	4.10%	424	3.69%	433	3.35%
Age 18 - 20	347	3.73%	388	3.37%	399	3.09%
Age 21 - 24	515	5.54%	585	5.09%	638	4.94%
Age 25 - 34	1,308	14.06%	1,696	14.74%	1,714	13.27%
Age 35 - 44	1,466	15.76%	1,511	13.13%	1,723	13.34%
Age 45 - 54	1,262	13.57%	1,526	13.26%	1,646	12.75%
Age 55 - 64	855	9.19%	1,170	10.17%	1,362	10.55%
Age 65 - 74	644	6.92%	903	7.85%	1,088	8.43%
Age 75 - 84	415	4.46%	642	5.58%	729	5.65%
Age 85 and over	191	2.05%	325	2.83%	413	3.20%
Age 16 and over	7,264	78.08%	9,037	78.56%	10,008	77.51%
Age 18 and over	7,003	75.28%	8,746	76.03%	9,712	75.22%
Age 21 and over	6,656	71.55%	8,358	72.65%	9,313	72.13%
Age 65 and over	1,250	13.44%	1,870	16.26%	2,230	17.27%
Median Age	36.24		37.15		37.93	
Average Age	37.3		38.7		39.1	

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29544 Galivants Ferry, SC

Population Totals

2015 Projection 6,118

2010 Estimate 5,432

2000 Census 4,395

1990 Census 3,391

Growth 1990 - 2000 29.61%

Description	2000 Census	Percent	2010 Estimate	Percent	2015 Projection	Percent
Total Population by Age	4,395		5,432		6,118	

0243

R003598

Age 0 - 4	296	6.73%	430	7.92%	487	7.96%
Age 5 - 9	308	7.01%	402	7.40%	473	7.73%
Age 10 - 14	331	7.53%	349	6.42%	441	7.21%
Age 15 - 17	210	4.78%	200	3.68%	233	3.81%
Age 18 - 20	174	3.96%	173	3.18%	196	3.20%
Age 21 - 24	260	5.92%	285	5.25%	282	4.61%
Age 25 - 34	642	14.61%	862	15.87%	845	13.81%
Age 35 - 44	670	15.24%	753	13.86%	907	14.83%
Age 45 - 54	605	13.77%	707	13.02%	771	12.60%
Age 55 - 64	441	10.03%	555	10.22%	627	10.25%
Age 65 - 74	278	6.33%	405	7.46%	476	7.78%
Age 75 - 84	144	3.28%	235	4.33%	280	4.58%
Age 85 and over	36	0.82%	76	1.40%	100	1.63%
Age 16 and over	3,383	76.97%	4,179	76.93%	4,630	75.68%
Age 18 and over	3,250	73.95%	4,051	74.58%	4,484	73.29%
Age 21 and over	3,076	69.99%	3,878	71.39%	4,288	70.09%
Age 65 and over	458	10.42%	716	13.18%	856	13.99%
Median Age	34.63		35.21		36.13	
Average Age	35.6		36.8		37	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29544 Galivants Ferry, SC

2000
Description Census Percent

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2010 2015
Estimate Percent Projection Percent

0244

Male Population by Age	2,192		2,711		3,052	
Age 0 - 4	151	6.89%	222	8.19%	251	8.22%
Age 5 - 9	156	7.12%	206	7.60%	246	8.06%
Age 10 - 14	168	7.66%	178	6.57%	223	7.31%
Age 15 - 17	115	5.25%	98	3.61%	113	3.70%
Age 18 - 20	96	4.38%	89	3.28%	102	3.34%
Age 21 - 24	133	6.07%	151	5.57%	149	4.88%
Age 25 - 34	320	14.60%	444	16.38%	432	14.15%
Age 35 - 44	347	15.83%	375	13.83%	460	15.07%
Age 45 - 54	301	13.73%	369	13.61%	384	12.58%
Age 55 - 64	229	10.45%	275	10.14%	316	10.35%
Age 65 - 74	115	5.25%	188	6.93%	224	7.34%
Age 75 - 84	49	2.24%	89	3.28%	120	3.93%
Age 85 and over	12	0.55%	27	1.00%	32	1.05%
Age 16 and over	1,675	76.41%	2,070	76.36%	2,291	75.07%
Age 18 and over	1,602	73.08%	2,007	74.03%	2,219	72.71%
Age 21 and over	1,506	68.70%	1,918	70.75%	2,117	69.36%
Age 65 and over	176	8.03%	304	11.21%	376	12.32%
Median Age	33.64		34.26		35.23	
Average Age	34.4		35.7		36	

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29544 Galivants Ferry, SC

Description	2000 Census	Percent
Female Population by Age	2,203	
Age 0 - 4	145	6.58%
Age 5 - 9	152	6.90%
Age 10 - 14	163	7.40%
Age 15 - 17	95	4.31%
Age 18 - 20	78	3.54%
Age 21 - 24	127	5.76%
Age 25 - 34	322	14.62%
Age 35 - 44	323	14.66%
Age 45 - 54	304	13.80%
Age 55 - 64	212	9.62%
Age 65 - 74	163	7.40%
Age 75 - 84	95	4.31%
Age 85 and over	24	1.09%
Age 16 and over	1,708	77.53%
Age 18 and over	1,648	74.81%
Age 21 and over	1,570	71.27%
Age 65 and over	282	12.80%

Median Age 35.62

Average Age 36.7

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29545 Green Sea, SC

Population Totals
 2015 Projection 1,634

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2010 Estimate	Percent	2015 Projection	Percent
2,721		3,066	
208	7.64%	236	7.70%
196	7.20%	227	7.40%
171	6.28%	218	7.11%
102	3.75%	120	3.91%
84	3.09%	94	3.07%
134	4.92%	133	4.34%
418	15.36%	413	13.47%
378	13.89%	447	14.58%
338	12.42%	387	12.62%
280	10.29%	311	10.14%
217	7.98%	252	8.22%
146	5.37%	160	5.22%
49	1.80%	68	2.22%
2,109	77.51%	2,339	76.29%
2,044	75.12%	2,265	73.87%
1,960	72.03%	2,171	70.81%
412	15.14%	480	15.66%

36.27 37.06

37.8 38

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R003600

0246

2010 Estimate	1,516
2000 Census	1,418
1990 Census	1,439
Growth 1990 - 2000	-1.46%

Description	2000 Census	Percent	2010 Estimate	Percent	2015 Projection	Percent
Total Population by Age	1,418		1,516		1,634	
Age 0 - 4	80	5.64%	104	6.86%	114	6.98%
Age 5 - 9	98	6.91%	95	6.27%	110	6.73%
Age 10 - 14	106	7.48%	87	5.74%	104	6.36%
Age 15 - 17	70	4.94%	58	3.83%	56	3.43%
Age 18 - 20	64	4.51%	58	3.83%	53	3.24%
Age 21 - 24	74	5.22%	77	5.08%	80	4.90%
Age 25 - 34	192	13.54%	242	15.96%	242	14.81%
Age 35 - 44	195	13.75%	204	13.46%	224	13.71%
Age 45 - 54	213	15.02%	185	12.20%	199	12.18%
Age 55 - 64	127	8.96%	174	11.48%	191	11.69%
Age 65 - 74	121	8.53%	111	7.32%	135	8.26%
Age 75 - 84	58	4.09%	92	6.07%	86	5.26%
Age 85 and over	20	1.41%	29	1.91%	40	2.45%
Age 16 and over	1,113	78.49%	1,213	80.01%	1,290	78.95%
Age 18 and over	1,064	75.04%	1,172	77.31%	1,250	76.50%
Age 21 and over	1,000	70.52%	1,114	73.48%	1,197	73.26%
Age 65 and over	199	14.03%	232	15.30%	261	15.97%
Median Age	36.3		36.83		37.6	
Average Age	37.4		38.7		38.9	

R003601

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29545 Green Sea, SC

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	685		738		795	
Age 0 - 4	40	5.84%	54	7.32%	59	7.42%
Age 5 - 9	52	7.59%	50	6.78%	56	7.04%
Age 10 - 14	55	8.03%	43	5.83%	54	6.79%
Age 15 - 17	37	5.40%	33	4.47%	28	3.52%
Age 18 - 20	30	4.38%	28	3.79%	23	2.89%
Age 21 - 24	38	5.55%	41	5.56%	46	5.79%
Age 25 - 34	89	12.99%	119	16.12%	122	15.35%
Age 35 - 44	98	14.31%	98	13.28%	110	13.84%
Age 45 - 54	105	15.33%	91	12.33%	95	11.95%
Age 55 - 64	66	9.64%	86	11.65%	93	11.70%
Age 65 - 74	51	7.45%	48	6.50%	63	7.92%
Age 75 - 84	18	2.63%	37	5.01%	34	4.28%
Age 85 and over	6	0.88%	10	1.36%	12	1.51%
Age 16 and over	527	76.93%	581	78.73%	618	77.74%
Age 18 and over	501	73.14%	558	75.61%	598	75.22%
Age 21 and over	471	68.76%	530	71.82%	575	72.33%
Age 65 and over	75	10.95%	95	12.87%	109	13.71%
Median Age	35.2		35.15		35.9	
Average Age	35.8		37.1		37.4	

R003602

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R003603

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29545 Green Sea, SC

Description	2000		Percent	2010		2015	
	Census			Estimate	Percent	Projection	Percent
Female Population by Age	733			778		839	
Age 0 - 4	40	5.46%		50	6.43%	55	6.56%
Age 5 - 9	46	6.28%		45	5.78%	54	6.44%
Age 10 - 14	51	6.96%		44	5.66%	50	5.96%
Age 15 - 17	33	4.50%		25	3.21%	28	3.34%
Age 18 - 20	34	4.64%		30	3.86%	30	3.58%
Age 21 - 24	36	4.91%		36	4.63%	34	4.05%
Age 25 - 34	103	14.05%		123	15.81%	120	14.30%
Age 35 - 44	97	13.23%		106	13.62%	114	13.59%
Age 45 - 54	108	14.73%		94	12.08%	104	12.40%
Age 55 - 64	61	8.32%		88	11.31%	98	11.68%
Age 65 - 74	70	9.55%		63	8.10%	72	8.58%
Age 75 - 84	40	5.46%		55	7.07%	52	6.20%
Age 85 and over	14	1.91%		19	2.44%	28	3.34%
Age 16 and over	586	79.95%		632	81.23%	672	80.10%
Age 18 and over	563	76.81%		614	78.92%	652	77.71%
Age 21 and over	529	72.17%		584	75.06%	622	74.14%
Age 65 and over	124	16.92%		137	17.61%	152	18.12%
Median Age	37.45			38.41		39.26	

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Average Age 38.9
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40.1 40.4
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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29566 Little River, SC

Population Totals
 2015 Projection 17,566
 2010 Estimate 15,317
 2000 Census 11,333
 1990 Census 5,774

Growth 1990 - 2000 96.28%

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Total Population by Age	11,333		15,317		17,566	
Age 0 - 4	556	4.91%	855	5.58%	989	5.63%
Age 5 - 9	605	5.34%	823	5.37%	987	5.62%
Age 10 - 14	581	5.13%	778	5.08%	957	5.45%
Age 15 - 17	337	2.97%	472	3.08%	548	3.12%
Age 18 - 20	301	2.66%	441	2.88%	518	2.95%
Age 21 - 24	342	3.02%	539	3.52%	663	3.77%
Age 25 - 34	1,295	11.43%	1,554	10.15%	1,734	9.87%
Age 35 - 44	1,527	13.47%	1,804	11.78%	1,850	10.53%
Age 45 - 54	1,665	14.69%	1,883	12.29%	2,128	12.11%
Age 55 - 64	1,780	15.71%	2,598	16.96%	2,683	15.27%
Age 65 - 74	1,601	14.13%	2,156	14.08%	2,840	16.17%
Age 75 - 84	616	5.44%	1,075	7.02%	1,228	6.99%
Age 85 and over	127	1.12%	339	2.21%	441	2.51%
Age 16 and over	9,461	83.48%	12,679	82.78%	14,422	82.10%
Age 18 and over	9,254	81.66%	12,389	80.88%	14,085	80.18%
Age 21 and over	8,953	79.00%	11,948	78.00%	13,567	77.23%
Age 65 and over	2,344	20.68%	3,570	23.31%	4,509	25.67%

Median Age 45.74 47.09 47.52

Average Age 43.7 44.5 44.8

R003604

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R003605

0251

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29566 Little River, SC

Description	2000		2010				2015	
	Census	Percent	Estimate	Percent	Projection	Percent		
Male Population by Age	5,477		7,381		8,463			
Age 0 - 4	301	5.50%	437	5.92%	505	5.97%		
Age 5 - 9	290	5.29%	423	5.73%	504	5.96%		
Age 10 - 14	298	5.44%	414	5.61%	492	5.81%		
Age 15 - 17	174	3.18%	240	3.25%	305	3.60%		
Age 18 - 20	144	2.63%	215	2.91%	264	3.12%		
Age 21 - 24	160	2.92%	267	3.62%	316	3.73%		
Age 25 - 34	631	11.52%	737	9.99%	834	9.85%		
Age 35 - 44	714	13.04%	876	11.87%	878	10.37%		
Age 45 - 54	759	13.86%	868	11.76%	1,021	12.06%		
Age 55 - 64	816	14.90%	1,152	15.61%	1,174	13.87%		
Age 65 - 74	833	15.21%	1,089	14.75%	1,398	16.52%		
Age 75 - 84	313	5.71%	517	7.00%	599	7.08%		
Age 85 and over	44	0.80%	146	1.98%	173	2.04%		
Age 16 and over	4,517	82.47%	6,009	81.41%	6,839	80.81%		
Age 18 and over	4,414	80.59%	5,867	79.49%	6,657	78.66%		
Age 21 and over	4,270	77.96%	5,652	76.57%	6,393	75.54%		
Age 65 and over	1,190	21.73%	1,752	23.74%	2,170	25.64%		
Median Age	45.36		45.94		46.31			

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Average Age

43.4

43.8

43.9

R003606

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29566 Little River, SC

Description	2000	Percent	2010		2015	
	Census		Estimate	Percent	Projection	Percent
Female Population by Age	5,856		7,936		9,103	
Age 0 - 4	255	4.35%	418	5.27%	484	5.32%
Age 5 - 9	315	5.38%	400	5.04%	483	5.31%
Age 10 - 14	283	4.83%	364	4.59%	465	5.11%
Age 15 - 17	163	2.78%	232	2.92%	243	2.67%
Age 18 - 20	157	2.68%	226	2.85%	254	2.79%
Age 21 - 24	182	3.11%	272	3.43%	347	3.81%
Age 25 - 34	664	11.34%	817	10.29%	900	9.89%
Age 35 - 44	813	13.88%	928	11.69%	972	10.68%
Age 45 - 54	906	15.47%	1,015	12.79%	1,107	12.16%
Age 55 - 64	964	16.46%	1,446	18.22%	1,509	16.58%
Age 65 - 74	768	13.11%	1,067	13.45%	1,442	15.84%

0252

Age 75 - 84	303	5.17%	558	7.03%	629	6.91%
Age 85 and over	83	1.42%	193	2.43%	268	2.94%
Age 16 and over	4,944	84.43%	6,670	84.05%	7,583	83.30%
Age 18 and over	4,840	82.65%	6,522	82.18%	7,428	81.60%
Age 21 and over	4,683	79.97%	6,296	79.33%	7,174	78.81%
Age 65 and over	1,154	19.71%	1,818	22.91%	2,339	25.69%
Median Age	46.06		48.07		48.65	
Average Age	43.9		45.1		45.6	

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29568 Longs, SC

Population	Totals
2015 Projection	12,367
2010 Estimate	10,713
2000 Census	7,339
1990 Census	4,103

Growth 1990 - 2000 78.87%

Description	2000 Census	Percent	2010 Estimate	Percent	2015 Projection	Percent
Total Population by Age	7,339		10,713		12,367	
Age 0 - 4	521	7.10%	867	8.09%	1,014	8.20%
Age 5 - 9	555	7.56%	790	7.37%	969	7.84%
Age 10 - 14	507	6.91%	724	6.76%	885	7.16%
Age 15 - 17	325	4.43%	437	4.08%	490	3.96%
Age 18 - 20	284	3.87%	376	3.51%	439	3.55%
Age 21 - 24	393	5.35%	493	4.60%	610	4.93%
Age 25 - 34	1,033	14.08%	1,572	14.67%	1,573	12.72%
Age 35 - 44	1,073	14.62%	1,416	13.22%	1,679	13.58%
Age 45 - 54	992	13.52%	1,314	12.27%	1,460	11.81%
Age 55 - 64	830	11.31%	1,214	11.33%	1,334	10.79%
Age 65 - 74	574	7.82%	884	8.25%	1,131	9.15%
Age 75 - 84	205	2.79%	494	4.61%	573	4.63%
Age 85 and over	47	0.64%	132	1.23%	210	1.70%

R003607

0253

Age 16 and over	5,655	77.05%	8,195	76.50%	9,339	75.52%
Age 18 and over	5,431	74.00%	7,895	73.70%	9,009	72.85%
Age 21 and over	5,147	70.13%	7,519	70.19%	8,570	69.30%
Age 65 and over	826	11.25%	1,510	14.10%	1,914	15.48%
Median Age	35.48		35.69		36.21	
Average Age	36.2		37.1		37.4	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29568 Longs, SC

Description	2000		2010				2015	
	Census	Percent	Estimate	Percent	Projection	Percent		
Male Population by Age	3,613		5,262		6,077			
Age 0 - 4	266	7.36%	443	8.42%	520	8.56%		
Age 5 - 9	277	7.67%	404	7.68%	494	8.13%		
Age 10 - 14	263	7.28%	366	6.96%	454	7.47%		
Age 15 - 17	181	5.01%	231	4.39%	260	4.28%		
Age 18 - 20	148	4.10%	190	3.61%	219	3.60%		
Age 21 - 24	203	5.62%	251	4.77%	303	4.99%		
Age 25 - 34	513	14.20%	813	15.45%	813	13.38%		
Age 35 - 44	514	14.23%	700	13.30%	856	14.09%		
Age 45 - 54	472	13.06%	627	11.92%	705	11.60%		
Age 55 - 64	396	10.96%	570	10.83%	608	10.00%		
Age 65 - 74	280	7.75%	405	7.70%	536	8.82%		
Age 75 - 84	85	2.35%	209	3.97%	229	3.77%		

R003608

0254

Age 85 and over	15	0.42%	53	1.01%	80	1.32%
Age 16 and over	2,754	76.22%	3,982	75.67%	4,530	74.54%
Age 18 and over	2,626	72.68%	3,818	72.56%	4,349	71.56%
Age 21 and over	2,478	68.59%	3,628	68.95%	4,130	67.96%
Age 65 and over	380	10.52%	667	12.68%	845	13.90%
Median Age	34.12		34.17		34.69	
Average Age	35.2		36		36.1	

R003609

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29568 Longs, SC

Description	Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Female Population by Age	3,726		5,451		6,290	
Age 0 - 4	255	6.84%	424	7.78%	494	7.85%
Age 5 - 9	278	7.46%	386	7.08%	475	7.55%

0255

Age 10 - 14	244	6.55%	358	6.57%	431	6.85%
Age 15 - 17	144	3.86%	206	3.78%	230	3.66%
Age 18 - 20	136	3.65%	186	3.41%	220	3.50%
Age 21 - 24	190	5.10%	242	4.44%	307	4.88%
Age 25 - 34	520	13.96%	759	13.92%	760	12.08%
Age 35 - 44	559	15.00%	716	13.14%	823	13.08%
Age 45 - 54	520	13.96%	687	12.60%	755	12.00%
Age 55 - 64	434	11.65%	644	11.81%	726	11.54%
Age 65 - 74	294	7.89%	479	8.79%	595	9.46%
Age 75 - 84	120	3.22%	285	5.23%	344	5.47%
Age 85 and over	32	0.86%	79	1.45%	130	2.07%
Age 16 and over	2,901	77.86%	4,213	77.29%	4,809	76.45%
Age 18 and over	2,805	75.28%	4,077	74.79%	4,660	74.09%
Age 21 and over	2,669	71.63%	3,891	71.38%	4,440	70.59%
Age 65 and over	446	11.97%	843	15.47%	1,069	17.00%

Median Age	36.72		37.3		37.77
Average Age	37.1		38.3		38.6

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Prepared For: scg/8 hca/14
Population by Age and Sex Trend 2010
County (see appendix for geographies), 29569 Loris, SC
Population Totals
2015 Projection 17,984
2010 Estimate 16,205
2000 Census 13,811
1990 Census 10,844

Growth 1990 - 2000 27.36%

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Total Population by Age	13,811		16,205		17,984	
Age 0 - 4	945	6.84%	1,291	7.97%	1,437	7.99%
Age 5 - 9	1,024	7.41%	1,185	7.31%	1,391	7.73%
Age 10 - 14	1,019	7.38%	1,066	6.58%	1,280	7.12%
Age 15 - 17	651	4.71%	622	3.84%	687	3.82%

R003610

0256

R003611

Age 18 - 20	616	4.46%	643	3.97%	681	3.79%
Age 21 - 24	713	5.16%	771	4.76%	844	4.69%
Age 25 - 34	1,863	13.49%	2,502	15.44%	2,468	13.72%
Age 35 - 44	2,036	14.74%	2,076	12.81%	2,409	13.40%
Age 45 - 54	1,975	14.30%	2,011	12.41%	2,155	11.98%
Age 55 - 64	1,386	10.04%	1,760	10.86%	1,917	10.66%
Age 65 - 74	893	6.47%	1,234	7.61%	1,484	8.25%
Age 75 - 84	535	3.87%	728	4.49%	854	4.75%
Age 85 and over	155	1.12%	316	1.95%	377	2.10%
Age 16 and over	10,601	76.76%	12,450	76.83%	13,645	75.87%
Age 18 and over	10,172	73.65%	12,041	74.30%	13,189	73.34%
Age 21 and over	9,556	69.19%	11,398	70.34%	12,508	69.55%
Age 65 and over	1,583	11.46%	2,278	14.06%	2,715	15.10%
Median Age	35.37		35.11		35.85	
Average Age	36.2		37.1		37.4	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29569 Loris, SC

Description	2000 Census	Percent
Male Population by Age	6,646	
Age 0 - 4	487	7.33%
Age 5 - 9	529	7.96%
Age 10 - 14	524	7.88%

2010 Estimate	Percent	2015 Projection	Percent
7,804		8,674	
658	8.43%	734	8.46%
606	7.77%	709	8.17%
545	6.98%	653	7.53%

0257

Age 15 - 17	338	5.09%	341	4.37%	364	4.20%
Age 18 - 20	307	4.62%	328	4.20%	354	4.08%
Age 21 - 24	344	5.18%	383	4.91%	429	4.95%
Age 25 - 34	895	13.47%	1,217	15.59%	1,204	13.88%
Age 35 - 44	988	14.87%	993	12.72%	1,181	13.62%
Age 45 - 54	933	14.04%	974	12.48%	1,016	11.71%
Age 55 - 64	686	10.32%	833	10.67%	912	10.51%
Age 65 - 74	365	5.49%	535	6.86%	660	7.61%
Age 75 - 84	207	3.11%	277	3.55%	334	3.85%
Age 85 and over	43	0.65%	114	1.46%	124	1.43%
Age 16 and over	4,985	75.01%	5,871	75.23%	6,449	74.35%
Age 18 and over	4,768	71.74%	5,654	72.45%	6,214	71.64%
Age 21 and over	4,461	67.12%	5,326	68.25%	5,860	67.56%
Age 65 and over	615	9.25%	926	11.87%	1,118	12.89%
Median Age	33.87		33.55		34.08	
Average Age	34.7		35.6		35.8	

R003612

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R003613

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29569 Loris, SC

Description	2000 Census	Percent
Female Population by Age	7,165	
Age 0 - 4	458	6.39%
Age 5 - 9	495	6.91%
Age 10 - 14	495	6.91%
Age 15 - 17	313	4.37%
Age 18 - 20	309	4.31%
Age 21 - 24	369	5.15%
Age 25 - 34	968	13.51%
Age 35 - 44	1,048	14.63%
Age 45 - 54	1,042	14.54%
Age 55 - 64	700	9.77%
Age 65 - 74	528	7.37%
Age 75 - 84	328	4.58%
Age 85 and over	112	1.56%
Age 16 and over	5,616	78.38%
Age 18 and over	5,404	75.42%
Age 21 and over	5,095	71.11%
Age 65 and over	968	13.51%

Median Age 36.68

Average Age 37.5

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29572 Myrtle Beach, SC

Population	Totals
2015 Projection	11,759
2010 Estimate	10,351
2000 Census	7,906
1990 Census	7,022

0259

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2010 Estimate	Percent	2015 Projection	Percent
8,401		9,310	
633	7.53%	703	7.55%
579	6.89%	682	7.33%
521	6.20%	627	6.73%
281	3.34%	323	3.47%
315	3.75%	327	3.51%
388	4.62%	415	4.46%
1,285	15.30%	1,264	13.58%
1,083	12.89%	1,228	13.19%
1,037	12.34%	1,139	12.23%
927	11.03%	1,005	10.79%
699	8.32%	824	8.85%
451	5.37%	520	5.59%
202	2.40%	253	2.72%
6,579	78.31%	7,196	77.29%
6,387	76.03%	6,975	74.92%
6,072	72.28%	6,648	71.41%
1,352	16.09%	1,597	17.15%

36.84 37.56

38.5 38.9

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Growth 1990 - 2000 12.59%

Description	2000	Percent	2010		2015	
	Census		Estimate	Percent	Projection	Percent
Total Population by Age	7,906		10,351		11,759	
Age 0 - 4	298	3.77%	430	4.15%	474	4.03%
Age 5 - 9	280	3.54%	427	4.13%	500	4.25%
Age 10 - 14	258	3.26%	404	3.90%	497	4.23%
Age 15 - 17	151	1.91%	229	2.21%	296	2.52%
Age 18 - 20	161	2.04%	151	1.46%	211	1.79%
Age 21 - 24	448	5.67%	271	2.62%	338	2.87%
Age 25 - 34	1,146	14.50%	1,325	12.80%	1,033	8.78%
Age 35 - 44	1,013	12.81%	1,467	14.17%	1,786	15.19%
Age 45 - 54	1,212	15.33%	1,306	12.62%	1,485	12.63%
Age 55 - 64	1,053	13.32%	1,568	15.15%	1,733	14.74%
Age 65 - 74	1,078	13.64%	1,433	13.84%	1,852	15.75%
Age 75 - 84	682	8.63%	1,039	10.04%	1,169	9.94%
Age 85 and over	126	1.59%	301	2.91%	385	3.27%
Age 16 and over	7,026	88.87%	9,017	87.11%	10,201	86.75%
Age 18 and over	6,919	87.52%	8,861	85.61%	9,992	84.97%
Age 21 and over	6,758	85.48%	8,710	84.15%	9,781	83.18%
Age 65 and over	1,886	23.86%	2,773	26.79%	3,406	28.97%
Median Age	46.64		48.61		50.01	
Average Age	45.7		47.4		48.1	

R003614

0260

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29572 Myrtle Beach, SC

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Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	3,837		5,030		5,711	
Age 0 - 4	172	4.48%	220	4.37%	242	4.24%
Age 5 - 9	133	3.47%	220	4.37%	255	4.47%
Age 10 - 14	116	3.02%	230	4.57%	255	4.47%
Age 15 - 17	84	2.19%	113	2.25%	174	3.05%
Age 18 - 20	86	2.24%	66	1.31%	106	1.86%
Age 21 - 24	232	6.05%	128	2.54%	170	2.98%
Age 25 - 34	605	15.77%	685	13.62%	508	8.90%
Age 35 - 44	525	13.68%	779	15.49%	943	16.51%
Age 45 - 54	558	14.54%	644	12.80%	786	13.76%
Age 55 - 64	510	13.29%	741	14.73%	808	14.15%
Age 65 - 74	468	12.20%	613	12.19%	783	13.71%
Age 75 - 84	301	7.84%	466	9.26%	530	9.28%
Age 85 and over	47	1.22%	125	2.49%	151	2.64%
Age 16 and over	3,393	88.43%	4,325	85.98%	4,906	85.90%
Age 18 and over	3,332	86.84%	4,247	84.43%	4,785	83.79%
Age 21 and over	3,246	84.60%	4,181	83.12%	4,679	81.93%
Age 65 and over	816	21.27%	1,204	23.94%	1,464	25.63%
Median Age	44.33		46.16		47.58	
Average Age	44.2		45.9		46.6	

R003615

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R003616

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Prepared For: scg/8 hca/14
 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29572 Myrtle Beach, SC

Description	2000		2010				2015	
	Census	Percent	Estimate	Percent	Projection	Percent	Estimate	Percent
Female Population by Age	4,069		5,321		6,048			
Age 0 - 4	126	3.10%	210	3.95%	232	3.84%		
Age 5 - 9	147	3.61%	207	3.89%	245	4.05%		
Age 10 - 14	142	3.49%	174	3.27%	242	4.00%		
Age 15 - 17	67	1.65%	116	2.18%	122	2.02%		
Age 18 - 20	75	1.84%	85	1.60%	105	1.74%		
Age 21 - 24	216	5.31%	143	2.69%	168	2.78%		
Age 25 - 34	541	13.30%	640	12.03%	525	8.68%		
Age 35 - 44	488	11.99%	688	12.93%	843	13.94%		
Age 45 - 54	654	16.07%	662	12.44%	699	11.56%		
Age 55 - 64	543	13.34%	827	15.54%	925	15.29%		
Age 65 - 74	610	14.99%	820	15.41%	1,069	17.68%		
Age 75 - 84	381	9.36%	573	10.77%	639	10.57%		
Age 85 and over	79	1.94%	176	3.31%	234	3.87%		
Age 16 and over	3,633	89.28%	4,692	88.18%	5,295	87.55%		
Age 18 and over	3,587	88.15%	4,614	86.71%	5,207	86.09%		
Age 21 and over	3,512	86.31%	4,529	85.12%	5,102	84.36%		
Age 65 and over	1,070	26.30%	1,569	29.49%	1,942	32.11%		
Median Age	48.56		51		52.75			
Average Age	47.2		48.8		49.6			

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29575 Myrtle Beach, SC

Population	Totals
2015 Projection	20,301
2010 Estimate	18,329
2000 Census	15,670
1990 Census	11,670

Growth 1990 - 2000 34.28%

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Total Population by Age	15,670		18,329		20,301	
Age 0 - 4	593	3.78%	763	4.16%	858	4.23%
Age 5 - 9	586	3.74%	767	4.18%	866	4.27%
Age 10 - 14	686	4.38%	730	3.98%	866	4.27%
Age 15 - 17	404	2.58%	399	2.18%	477	2.35%
Age 18 - 20	410	2.62%	388	2.12%	442	2.18%
Age 21 - 24	658	4.20%	604	3.30%	598	2.95%
Age 25 - 34	1,800	11.49%	2,083	11.36%	1,869	9.21%
Age 35 - 44	2,047	13.06%	2,197	11.99%	2,654	13.07%
Age 45 - 54	2,206	14.08%	2,266	12.36%	2,324	11.45%
Age 55 - 64	2,438	15.56%	3,022	16.49%	3,103	15.28%
Age 65 - 74	2,452	15.65%	2,918	15.92%	3,732	18.38%
Age 75 - 84	1,207	7.70%	1,709	9.32%	1,900	9.36%
Age 85 and over	183	1.17%	483	2.64%	612	3.01%
Age 16 and over	13,674	87.26%	15,942	86.98%	17,559	86.49%
Age 18 and over	13,401	85.52%	15,670	85.49%	17,234	84.89%
Age 21 and over	12,991	82.90%	15,282	83.38%	16,792	82.72%
Age 65 and over	3,842	24.52%	5,110	27.88%	6,244	30.76%
Median Age	47.95		50.44		51.54	
Average Age	45.9		47.6		48.4	

R003617

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29575 Myrtle Beach, SC

Description	2000	Percent
	Census	
Male Population by Age	7,630	
Age 0 - 4	307	4.02%
Age 5 - 9	290	3.80%
Age 10 - 14	386	5.06%
Age 15 - 17	207	2.71%
Age 18 - 20	219	2.87%
Age 21 - 24	327	4.29%
Age 25 - 34	950	12.45%
Age 35 - 44	1,019	13.36%
Age 45 - 54	1,026	13.45%
Age 55 - 64	1,084	14.21%
Age 65 - 74	1,187	15.56%
Age 75 - 84	572	7.50%
Age 85 and over	56	0.73%
Age 16 and over	6,577	86.20%
Age 18 and over	6,440	84.40%
Age 21 and over	6,221	81.53%
Age 65 and over	1,815	23.79%
Median Age	46.08	
Average Age	44.8	

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2010	Percent	2015	
		Estimate	Projection
8,911		9,862	
389	4.37%	441	4.47%
394	4.42%	441	4.47%
375	4.21%	442	4.48%
200	2.24%	247	2.50%
209	2.35%	234	2.37%
336	3.77%	299	3.03%
1,049	11.77%	968	9.82%
1,154	12.95%	1,406	14.26%
1,117	12.54%	1,162	11.78%
1,307	14.67%	1,341	13.60%
1,378	15.46%	1,744	17.68%
822	9.22%	927	9.40%
181	2.03%	210	2.13%
7,685	86.24%	8,455	85.73%
7,553	84.76%	8,291	84.07%
7,344	82.41%	8,057	81.70%
2,381	26.72%	2,881	29.21%
48.13		48.9	
46.4		47	

R003618

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29575 Myrtle Beach, SC

Description	2000 Census	Percent
Female Population by Age	8,040	
Age 0 - 4	286	3.56%
Age 5 - 9	296	3.68%
Age 10 - 14	300	3.73%
Age 15 - 17	197	2.45%
Age 18 - 20	191	2.38%
Age 21 - 24	331	4.12%
Age 25 - 34	850	10.57%
Age 35 - 44	1,028	12.79%
Age 45 - 54	1,180	14.68%
Age 55 - 64	1,354	16.84%
Age 65 - 74	1,265	15.73%
Age 75 - 84	635	7.90%
Age 85 and over	127	1.58%
Age 16 and over	7,097	88.27%

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2010		2015	
Estimate	Percent	Projection	Percent
9,418		10,439	
374	3.97%	417	3.99%
373	3.96%	425	4.07%
355	3.77%	424	4.06%
199	2.11%	230	2.20%
179	1.90%	208	1.99%
268	2.85%	299	2.86%
1,034	10.98%	901	8.63%
1,043	11.07%	1,248	11.96%
1,149	12.20%	1,162	11.13%
1,715	18.21%	1,762	16.88%
1,540	16.35%	1,988	19.04%
887	9.42%	973	9.32%
302	3.21%	402	3.85%
8,257	87.67%	9,104	87.21%

Age 18 and over	6,961	86.58%	8,117	86.19%	8,943	85.67%
Age 21 and over	6,770	84.20%	7,938	84.29%	8,735	83.68%
Age 65 and over	2,027	25.21%	2,729	28.98%	3,363	32.22%
Median Age	49.59		52.69		54.18	
Average Age	47.1		48.8		49.6	

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29576 Murrells Inlet, SC

Population Totals

2015 Projection 16,479

2010 Estimate 14,829

2000 Census 11,003

1990 Census 6,763

Growth 1990 - 2000 62.69%

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Total Population by Age	11,003		14,829		16,479	
Age 0 - 4	422	3.84%	614	4.14%	687	4.17%
Age 5 - 9	433	3.94%	627	4.23%	705	4.28%
Age 10 - 14	481	4.37%	616	4.15%	715	4.34%
Age 15 - 17	270	2.45%	365	2.46%	438	2.66%
Age 18 - 20	219	1.99%	296	2.00%	351	2.13%
Age 21 - 24	354	3.22%	479	3.23%	512	3.11%
Age 25 - 34	1,224	11.12%	1,356	9.14%	1,361	8.26%
Age 35 - 44	1,502	13.65%	1,794	12.10%	1,847	11.21%
Age 45 - 54	1,562	14.20%	1,951	13.16%	2,091	12.69%
Age 55 - 64	1,717	15.60%	2,489	16.78%	2,578	15.64%
Age 65 - 74	1,825	16.59%	2,505	16.89%	3,183	19.32%
Age 75 - 84	864	7.85%	1,410	9.51%	1,580	9.59%
Age 85 and over	130	1.18%	326	2.20%	430	2.61%
Age 16 and over	9,582	87.09%	12,860	86.72%	14,238	86.40%
Age 18 and over	9,397	85.40%	12,607	85.02%	13,934	84.56%
Age 21 and over	9,178	83.41%	12,311	83.02%	13,583	82.43%

R003620

0261

Age 65 and over	2,819	25.62%	4,241	28.60%	5,193	31.51%
Median Age	48.82		51.49		52.76	
Average Age	46.6		48.1		48.8	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29576 Murrells Inlet, SC

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Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	5,376		7,209		7,986	
Age 0 - 4	224	4.17%	314	4.36%	351	4.40%
Age 5 - 9	218	4.06%	323	4.48%	361	4.52%
Age 10 - 14	242	4.50%	323	4.48%	366	4.58%
Age 15 - 17	144	2.68%	185	2.57%	233	2.92%
Age 18 - 20	120	2.23%	151	2.09%	183	2.29%
Age 21 - 24	177	3.29%	238	3.30%	256	3.21%
Age 25 - 34	625	11.63%	684	9.49%	684	8.56%
Age 35 - 44	735	13.67%	905	12.55%	916	11.47%
Age 45 - 54	735	13.67%	945	13.11%	1,049	13.14%
Age 55 - 64	783	14.56%	1,116	15.48%	1,147	14.36%
Age 65 - 74	914	17.00%	1,208	16.76%	1,508	18.88%
Age 75 - 84	424	7.89%	684	9.49%	772	9.67%
Age 85 and over	34	0.63%	133	1.84%	161	2.02%
Age 16 and over	4,649	86.48%	6,197	85.96%	6,841	85.66%
Age 18 and over	4,547	84.58%	6,065	84.13%	6,674	83.57%

R003621

0267

Age 21 and over	4,428	82.37%	5,914	82.04%	6,491	81.28%
Age 65 and over	1,372	25.52%	2,025	28.09%	2,440	30.55%
Median Age	47.76		50.1		51.13	
Average Age	45.9		47.2		47.8	

R003622

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29576 Murrells Inlet, SC

Description	2000	
	Census	Percent
Female Population by Age	5,627	
Age 0 - 4	198	3.52%
Age 5 - 9	215	3.82%
Age 10 - 14	239	4.25%
Age 15 - 17	126	2.24%
Age 18 - 20	99	1.76%
Age 21 - 24	178	3.16%

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2010		2015	
Estimate	Percent	Projection	Percent
7,620		8,494	
301	3.95%	336	3.96%
305	4.00%	344	4.05%
293	3.85%	349	4.11%
180	2.36%	205	2.41%
145	1.90%	168	1.98%
242	3.18%	256	3.01%

0268

Age 25 - 34	599	10.65%	672	8.82%	678	7.98%
Age 35 - 44	767	13.63%	889	11.67%	931	10.96%
Age 45 - 54	827	14.70%	1,006	13.20%	1,042	12.27%
Age 55 - 64	934	16.60%	1,372	18.01%	1,431	16.85%
Age 65 - 74	911	16.19%	1,297	17.02%	1,675	19.72%
Age 75 - 84	440	7.82%	726	9.53%	809	9.52%
Age 85 and over	95	1.69%	193	2.53%	270	3.18%
Age 16 and over	4,934	87.68%	6,663	87.44%	7,397	87.09%
Age 18 and over	4,849	86.17%	6,542	85.85%	7,260	85.47%
Age 21 and over	4,750	84.41%	6,397	83.95%	7,091	83.48%
Age 65 and over	1,446	25.70%	2,216	29.08%	2,753	32.41%
Median Age	49.75		52.79		54.4	
Average Age	47.4		48.8		49.7	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29577 Myrtle Beach, SC
Population Totals
2015 Projection 33,324
2010 Estimate 29,584
2000 Census 23,302
1990 Census 24,396
Growth 1990 - 2000 -4.48%

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Total Population by Age	23,302		29,584		33,324	
Age 0 - 4	1,253	5.38%	1,709	5.78%	1,892	5.68%
Age 5 - 9	1,267	5.44%	1,661	5.61%	1,913	5.74%
Age 10 - 14	1,225	5.26%	1,551	5.24%	1,852	5.56%
Age 15 - 17	718	3.08%	824	2.79%	970	2.91%
Age 18 - 20	848	3.64%	857	2.90%	966	2.90%
Age 21 - 24	1,683	7.22%	1,352	4.57%	1,367	4.10%
Age 25 - 34	4,183	17.95%	4,913	16.61%	4,658	13.98%
Age 35 - 44	3,777	16.21%	4,685	15.84%	5,303	15.91%

R003623

0269

Age 45 - 54	3,024	12.98%	4,190	14.16%	4,891	14.68%
Age 55 - 64	2,112	9.06%	3,063	10.35%	3,720	11.16%
Age 65 - 74	1,793	7.69%	2,290	7.74%	2,905	8.72%
Age 75 - 84	1,092	4.69%	1,809	6.11%	2,021	6.06%
Age 85 and over	327	1.40%	680	2.30%	866	2.60%
Age 16 and over	19,321	82.92%	24,388	82.44%	27,357	82.09%
Age 18 and over	18,839	80.85%	23,839	80.58%	26,697	80.11%
Age 21 and over	17,991	77.21%	22,982	77.68%	25,731	77.21%
Age 65 and over	3,212	13.78%	4,779	16.15%	5,792	17.38%
Median Age	36.26		39.11		40.74	
Average Age	38.2		40.2		41.1	

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29577 Myrtle Beach, SC

Description	2000		2010				2015	
	Census	Percent	Estimate	Percent	Projection	Percent		
Male Population by Age	11,779		14,932		16,802			
Age 0 - 4	671	5.70%	868	5.81%	967	5.76%		
Age 5 - 9	657	5.58%	852	5.71%	975	5.80%		
Age 10 - 14	635	5.39%	823	5.51%	948	5.64%		
Age 15 - 17	367	3.12%	435	2.91%	515	3.07%		
Age 18 - 20	426	3.62%	427	2.86%	490	2.92%		
Age 21 - 24	904	7.67%	715	4.79%	732	4.36%		
Age 25 - 34	2,355	19.99%	2,686	17.99%	2,560	15.24%		

R003624

0270

Age 35 - 44	1,989	16.89%	2,532	16.96%	2,825	16.81%
Age 45 - 54	1,459	12.39%	2,165	14.50%	2,593	15.43%
Age 55 - 64	999	8.48%	1,440	9.64%	1,837	10.93%
Age 65 - 74	789	6.70%	957	6.41%	1,183	7.04%
Age 75 - 84	440	3.74%	782	5.24%	870	5.18%
Age 85 and over	88	0.75%	250	1.67%	307	1.83%
Age 16 and over	9,698	82.33%	12,246	82.01%	13,748	81.82%
Age 18 and over	9,449	80.22%	11,954	80.06%	13,397	79.73%
Age 21 and over	9,023	76.60%	11,527	77.20%	12,907	76.82%
Age 65 and over	1,317	11.18%	1,989	13.32%	2,360	14.05%
Median Age	34.47		37.61		39.3	
Average Age	36.5		38.7		39.6	

R003625

R003626

Description	2000	Percent	2010		2015	
	Census		Estimate	Percent	Projection	Percent
Female Population by Age	11,523		14,652		16,522	
Age 0 - 4	582	5.05%	841	5.74%	925	5.60%
Age 5 - 9	610	5.29%	809	5.52%	938	5.68%
Age 10 - 14	590	5.12%	728	4.97%	904	5.47%
Age 15 - 17	351	3.05%	389	2.65%	455	2.75%
Age 18 - 20	422	3.66%	430	2.93%	476	2.88%
Age 21 - 24	779	6.76%	637	4.35%	635	3.84%
Age 25 - 34	1,828	15.86%	2,227	15.20%	2,098	12.70%
Age 35 - 44	1,788	15.52%	2,153	14.69%	2,478	15.00%
Age 45 - 54	1,565	13.58%	2,025	13.82%	2,298	13.91%
Age 55 - 64	1,113	9.66%	1,623	11.08%	1,883	11.40%
Age 65 - 74	1,004	8.71%	1,333	9.10%	1,722	10.42%
Age 75 - 84	652	5.66%	1,027	7.01%	1,151	6.97%
Age 85 and over	239	2.07%	430	2.93%	559	3.38%
Age 16 and over	9,623	83.51%	12,142	82.87%	13,609	82.37%
Age 18 and over	9,390	81.49%	11,885	81.12%	13,300	80.50%
Age 21 and over	8,968	77.83%	11,455	78.18%	12,824	77.62%
Age 65 and over	1,895	16.45%	2,790	19.04%	3,432	20.77%
Median Age	38.35		40.88		42.38	
Average Age	39.9		41.8		42.6	

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29579 Myrtle Beach, SC

Population Totals

2015 Projection 26,355

2010 Estimate 22,990

2000 Census 10,128

1990 Census 5,077

Growth 1990 - 2000 99.49%

Description	2000	Percent	2010		2015	
	Census		Estimate	Percent	Projection	Percent

0272

R003627

Total Population by Age	10,128		22,990		26,355	
Age 0 - 4	703	6.94%	1,726	7.51%	1,945	7.38%
Age 5 - 9	629	7.20%	1,639	7.13%	1,921	7.29%
Age 10 - 14	628	6.20%	1,493	6.49%	1,820	6.91%
Age 15 - 17	338	3.34%	654	2.84%	749	2.84%
Age 18 - 20	588	5.81%	1,160	5.05%	1,226	4.65%
Age 21 - 24	884	8.73%	1,344	5.85%	1,312	4.98%
Age 25 - 34	1,760	17.38%	4,012	17.45%	4,115	15.61%
Age 35 - 44	1,696	16.75%	3,618	15.74%	4,140	15.71%
Age 45 - 54	1,218	12.03%	3,048	13.26%	3,820	14.49%
Age 55 - 64	832	8.21%	1,910	8.31%	2,279	8.65%
Age 65 - 74	553	5.46%	1,417	6.16%	1,763	6.69%
Age 75 - 84	167	1.65%	823	3.58%	964	3.66%
Age 85 and over	32	0.32%	146	0.64%	301	1.14%
Age 16 and over	7,952	78.52%	17,906	77.89%	20,409	77.44%
Age 18 and over	7,730	76.32%	17,478	76.02%	19,920	75.58%
Age 21 and over	7,142	70.52%	16,318	70.98%	18,694	70.93%
Age 65 and over	752	7.42%	2,386	10.38%	3,028	11.49%
Median Age	31.78		33.67		35.22	
Average Age	33.3		35.1		36.1	

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29579 Myrtle Beach, SC
 2000

2010

2015

0273

R003628

Description	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	4,965		11,263		12,888	
Age 0 - 4	361	7.27%	881	7.82%	995	7.72%
Age 5 - 9	350	7.05%	839	7.45%	981	7.61%
Age 10 - 14	321	6.47%	749	6.65%	928	7.20%
Age 15 - 17	161	3.24%	337	2.99%	395	3.06%
Age 18 - 20	253	5.10%	527	4.68%	567	4.40%
Age 21 - 24	437	8.80%	613	5.44%	599	4.65%
Age 25 - 34	908	18.29%	2,028	18.01%	2,035	15.79%
Age 35 - 44	815	16.41%	1,829	16.24%	2,108	16.36%
Age 45 - 54	584	11.76%	1,460	12.96%	1,864	14.46%
Age 55 - 64	411	8.28%	892	7.92%	1,091	8.47%
Age 65 - 74	280	5.64%	658	5.84%	784	6.08%
Age 75 - 84	75	1.51%	393	3.49%	411	3.19%
Age 85 and over	9	0.18%	57	0.51%	130	1.01%
Age 16 and over	3,886	78.27%	8,688	77.14%	9,862	76.52%
Age 18 and over	3,772	75.97%	8,457	75.09%	9,589	74.40%
Age 21 and over	3,519	70.88%	7,930	70.41%	9,022	70.00%
Age 65 and over	364	7.33%	1,108	9.84%	1,325	10.28%
Median Age	31.6		33.31		34.72	
Average Age	33.2		34.6		35.3	

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Prepared For: scg/8 hca/14
 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29579 Myrtle Beach, SC

Description	2000	Percent
	Census	
Female Population by Age	5,163	
Age 0 - 4	342	6.62%
Age 5 - 9	379	7.34%
Age 10 - 14	307	5.95%
Age 15 - 17	177	3.43%
Age 18 - 20	335	6.49%
Age 21 - 24	447	8.66%
Age 25 - 34	852	16.50%
Age 35 - 44	881	17.06%
Age 45 - 54	634	12.28%
Age 55 - 64	421	8.15%
Age 65 - 74	273	5.29%
Age 75 - 84	92	1.78%
Age 85 and over	23	0.45%
Age 16 and over	4,066	78.75%
Age 18 and over	3,958	76.66%
Age 21 and over	3,623	70.17%
Age 65 and over	388	7.52%

Median Age	31.98

Average Age	33.5

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 Population by Age and Sex Trend 2010
 County (see appendix for geographies), 29581 Nichols, SC
 Population Totals

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2010		2015	
Estimate	Percent	Projection	Percent
11,727		13,467	
845	7.21%	950	7.05%
800	6.82%	940	6.98%
744	6.34%	892	6.62%
317	2.70%	354	2.63%
633	5.40%	659	4.89%
731	6.23%	713	5.29%
1,984	16.92%	2,080	15.45%
1,789	15.26%	2,032	15.09%
1,588	13.54%	1,956	14.52%
1,018	8.68%	1,188	8.82%
759	6.47%	979	7.27%
430	3.67%	553	4.11%
89	0.76%	171	1.27%
9,218	78.60%	10,547	78.32%
9,021	76.93%	10,331	76.71%
8,388	71.53%	9,672	71.82%
1,278	10.90%	1,703	12.65%
34.04		35.72	
35.6		36.8	

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2015 Projection	3,031
2010 Estimate	2,970
2000 Census	3,066
1990 Census	2,958

Growth 1990 - 2000 3.65%

Description	2000	Percent	2010		2015	
	Census		Estimate	Percent	Projection	Percent
Total Population by Age	3,066		2,970		3,031	
Age 0 - 4	188	6.13%	193	6.50%	207	6.83%
Age 5 - 9	201	6.56%	187	6.30%	196	6.47%
Age 10 - 14	229	7.47%	182	6.13%	189	6.24%
Age 15 - 17	147	4.79%	104	3.50%	107	3.53%
Age 18 - 20	147	4.79%	114	3.84%	111	3.66%
Age 21 - 24	158	5.15%	146	4.92%	138	4.55%
Age 25 - 34	349	11.38%	455	15.32%	427	14.09%
Age 35 - 44	457	14.91%	332	11.18%	382	12.60%
Age 45 - 54	456	14.87%	410	13.80%	352	11.61%
Age 55 - 64	316	10.31%	384	12.93%	390	12.87%
Age 65 - 74	251	8.19%	246	8.28%	297	9.80%
Age 75 - 84	135	4.40%	163	5.49%	166	5.48%
Age 85 and over	32	1.04%	54	1.82%	68	2.24%
Age 16 and over	2,403	78.38%	2,376	80.00%	2,406	79.38%
Age 18 and over	2,301	75.05%	2,303	77.54%	2,332	76.94%
Age 21 and over	2,154	70.25%	2,189	73.70%	2,221	73.28%
Age 65 and over	418	13.63%	462	15.56%	532	17.55%
Median Age	37.5		38.14		38.67	
Average Age	37.6		39.3		39.8	

R003630

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Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	1,454		1,418		1,447	
Age 0 - 4	97	6.67%	98	6.91%	104	7.19%
Age 5 - 9	99	6.81%	96	6.77%	99	6.84%
Age 10 - 14	116	7.98%	93	6.56%	97	6.70%
Age 15 - 17	71	4.88%	49	3.46%	51	3.52%
Age 18 - 20	78	5.36%	59	4.16%	57	3.94%
Age 21 - 24	84	5.78%	76	5.36%	75	5.18%
Age 25 - 34	174	11.97%	229	16.15%	206	14.24%
Age 35 - 44	206	14.17%	166	11.71%	195	13.48%
Age 45 - 54	225	15.47%	187	13.19%	166	11.47%
Age 55 - 64	149	10.25%	185	13.05%	188	12.99%
Age 65 - 74	101	6.95%	101	7.12%	122	8.43%
Age 75 - 84	46	3.16%	62	4.37%	66	4.56%
Age 85 and over	8	0.55%	17	1.20%	21	1.45%
Age 16 and over	1,122	77.17%	1,118	78.84%	1,133	78.30%
Age 18 and over	1,071	73.66%	1,082	76.30%	1,096	75.74%
Age 21 and over	993	68.29%	1,023	72.14%	1,038	71.73%
Age 65 and over	155	10.66%	180	12.69%	209	14.44%
Median Age	35.41		35.57		36.79	
Average Age	35.8		37.6		38	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29581 Nichols, SC

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Female Population by Age	1,612		1,552		1,584	
Age 0 - 4	91	5.65%	95	6.12%	103	6.50%
Age 5 - 9	102	6.33%	91	5.86%	96	6.06%
Age 10 - 14	113	7.01%	90	5.80%	92	5.81%
Age 15 - 17	76	4.71%	55	3.54%	56	3.54%
Age 18 - 20	69	4.28%	55	3.54%	54	3.41%
Age 21 - 24	74	4.59%	70	4.51%	63	3.98%
Age 25 - 34	175	10.86%	227	14.63%	221	13.95%
Age 35 - 44	251	15.57%	166	10.70%	187	11.81%
Age 45 - 54	231	14.33%	223	14.37%	186	11.74%
Age 55 - 64	167	10.36%	199	12.82%	202	12.75%
Age 65 - 74	151	9.37%	145	9.34%	175	11.05%
Age 75 - 84	88	5.46%	101	6.51%	101	6.38%
Age 85 and over	24	1.49%	37	2.38%	47	2.97%
Age 16 and over	1,281	79.47%	1,258	81.06%	1,273	80.37%
Age 18 and over	1,230	76.30%	1,221	78.67%	1,236	78.03%
Age 21 and over	1,161	72.02%	1,166	75.13%	1,182	74.62%
Age 65 and over	263	16.32%	282	18.17%	323	20.39%

R003632

0278

Median Age 39.23

40.66

40.69

Average Age 39.3

40.9

41.4

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29582 North Myrtle Beach, SC

Population Totals

2015 Projection 23,377

2010 Estimate 20,345

2000 Census 13,049

1990 Census 10,260

Growth 1990 - 2000 27.18%

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Total Population by Age	13,049		20,345		23,377	
Age 0 - 4	557	4.27%	993	4.88%	1,147	4.91%
Age 5 - 9	567	4.35%	975	4.79%	1,152	4.93%
Age 10 - 14	550	4.21%	924	4.54%	1,132	4.84%
Age 15 - 17	334	2.56%	511	2.51%	612	2.62%
Age 18 - 20	348	2.67%	479	2.35%	601	2.57%
Age 21 - 24	499	3.82%	653	3.21%	781	3.34%
Age 25 - 34	1,650	12.64%	2,247	11.04%	2,150	9.20%
Age 35 - 44	1,788	13.70%	2,585	12.71%	2,868	12.27%
Age 45 - 54	2,117	16.22%	2,782	13.67%	2,994	12.81%
Age 55 - 64	2,050	15.71%	3,580	17.60%	4,025	17.22%
Age 65 - 74	1,607	12.32%	2,558	12.57%	3,448	14.75%
Age 75 - 84	831	6.37%	1,601	7.87%	1,857	7.94%
Age 85 and over	151	1.16%	457	2.25%	610	2.61%
Age 16 and over	11,246	86.18%	17,257	84.82%	19,705	84.29%
Age 18 and over	11,041	84.61%	16,942	83.27%	19,334	82.71%
Age 21 and over	10,693	81.94%	16,463	80.92%	18,733	80.13%
Age 65 and over	2,589	19.84%	4,616	22.69%	5,915	25.30%

Median Age 46.1

47.9

49.16

R003633

0279

Average Age

44.3

45.5

46.2

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29582 North Myrtle Beach, SC

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Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	6,478		10,019		11,490	
Age 0 - 4	283	4.37%	507	5.06%	590	5.13%
Age 5 - 9	295	4.55%	498	4.97%	586	5.10%
Age 10 - 14	272	4.20%	460	4.59%	579	5.04%
Age 15 - 17	167	2.58%	263	2.63%	299	2.60%
Age 18 - 20	190	2.93%	252	2.52%	307	2.67%
Age 21 - 24	257	3.97%	327	3.26%	419	3.65%
Age 25 - 34	887	13.69%	1,142	11.40%	1,056	9.19%
Age 35 - 44	922	14.23%	1,366	13.63%	1,510	13.14%
Age 45 - 54	994	15.34%	1,346	13.43%	1,531	13.32%
Age 55 - 64	983	15.17%	1,708	17.05%	1,912	16.64%
Age 65 - 74	808	12.47%	1,241	12.39%	1,628	14.17%
Age 75 - 84	369	5.70%	714	7.13%	839	7.30%
Age 85 and over	51	0.79%	195	1.95%	234	2.04%
Age 16 and over	5,560	85.83%	8,447	84.31%	9,619	83.72%
Age 18 and over	5,461	84.30%	8,291	82.75%	9,436	82.12%
Age 21 and over	5,271	81.37%	8,039	80.24%	9,129	79.45%
Age 65 and over	1,228	18.96%	2,150	21.46%	2,701	23.51%
Median Age	44.63		46.45		47.61	

R003634

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Average Age

43.4

44.6

45.1

R003635

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29582 North Myrtle Beach, SC

Description	2000	
	Census	Percent
Female Population by Age	6,571	
Age 0 - 4	274	4.17%
Age 5 - 9	272	4.14%
Age 10 - 14	278	4.23%
Age 15 - 17	167	2.54%
Age 18 - 20	158	2.40%
Age 21 - 24	242	3.68%
Age 25 - 34	763	11.61%
Age 35 - 44	866	13.18%
Age 45 - 54	1,123	17.09%
Age 55 - 64	1,067	16.24%

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2010		2015	
Estimate	Percent	Projection	Percent
10,326		11,887	
486	4.71%	557	4.69%
477	4.62%	566	4.76%
464	4.49%	553	4.65%
248	2.40%	313	2.63%
227	2.20%	294	2.47%
326	3.16%	362	3.05%
1,105	10.70%	1,094	9.20%
1,219	11.81%	1,358	11.42%
1,436	13.91%	1,463	12.31%
1,872	18.13%	2,113	17.78%

0281

Age 65 - 74	799	12.16%	1,317	12.75%	1,820	15.31%
Age 75 - 84	462	7.03%	887	8.59%	1,018	8.56%
Age 85 and over	100	1.52%	262	2.54%	376	3.16%
Age 16 and over	5,686	86.53%	8,810	85.32%	10,086	84.85%
Age 18 and over	5,580	84.92%	8,651	83.78%	9,898	83.27%
Age 21 and over	5,422	82.51%	8,424	81.58%	9,604	80.79%
Age 65 and over	1,361	20.71%	2,466	23.88%	3,214	27.04%
Median Age	47.37		49.26		50.79	
Average Age	45.1		46.3		47.2	

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Population by Age and Sex Trend 2010

County (see appendix for geographies), 29588 Myrtle Beach, SC

Population	Totals
2015 Projection	39,462
2010 Estimate	34,383
2000 Census	22,257
1990 Census	13,599

Growth 1990 - 2000 63.67%

Description	2000 Census	Percent	2010		2015	
			Estimate	Percent	Projection	Percent
Total Population by Age	22,257		34,383		39,462	
Age 0 - 4	1,449	6.51%	2,409	7.01%	2,714	6.88%
Age 5 - 9	1,516	6.81%	2,292	6.67%	2,712	6.87%
Age 10 - 14	1,478	6.64%	2,131	6.20%	2,582	6.54%
Age 15 - 17	880	3.95%	1,264	3.68%	1,472	3.73%
Age 18 - 20	835	3.75%	1,120	3.26%	1,323	3.35%
Age 21 - 24	1,146	5.15%	1,421	4.13%	1,707	4.33%
Age 25 - 34	3,677	16.52%	4,932	14.34%	4,824	12.22%
Age 35 - 44	3,765	16.92%	5,306	15.43%	5,723	14.50%
Age 45 - 54	3,053	13.72%	4,856	14.12%	5,750	14.57%
Age 55 - 64	2,216	9.96%	3,926	11.42%	4,595	11.64%
Age 65 - 74	1,540	6.92%	2,836	8.25%	3,667	9.29%
Age 75 - 84	597	2.68%	1,468	4.27%	1,769	4.48%

R003636

0282

Age 85 and over	105	0.47%	422	1.23%	624	1.58%
Age 16 and over	17,528	78.75%	27,139	78.93%	30,969	78.48%
Age 18 and over	16,934	76.08%	26,287	76.45%	29,982	75.98%
Age 21 and over	16,099	72.33%	25,167	73.20%	28,659	72.62%
Age 65 and over	2,242	10.07%	4,726	13.75%	6,060	15.36%
Median Age	35.39		38.06		39.19	
Average Age	36		38.2		39	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29588 Myrtle Beach, SC

Description	2000		2010		2015	
	Census	Percent	Estimate	Percent	Projection	Percent
Male Population by Age	11,113		17,048		19,515	
Age 0 - 4	741	6.67%	1,228	7.20%	1,387	7.11%
Age 5 - 9	762	6.86%	1,173	6.88%	1,385	7.10%
Age 10 - 14	777	6.99%	1,079	6.33%	1,316	6.74%
Age 15 - 17	429	3.86%	630	3.70%	723	3.70%
Age 18 - 20	434	3.91%	603	3.54%	709	3.63%
Age 21 - 24	586	5.27%	743	4.36%	872	4.47%
Age 25 - 34	1,885	16.96%	2,478	14.54%	2,450	12.55%
Age 35 - 44	1,866	16.79%	2,674	15.69%	2,889	14.80%
Age 45 - 54	1,501	13.51%	2,391	14.03%	2,899	14.86%
Age 55 - 64	1,063	9.57%	1,873	10.99%	2,160	11.07%
Age 65 - 74	755	6.79%	1,335	7.83%	1,698	8.70%

R003637

0283

Age 75 - 84	279	2.51%	654	3.84%	786	4.03%
Age 85 and over	35	0.31%	187	1.10%	241	1.23%
Age 16 and over	8,698	78.27%	13,371	78.43%	15,200	77.89%
Age 18 and over	8,404	75.62%	12,938	75.89%	14,704	75.35%
Age 21 and over	7,970	71.72%	12,335	72.35%	13,995	71.71%
Age 65 and over	1,069	9.62%	2,176	12.76%	2,725	13.96%
Median Age	34.69		37.21		38.17	
Average Age	35.4		37.5		38	

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Population by Age and Sex Trend 2010
County (see appendix for geographies), 29588 Myrtle Beach, SC

Description	2000 Census	Percent
Female Population by Age	11,144	
Age 0 - 4	708	6.35%

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2010		2015	
Estimate	Percent	Projection	Percent
17,335		19,947	
1,181	6.81%	1,327	6.65%

R003638

0284

R003639

Age 5 - 9	754	6.77%	1,119	6.46%	1,327	6.65%
Age 10 - 14	701	6.29%	1,052	6.07%	1,266	6.35%
Age 15 - 17	451	4.05%	634	3.66%	749	3.75%
Age 18 - 20	401	3.60%	517	2.98%	614	3.08%
Age 21 - 24	560	5.03%	678	3.91%	835	4.19%
Age 25 - 34	1,792	16.08%	2,454	14.16%	2,374	11.90%
Age 35 - 44	1,899	17.04%	2,632	15.18%	2,834	14.21%
Age 45 - 54	1,552	13.93%	2,465	14.22%	2,851	14.29%
Age 55 - 64	1,153	10.35%	2,053	11.84%	2,435	12.21%
Age 65 - 74	785	7.04%	1,501	8.66%	1,969	9.87%
Age 75 - 84	318	2.85%	814	4.70%	983	4.93%
Age 85 and over	70	0.63%	235	1.36%	383	1.92%
Age 16 and over	8,830	79.24%	13,768	79.42%	15,769	79.05%
Age 18 and over	8,530	76.54%	13,349	77.01%	15,278	76.59%
Age 21 and over	8,129	72.95%	12,832	74.02%	14,664	73.51%
Age 65 and over	1,173	10.53%	2,550	14.71%	3,335	16.72%
Median Age	36.08		38.92		40.23	
Average Age	36.5		39		39.9	

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 Population by Age and Sex Trend 2010
 Appendix: Area Listing
 Area Name:

Type: List - County Reporting Detail:
 Geography Code Geography Name
 45051 Horry County, SC

Project Information:

Site: 1

Order Num 9.69E+08

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Exhibit B-1 1E

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**Projected New Cancer Cases
GSRMC Radiotherapy Service Area**

2010										
Under Age 45				45 to 64			65 and Older			
County	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Total Cases All Ages
Georgetown	33,603	83.8	28	16,820	915.6	154	10,973	2,219.8	244	426
Horry	153,256	65.6	101	68,603	775.0	532	47,091	2,161.8	1,018	1,651
Williamsburg*	19,531	50.0	10	9,275	912.4	85	6,091	1,617.1	98	193
Total Service Area	206,390		139	94,698		771	64,155		1,360	2,270
2011										
Under Age 45				45 to 64			65 and Older			
County	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Total Cases All Ages
Georgetown	33,759	83.8	28	16,788	915.6	154	11,282	2,219.8	250	432
Horry	156,273	65.6	103	70,154	775.0	544	49,133	2,161.8	1,062	1,709
Williamsburg*	19,335	50.0	10	9,141	912.4	83	6,190	1,617.1	100	193
Total Service Area	209,407		141	96,115		781	66,615		1,412	2,334
2012										
Under Age 45				45 to 64			65 and Older			
County	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Total Cases All Ages
Georgetown	33,917	83.8	28	16,756	915.6	153	11,600	2,219.8	257	438
Horry	159,359	65.6	105	71,739	775.0	556	51,264	2,161.8	1,108	1,769
Williamsburg*	19,141	50.0	10	9,008	912.4	82	6,290	1,617.1	102	194
Total Service Area	212,477		143	97,553		791	69,169		1,467	2,401

R003641

0287

2013										
Under Age 45			45 to 64			65 and Older				
County	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Total Cases All Ages
Georgetown	34,075	83.8	29	16,724	915.6	153	11,926	2,219.8	265	447
Horry	162,516	65.6	107	73,361	775.0	569	53,487	2,161.8	1,156	1,832
Williamsburg*	18,949	50.0	9	8,878	912.4	81	6,392	1,617.1	103	193
Total Service Area	215,601		145	99,013		803	71,822		1,524	2,472
2014										
Under Age 45			45 to 64			65 and Older				
County	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Total Cases All Ages
Georgetown	34,234	83.8	29	16,692	915.6	153	12,262	2,219.8	272	454
Horry	165,746	65.6	109	75,019	775.0	581	55,807	2,161.8	1,206	1,896
Williamsburg*	18,759	50.0	9	8,750	912.4	80	6,496	1,617.1	105	194
Total Service Area	218,780		147	100,494		814	74,575		1,583	2,544
2015										
Under Age 45			45 to 64			65 and Older				
County	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Population	Cancer Incidence Rate	Estimated Cases	Total Cases All Ages
Georgetown	34,394	83.8	29	16,660	915.6	153	12,607	2,219.8	280	462
Horry	169,050	65.6	111	76,715	775.0	595	58,227	2,161.8	1,259	1,965
Williamsburg*	18,571	50.0	9	8,623	912.4	79	6,601	1,617.1	107	195
Total Service Area	222,015		149	101,998		827	77,435		1,646	2,622

*Estimated Williamsburg under age 44 rate because there were too few cases for Cancer registry program to calculate rate

Exhibit B-1 1F

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The American College of Radiology, with more than 30,000 members, is the principal organization of radiologists, radiation oncologists, and clinical medical physicists in the United States. The College is a nonprofit professional society whose primary purposes are to advance the science of radiology, improve radiologic services to the patient, study the socioeconomic aspects of the practice of radiology, and encourage continuing education for radiologists, radiation oncologists, medical physicists, and persons practicing in allied professional fields.

The American College of Radiology will periodically define new practice guidelines and technical standards for radiologic practice to help advance the science of radiology and to improve the quality of service to patients throughout the United States. Existing practice guidelines and technical standards will be reviewed for revision or renewal, as appropriate, on their fifth anniversary or sooner, if indicated.

Each practice guideline and technical standard, representing a policy statement by the College, has undergone a thorough consensus process in which it has been subjected to extensive review, requiring the approval of the Commission on Quality and Safety as well as the ACR Board of Chancellors, the ACR Council Steering Committee, and the ACR Council. The practice guidelines and technical standards recognize that the safe and effective use of diagnostic and therapeutic radiology requires specific training, skills, and techniques, as described in each document. Reproduction or modification of the published practice guideline and technical standard by those entities not providing these services is not authorized.

Revised 2009 (Res. 8)*

ACR PRACTICE GUIDELINE FOR RADIATION ONCOLOGY

PREAMBLE

These guidelines are an educational tool designed to assist practitioners in providing appropriate radiation oncology care for patients. They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care. For these reasons and those set forth below, the American College of Radiology cautions against the use of these guidelines in litigation in which the clinical decisions of a practitioner are called into question.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the physician or medical physicist in light of all the circumstances presented. Thus, an approach that differs from the guidelines, standing alone, does not necessarily imply that the approach was below the standard of care. To the contrary, a conscientious practitioner may responsibly adopt a course of action different from that set forth in the guidelines when, in the reasonable judgment of the practitioner, such course of action is indicated by the condition of the patient, limitations of available resources; or advances in knowledge or technology subsequent to publication of the guidelines. However, a practitioner who employs an approach substantially different from these guidelines is advised to document in the patient record information sufficient to explain the approach taken.

The practice of medicine involves not only the science, but also the art of dealing with the prevention, diagnosis, alleviation, and treatment of disease. The variety and complexity of human conditions make it impossible to always reach the most appropriate diagnosis or to predict with certainty a particular response to treatment. Therefore, it should be recognized that adherence to these guidelines will not assure an accurate diagnosis or a successful outcome. All that should be expected is that the practitioner will follow a reasonable course of action

based on current knowledge, available resources, and the needs of the patient to deliver effective and safe medical care. The sole purpose of these guidelines is to assist practitioners in achieving this objective.

I. INTRODUCTION

Radiation oncology, together with surgical and medical oncology, is one of the 3 primary disciplines involved in cancer treatment. Radiation therapy with either curative or palliative intent is used to treat up to 60% of all cancer patients [1]. Radiation therapy uses ionizing radiation, delivered with either external beam therapy or radioisotopes, to destroy or inhibit the reproductive ability of neoplastic cells or to cause programmed cell self-destruction (apoptosis). It is also occasionally used to inhibit the growth of non-neoplastic tissues in certain benign diseases.

Separate guidelines and standards define the appropriate use of external beam therapy, brachytherapy, and therapies using radioisotopes, sealed isotopes, and unsealed isotopes. This guideline addresses the overall role of the radiation oncologist, medical physicist, and other specialized personnel involved in the delivery of radiation therapy.

The use of radiation therapy requires detailed attention to personnel, equipment, patient and personnel safety, and continuing staff education. Because the practice of radiation oncology occurs in a variety of clinical environments, the judgment of a qualified radiation oncologist should be used to apply these guidelines to individual practices.

A literature search was performed and reviewed to identify published articles regarding guidelines and

standards in radiation oncology. Selected articles are found in the suggested reading section.

II. PROCESS OF RADIATION THERAPY

The clinical use of ionizing radiation is a complex process involving trained personnel who carry out a variety of interrelated activities.

A. Clinical Evaluation

The initial evaluation of the patient includes obtaining a history, performing a physical examination, reviewing pertinent diagnostic studies and reports, and communicating with the referring physician and other appropriate physicians involved in the patient's care. The extent of the tumor must be determined and recorded for staging; this will facilitate treatment decisions, determine prognosis, and allow a comparison of treatment results. Consideration should be given to performing pain assessment when clinically appropriate.

B. Establishing Treatment Goals

The goal of treatment (curative, palliative, adjuvant, or to establish local tumor control) should be defined as clearly as possible. Treatment options with their relative merits and risks should be discussed with the patient. If the treatment plan requires combining radiation therapy with surgery, chemotherapy, or other systemic therapies, the anticipated interactions between the modalities should be discussed with the patient. A summary of the consultation should be communicated to the referring physician and to other physicians involved in the care of the patient [2].

C. Informed Consent

Prior to simulation and treatment, informed consent must be obtained and documented. The anticipated side effects and potential complications, the availability of alternative treatment options, and the risks and benefits of forgoing treatment, should be discussed with the patient. The radiation oncologist should ensure that language and cultural barriers do not prevent the patient from gaining the understanding of his/her disease and treatment plan necessary to provide informed consent [3].

D. Patient Education

To help patients retain the information that the radiation oncologist imparts to them at the time of the consultation visit, additional reinforcement of patient education may be considered. Techniques may include subsequent visits between the patient and the radiation oncologist or nurse, and/or the use of printed materials or electronic presentations.

E. Simulation of Treatment

Simulation is the process of establishing and documenting the appropriate volume to be treated and identifying the normal structures within or adjacent to this volume. During simulation, optimal patient positioning is determined. Treatment positioning devices are used or fabricated as needed to aid in optimal positioning and reproducibility. Patient anatomic data are acquired, often with computed tomography (CT) imaging (treatment-planning CT scan) or other modalities (i.e., magnetic resonance imaging (MRI), positron emission tomography (PET), ultrasound). For some situations, simpler 2-dimensional simulation techniques may be appropriate. Beam entry sites and other points helpful in patient positioning and field localization are identified on the patient. All field setups should be documented by properly labeled photographs and/or diagrams and, when appropriate, by standard radiographs or digitally reconstructed radiographs (DRRs).

After treatment planning has been completed, a simulation-per-plan procedure may be appropriate. This procedure involves duplicating the intended treatment setup either on a conventional simulator or on the treatment unit itself. Images of each intended treatment portal and of associated treatment parameters are obtained and are compared to planning images generated from the treatment planning system to confirm accuracy and reproducibility of treatment setup and delivery.

F. Treatment Planning

The cognitive process of treatment planning requires the radiation oncologist to have knowledge of the natural history of the tumor to be treated and to determine the tumor site, its extent, and its relationship with adjacent normal tissues. This process is based on consideration of the history, physical examination, endoscopy, diagnostic imaging, findings at surgery, pathological findings, and response to previous therapies.

When ionizing radiation is to be used, the radiation oncologist must select beam characteristics and/or radionuclide sources, method of delivery, doses, and coordination with other treatments. Multimodality treatments should be coordinated in collaboration with medical and surgical oncologists and other specialists. The radiation oncologist determines the dose to be delivered to the tumor, limiting doses to critical structures, and the fractionation desired. Using these parameters, the radiation oncologist directs the medical physicist and dosimetrist in the design of potential treatment programs or develops them personally. This process uses the patient data obtained during the initial simulation procedure. Beam-specific physical data are used with source data and other physical characteristics measured by the physicist to calculate the dose to a

specific point within the patient or to calculate the dose distribution within a region of interest.

The radiation oncologist, in consultation with the medical physicist and dosimetrist, selects the treatment plan. The radiation oncologist prescribes the radiation treatment course. The prescription should include: volume (site) to be treated, description of portals (anteroposterior [AP], posteroanterior [PA], lateral, etc.), radiation modality, energy, dose per fraction, number of fractions per day, number of fractions per week, total number of fractions, total tumor dose, and prescription point or isodose volume. The prescription shall be signed by the radiation oncologist prior to the initiation of radiation therapy or approved electronically. The graphical isodose plan, when warranted, should be signed within 1 week of initiation of treatment.

Daily treatments are carried out by the radiation therapist following the prescription and treatment plan of the radiation oncologist. It is essential that all treatment parameters be described in detail and orders be signed by the responsible radiation oncologist. Likewise, any changes in the planned treatment by the radiation oncologist requiring adjustment in immobilization, new calculations, or even a new treatment plan must be documented on the record and signed or initialed by the radiation oncologist.

G. Fabrication of Treatment Aids

Devices to aid in positioning and immobilizing the patient, normal tissue shielding, compensating filters, etc. are designed to improve treatment accuracy and reduce treatment toxicity. They should be used where clinically appropriate.

H. Physics

The medical physicist, dosimetrist, and radiation oncologist perform the calculations necessary to determine the appropriate dose to be delivered by the treatment equipment. This requires knowledge of the physical properties of the treatment units, whether external beam or radioactive implants. These calculations must be checked by an independent person or method before the first treatment if the total number of fractions is 5 or fewer, or otherwise before the third fraction.

I. External Beam Treatment

External beam radiation therapy is usually delivered in single daily doses for several weeks or in multiple increments daily over the same period (hyperfractionation) or over shorter times (accelerated fractionation). Fractionation schemes in which the intended dose is delivered over a shorter time period than

used in standard fractionation using larger-than-usual fraction sizes (hypofractionation) may be appropriate in some clinical situations.

Intensity modulated radiation therapy (IMRT) may be used as a form of external beam RT in some cases. If so, consideration should be given to the ACR-ASTRO Practice Guideline for Intensity-Modulated Radiation Therapy (IMRT) [4]. In some cases, image-guided radiation therapy (IGRT) may also be clinically indicated, and centers that use it should refer to the ACR-ASTRO Practice Guideline for Image-Guided Radiation Therapy (IGRT) [5].

To permit proper delivery of therapy, portal or isocenter verification images produced by each treatment beam unit with the patient in the treatment position are compared with the treatment planning images to verify that the treatment beams and fields planned at simulation are well matched. A set of initial portal or isocenter verification images should be obtained. A set of patient positioning or target localization images should be taken at least every 5 to 10 treatments and for any new fields. Dosimeters may be used in vivo to measure and record actual doses at specific anatomic sites.

J. Patient Evaluation During Treatment

The radiation oncologist monitors the patient's progress, checks entries in the treatment chart, and discusses the plan of therapy and any changes with appropriate team members. Re-evaluation examinations of the patient should be performed at least weekly, or more often when warranted. Pertinent laboratory and imaging studies are periodically ordered and reviewed. The patient and/or referring physician should be informed of the progress of treatment whenever deemed appropriate. At completion of irradiation, the radiation oncologist should assess the tumor response and acute side effects.

K. Follow-Up Evaluation

After treatment periodic assessments by the radiation oncologist of tumor response and sequelae of treatment are recommended as clinically indicated. They should be communicated to appropriate other physicians. Early detection of post-treatment tumor progression may permit additional, potentially beneficial treatment. Early detection and treatment of radiation-induced sequelae may avoid serious problems later.

L. Brachytherapy

Brachytherapy may be used for many sites and may be delivered with either low-dose-rate or high-dose rate techniques. The ACR has practice guidelines relating to low-dose-rate brachytherapy, low-dose-rate brachy-

therapy for prostate cancer, and high-dose-rate brachytherapy [6-8].

M. Stereotactic Radiosurgery

Stereotactic radiosurgery may be used for some intracranial lesions and lesions elsewhere in the body. ACR has guidelines relating to stereotactic radiosurgery and stereotactic body radiation therapy [9,10].

N. Other Treatment Modalities

Other treatment modalities are sometimes combined with external photon beams or brachytherapy to enhance the antitumor effects and decrease the effects on surrounding normal tissues. Examples include hyperthermia, photodynamic therapy, and the use of unsealed-source radioisotopes [11].

O. External Beam Sources

The radiation oncologist may have at his/her disposal external beam treatment equipment that provides beams other than conventional photon and electron beams (e.g., proton beams). The general principles discussed above apply to the use of unconventional beam sources, but special expertise on the part of the radiation oncologist as well as the physics and therapy staff will be required for safe use of this treatment equipment.

III. QUALIFICATIONS AND RESPONSIBILITIES OF PERSONNEL

A. Qualifications and Certification

1. The medical director of the radiation oncology center or service should be a radiation oncologist who is credentialed as indicated below.
2. Radiation oncologists (staff)
 - a. Certification in Radiology by the American Board of Radiology (ABR) of a physician who confines his/her professional practice to radiation oncology, or certification in Radiation Oncology or Therapeutic Radiology by the ABR, the American Osteopathic Board of Radiology, the Royal College of Physicians and Surgeons of Canada, or Le College des Medecins du Quebec may be considered proof of adequate physician qualifications.
or
 - b. Satisfactory completion of an American Council of Graduate Medicine Education (ACGME) approved residency program or an American Osteopathic Association

(AOA) approved residency program in radiation oncology.

The continuing education of a radiation oncologist should be in accordance with the ACR Practice Guideline for Continuing Medical Education (CME).

3. Qualified Medical Physicist

A Qualified Medical Physicist is an individual who is competent to practice independently one or more of the subfields in medical physics. The American College of Radiology (ACR) considers certification and continuing education and experience in the appropriate subfield(s) to demonstrate that an individual is competent to practice one or more of the subfields in medical physics and to be a Qualified Medical Physicist. The ACR recommends that the individual be certified in the appropriate subfield(s) by the American Board of Radiology (ABR), the Canadian College of Physics in Medicine, or for MRI, by the American Board of Medical Physics (ABMP) in magnetic resonance imaging physics.

The appropriate subfields of medical physics for this guideline are Therapeutic Radiological Physics and Radiological Physics.

A Qualified Medical Physicist should meet the ACR Practice Guideline for Continuing Medical Education (CME). (ACR Resolution 16g, adopted in 2006 – Revised 2008, Resolution 7)

4. Radiation therapists and simulation staff

Radiation therapists and simulation staff should fulfill state licensing requirements, and treating radiation therapists should have American Registry of Radiologic Technologists (ARRT) certification in radiation therapy. Simulation staff should have ARRT certification in either radiation therapy or diagnostic imaging.

5. Dosimetrist

Certification by the Medical Dosimetrist Certification Board is recommended.

6. Patient support staff

Individuals involved in the nursing care of patients should have appropriate nursing credentials and appropriate experience in the care of radiation therapy patients.

B. Availability

1. A radiation oncologist should be available for direct care and quality review on a daily basis. The radiation oncologist, facility, and support staff should be available to initiate urgent treatment within a medically appropriate response time on a 24-hour basis or refer to a facility that is available to treat on a 24-hour basis. When unavailable, the radiation oncologist is responsible for arranging appropriate coverage. A radiation oncologist's availability should be consistent with state and federal requirements.
2. The medical physicist must be available when necessary for consultation with the radiation oncologist and to provide advice or direction to technical staff when a patient's treatments are being planned or patients are being treated. The center should have written policies specifying any special procedures (e.g., high-dose-rate brachytherapy [6] or stereotactic radiosurgery [9]) that require the presence of the medical physicist. When a physicist is not immediately available on site during routine patient treatment, clinical needs should be met by using documented procedures. Authority to perform specific clinical physics duties shall be established by the medical physicist for each member of the physics staff in accordance with his or her competence. The radiation oncologist should be informed of the clinical activities authorized for each member. Refer to the ACR Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy for minimal requirements for physics support.

IV. EQUIPMENT SPECIFICATIONS

High-energy photon and electron beams, a computer-based treatment-planning system, simulation, dosimetry with direct participation of the medical physicist, brachytherapy, stereotactic radiosurgery, radioisotope therapy, and the ability to fabricate treatment aids must be available to patients in all facilities, either on site or through arrangements with another center.

A. Radiation oncology equipment, either on site or available through arrangements with another center, should include:

1. Megavoltage radiation therapy equipment for external beam therapy.
2. Electron beam or X-ray equipment for treating skin lesions or superficial lesions.

3. Simulator capable of duplicating the setups of any megavoltage unit and producing either standard radiographs or digitally reconstructed radiographs (DRRs) of the fields to be treated. A dedicated CT simulator may be substituted for a conventional simulator.
4. Appropriate brachytherapy equipment for intracavitary and interstitial treatment (or arrangements for referral to appropriate facilities).
5. Appropriate equipment for stereotactic radiosurgery procedures (or arrangements for referral to appropriate facilities).
6. Computerized dosimetry equipment capable of providing external beam isodose curves as well as brachytherapy isodose curves and 3-dimensional (3D) radiation treatment planning.
7. Physics calibration devices for all equipment.
8. Beam-shaping devices.
9. Immobilization devices.

B. Maintenance and Repair

Regular maintenance and repair of equipment are mandatory. The medical physicist is responsible for documenting maintenance and repair. It is recommended that the medical physicist maintain up-to-date statistics regarding treatment unit uptime.

The center should have procedures in place to provide treatment for patients in case of extended treatment interruption due to equipment repair, maintenance, or replacement.

V. PATIENT AND PERSONNEL SAFETY

A. Patient protection measures should include:

1. Charting systems for prescription, definition, and delivery of treatment parameters, and daily dose recording and summation, including appropriate forms for brachytherapy and radiosurgery procedures, as needed.
2. A physics program for calibrating equipment that ensures accurate dose delivery to the patient, including external beam therapy, brachytherapy, and radiosurgery (see ACR Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy [12]).
3. A system for independent checking by another person or method before the first treatment if the total number of fractions is 5 or fewer, or otherwise before the third fraction.
4. A system for independent checking of initial dose for single or 2-fraction treatments (intraoperative, stereotactic, hemibody, etc.) before any treatment is given.

5. A system for the radiation oncologist and medical physicist to check independently all brachytherapy parameters to be used in each procedure (source, isotope and activity, dose rate, source position, total dose prescribed and time, etc.).
6. A program to prevent mechanical injury by the machine or accessory equipment.
7. Visual and audio contact with the patient while under treatment.

B. Personnel safety measures should include:

1. A radiation exposure-monitoring program, as required by the Nuclear Regulatory Commission or appropriate state agencies.
2. Systematic inspection of interlock systems.
3. Appropriate room shielding.
4. Routine leak testing of all sealed sources, as required by regulatory agencies.
5. Appropriate safety equipment for use of sealed sources.

VI. EDUCATIONAL PROGRAM

Continuing medical education programs should include the radiation oncologists and the physics, dosimetry, nursing, and radiation therapy staffs. The programs must cover the safe operation of facility equipment as appropriate to the individual's responsibility, and the treatment techniques and new developments in radiation oncology. In addition, each licensed staff member will undertake and document continuing professional education as required by his/her licensing authority.

VII. QUALITY IMPROVEMENT

The medical director of radiation oncology is responsible for instituting and supervising the continuing quality improvement (CQI) program. It will be the responsibility of the director to identify problems, see that actions are taken, and evaluate the effectiveness of the actions.

The director will select appropriate personnel to constitute a CQI Committee, which will meet on a regular basis. The review will be documented as the committee's minutes. Problems recognized will be addressed, and any special studies or further in-depth analysis required will be outlined and undertaken. CQI records should be maintained in a manner that will, to the extent permitted by state and federal law, protect the confidentiality and undiscoverability of these records.

The following items should be included:

A. Chart Review

A designated chart reviewer will audit an appropriate number of charts opened each month after an adequate time has passed to allow completion and closure of these charts. A chart screen must be performed and may include:

1. Diagnosis.
2. Stage of disease.
3. Pertinent histopathologic report.
4. Pertinent history and physical findings of disease.
5. Signed and dated graphical treatment plan (if done) and prescription at beginning of treatment and any prescription changes.
6. Planned total dose, numbers of fractions, dose/fraction, and fractions/day.
7. Method of delivery.
8. Treatment site or treatment volume, with diagrams and/or photographs of fields.
9. Fields documented by port films or electronic portal images.
10. Dosimetry calculations.
11. Summary or a completion-of-therapy note.
12. Follow-up plan.
13. Documentation that the treatment record was checked weekly during treatment.
14. Documented periodic examination of the patient by the radiation oncologist, including patient progress and tolerance.
15. Documented informed consent.

Charts failing to pass any one of the indicators chosen for review will be documented and the report referred to the CQI Committee staff for review and corrective action, as warranted.

B. Review of regular physics quality improvement program report.

C. Review of all cases in which there is a variation from the prescription of greater than 10% of the intended total dose. This review includes any chart in which mathematical corrections of 10% or more are made on the second check of dose calculations.

D. If a new treatment modality or technique is started in a facility (e.g., high-dose-rate brachytherapy, stereotactic radiosurgery), the procedures, results, problems, complications, etc. should be reviewed by the CQI Committee in a timely fashion consistent with patient safety.

E. Review of any chart in which an incident report is filed or in which there is a report of an accident or injury to a patient.

F. Review of unplanned interruptions during treatment; unusual or severe, early or late complications of treatment; and unexpected deaths.

G. Review of outcome studies from the cancer committee, tumor registry, or any other section, department, or committee of an associated hospital that includes radiation oncology patients.

H. Individual Physician Peer Review

If there is a hospital-wide or similar broad-ranging peer-review program that includes evaluation of appropriateness of actions by radiation oncologists, this evaluation should be reviewed by the CQI Committee and may be used as its physician peer review. If no such higher-level program exists, or if a separate intradepartmental review is desired, a facility physician peer-review program will be put in place.

It is recognized that the peer-review process for the radiation oncologist in solo practice presents a unique and difficult situation; however, the practitioner should institute a documented peer-review mechanism for reviewing the appropriateness of given treatment.

I. Patient Outcome

Radiation oncologists should attempt to follow up, at appropriate intervals, all patients treated with curative intent and document the outcome of therapy, including results of treatment (tumor control, survival) and significant sequelae. Patients who are treated with palliative intent may also require close follow-up. For patients who are not followed by the radiation oncologist, the name of the physician who will be responsible for the patient's ongoing care should be documented.

J. Appropriate patient radiation records should be kept in the radiation oncology department or facility, consistent with state and local requirements.

K. Patient-Related Outcome Data

Facilities should collect data for an annual summary, including:

1. Number of new patients.
2. Number of consultations.
3. Number of patients treated.
4. Treatment intent: curative, palliative, and local control.

5. Number of simulations, external treatments, and/or brachytherapy procedures performed.

Facilities should also strive to collect data on:

1. Anatomic site and stage (American Joint Committee on Cancer [AJC], International Federation of Gynecology and Obstetrics [FIGO], etc.) of tumors treated.
2. Stage-related survival and local control.
3. Complications and complication rate.

These functions can be accomplished by maintaining a tumor registry.

L. Patient Satisfaction and Quality-of-Life Audits

Throughout the year the facility may endeavor to perform audits of patient attitudes, observations, and recommendations.

M. Other General Information That Helps to Assure Quality

The following items are recommended; however, constraints of the practice setting are recognized.

1. New patient review conferences: documented review of plans of management for new patients by attending staff to the greatest degree possible.
2. Portal verification review: documented and dated review of appropriate initial and periodic (at least every 5 to 10 treatments) portal films or electronic portal images by the radiation oncologist.
3. Chart review: documented initial and periodic review of all records of patients under treatment to assess completeness and to monitor patient progress.

VIII. DOCUMENTATION

Documentation should be in accordance with the ACR Practice Guideline for Communication: Radiation Oncology [2].

ACKNOWLEDGEMENTS

This guideline was revised according to the process described under the heading *The Process for Developing ACR Practice Guidelines and Technical Standards* on the ACR web page (<http://www.acr.org/guidelines>) by the Guidelines and Standards Committee of the Commission on Radiation Oncology.

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Development Chronology for this Guideline

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Revised 1999 (Resolution 20)

Revised 2004 (Resolution 18)

Amended 2006 (Resolution 16g, 36)

Revised 2009 (Resolution 8)

Exhibit B-15

0299

R003653

Life is a gift. Live it well.®

Grand Strand
Regional Medical Center

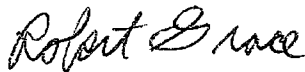
June 27, 2011

Beverly Brandt
Bureau of Health Facilities & Services
SC DHEC
The Heritage Building
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please consider this letter as your formal written notification that Grand Strand Regional Medical Center has been approved funding for all costs necessary to establish a radiation therapy center on its campus as described in its CON application. The proposed project will be funded as a capital project purchased through funds provided by HCA, Inc.

Sincerely,



Robert Grace
Chief Financial Officer

0300

Exhibit B-16

0301

R003655

Life is a gift. Live it well.®

Grand Strand
Regional Medical Center

June 27, 2011

Beverly Brandt
Bureau of Health Facilities & Services
SC DHEC
The Heritage Building
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

The undersigned, as Chief Financial Officer for Grand Strand Regional Medical Center, hereby certify that I have reviewed the assumptions, calculations, and other information contained in the financial projections provided in the Certificate of Need application for the establishment of a radiation therapy center on the campus of Grand Strand. To the best of my knowledge, these projections are reasonable and premised on reasonable assumptions.

Sincerely,



Robert Grace
Chief Financial Officer

0302

**Grand Strand Regional Medical Center
Linear Accelerator Project
Five Year Budget - Facility Only**

	2011	2012	2013	2014	2015
Inpatient Revenues	\$ 692,380	\$ 747,770	\$ 807,592	\$ 941,975	\$ 1,098,720
Outpatient Revenues	\$ 327,253	\$ 353,433	\$ 381,708	\$ 445,224	\$ 519,309
Total Patient Revenue	\$ 1,019,633	\$ 1,101,204	\$ 1,189,300	\$ 1,387,199	\$ 1,618,029
Other Revenue	\$ 10,013	\$ 10,313	\$ 10,623	\$ 10,941	\$ 11,270
Total Gross Revenues	\$ 1,029,646	\$ 1,111,517	\$ 1,199,923	\$ 1,398,141	\$ 1,629,299
Contractual Adjustments	\$ 483,525	\$ 529,857	\$ 580,189	\$ 696,276	\$ 832,590
HMO/PPO Discounts	\$ 192,746	\$ 215,999	\$ 239,251	\$ 289,163	\$ 349,313
Self-Pay	\$ 45,525	\$ 51,017	\$ 56,509	\$ 68,298	\$ 82,506
Charity	\$ 33,333	\$ 36,477	\$ 39,621	\$ 46,600	\$ 54,824
Total Deductions	\$ 755,129	\$ 833,350	\$ 915,570	\$ 1,100,338	\$ 1,319,234
Total Net Revenue	\$ 274,517	\$ 278,167	\$ 284,353	\$ 297,803	\$ 310,065
Salaries & Wages	\$ 58,094	\$ 58,726	\$ 59,951	\$ 63,211	\$ 66,202
Benefits	\$ 15,210	\$ 15,375	\$ 15,696	\$ 16,550	\$ 17,333
Contract Labor	\$ 2,948	\$ 2,980	\$ 3,042	\$ 3,208	\$ 3,359
Supplies	\$ 45,753	\$ 46,250	\$ 47,215	\$ 49,783	\$ 52,139
Professional Fees	\$ 8,036	\$ 8,123	\$ 8,293	\$ 8,744	\$ 9,158
Contracted Physician	\$ -	\$ -	\$ -	\$ -	\$ -
Other Contract Services	\$ 15,630	\$ 15,800	\$ 16,130	\$ 17,007	\$ 17,811
Repairs/Maintenance	\$ 5,223	\$ 5,280	\$ 5,390	\$ 5,683	\$ 5,952
Rents & Leases	\$ 2,996	\$ 3,029	\$ 3,092	\$ 3,260	\$ 3,414
Utilities	\$ 2,769	\$ 2,799	\$ 2,858	\$ 3,013	\$ 3,155
Insurance	\$ 2,490	\$ 2,517	\$ 2,570	\$ 2,709	\$ 2,838
Bad Debt	\$ 32,050	\$ 32,398	\$ 33,074	\$ 34,873	\$ 36,523
Non-Income Taxes	\$ 6,431	\$ 6,501	\$ 6,637	\$ 6,997	\$ 7,329
Other Operating Expenses	\$ 3,962	\$ 4,005	\$ 4,089	\$ 4,311	\$ 4,515
Total Operating Expenses	\$ 201,592	\$ 203,784	\$ 208,035	\$ 219,349	\$ 229,728
EBDITA	\$ 72,925	\$ 74,384	\$ 76,317	\$ 78,454	\$ 80,337
Depreciation & Amortization	\$ 8,734	\$ 8,996	\$ 9,266	\$ 9,544	\$ 9,830
Management Fees/Interest Expense/(Income)	\$ 3,986	\$ 4,039	\$ 4,129	\$ 4,324	\$ 4,502
Total Capital & Other	\$ 12,720	\$ 13,035	\$ 13,395	\$ 13,868	\$ 14,332
Operating Income	\$ 60,205	\$ 61,348	\$ 62,923	\$ 64,586	\$ 66,005

0303

R003657

Grand Strand Regional Medical Center
Linear Accelerator Project
Three Year Budget - Linear Accelerator Only

	2013	2014	2015
Outpatient Linear Accelerator Treatments	3234	4011	4620
Outpatient Diagnostic Tests (Lab)	462	573	660
CT Scans	154	191	220
Inpatient Revenues	\$ -	\$ -	\$ -
Outpatient Revenues	\$ 8,402	\$ 11,255	\$ 14,001
Total Patient Revenue	\$ 8,402	\$ 11,255	\$ 14,001
Other Revenue	\$ -	\$ -	\$ -
Total Gross Revenues	\$ 8,402	\$ 11,255	\$ 14,001
Contractual Adjustments	\$ 4,276	\$ 5,786	\$ 7,265
HMO/PPO Discounts	\$ 1,432	\$ 1,980	\$ 2,538
Self-Pay	\$ 144	\$ 193	\$ 241
Charity	\$ 112	\$ 151	\$ 189
Total Deductions	\$ 5,964	\$ 8,110	\$ 10,233
Total Net Revenue	\$ 2,438	\$ 3,145	\$ 3,768
Salaries & Wages	\$ 452	\$ 538	\$ 580
Benefits	\$ 118	\$ 140	\$ 151
Contract Labor	\$ -	\$ -	\$ -
Supplies	\$ 207	\$ 267	\$ 320
Professional Fees	\$ -	\$ -	\$ -
Contracted Physicist	\$ 175	\$ 180	\$ 186
Other Contract Services	\$ 140	\$ 173	\$ 202
Repairs/Maintenance	\$ 44	\$ 110	\$ 132
Rents & Leases	\$ 36	\$ 44	\$ 50
Utilities	\$ 71	\$ 74	\$ 78
Insurance	\$ 27	\$ 35	\$ 41
Bad Debt	\$ 73	\$ 94	\$ 113
Non-Income Taxes	\$ 69	\$ 70	\$ 70
Other Operating Expenses	\$ 515	\$ 51	\$ 536
Total Operating Expenses	\$ 1,927	\$ 1,776	\$ 2,459
EBDITA	\$ 511	\$ 1,369	\$ 1,309
Depreciation & Amortization	\$ 430	\$ 430	\$ 430
Management Fees/Interest Expense/(Income)	\$ -	\$ -	\$ -
Total Capital & Other	\$ 430	\$ 430	\$ 430
Operating Income	\$ 81	\$ 939	\$ 879

0304

**Grand Strand Regional Medical Center
Linear Accelerator Project
Five Year Budget-Linear Accelerator & Facility Combined**

	2011	2012	2013	2014	2015
Inpatient Revenues	\$ 692,380	\$ 747,770	\$ 807,592	\$ 941,975	\$ 1,098,720
Outpatient Revenues	\$ 327,253	\$ 353,433	\$ 390,110	\$ 456,479	\$ 533,310
Total Patient Revenue	\$ 1,019,633	\$ 1,101,204	\$ 1,197,702	\$ 1,398,454	\$ 1,632,030
Other Revenue	\$ 10,013	\$ 10,313	\$ 10,623	\$ 10,941	\$ 11,270
Total Gross Revenues	\$ 1,029,646	\$ 1,111,517	\$ 1,208,325	\$ 1,409,396	\$ 1,643,300
	\$ -	\$ -			
Contractual Adjustments	\$ 483,525	\$ 529,857	\$ 584,465	\$ 702,062	\$ 839,855
HMO/PPO Discounts	\$ 192,746	\$ 215,999	\$ 240,683	\$ 291,143	\$ 351,851
Self-Pay	\$ 45,525	\$ 51,017	\$ 56,653	\$ 68,492	\$ 82,748
Charity	\$ 33,333	\$ 36,477	\$ 39,733	\$ 46,751	\$ 55,013
Total Deductions	\$ 755,129	\$ 833,350	\$ 921,534	\$ 1,108,448	\$ 1,329,467
Total Net Revenue	\$ 274,517	\$ 278,167	\$ 286,791	\$ 300,948	\$ 313,833
Salaries & Wages	\$ 58,094	\$ 58,726	\$ 60,403	\$ 63,749	\$ 66,782
Benefits	\$ 15,210	\$ 15,375	\$ 15,814	\$ 16,690	\$ 17,484
Contract Labor	\$ 2,948	\$ 2,980	\$ 3,042	\$ 3,208	\$ 3,359
Supplies	\$ 45,753	\$ 46,250	\$ 47,422	\$ 50,050	\$ 52,459
Professional Fees	\$ 8,036	\$ 8,123	\$ 8,293	\$ 8,744	\$ 9,158
Contracted Physicist	\$ -	\$ -	\$ 175	\$ 180	\$ 186
Other Contract Services	\$ 15,630	\$ 15,800	\$ 16,270	\$ 17,179	\$ 18,014
Repairs/Maintenance	\$ 5,223	\$ 5,280	\$ 5,434	\$ 5,793	\$ 6,084
Rents & Leases	\$ 2,996	\$ 3,029	\$ 3,128	\$ 3,304	\$ 3,464
Utilities	\$ 2,769	\$ 2,799	\$ 2,929	\$ 3,087	\$ 3,233
Insurance	\$ 2,490	\$ 2,517	\$ 2,597	\$ 2,744	\$ 2,879
Bad Debt	\$ 32,050	\$ 32,398	\$ 33,147	\$ 34,967	\$ 36,636
Non-Income Taxes	\$ 6,431	\$ 6,501	\$ 6,706	\$ 7,067	\$ 7,399
Other Operating Expenses	\$ 3,962	\$ 4,005	\$ 4,604	\$ 4,362	\$ 5,051
Total Operating Expenses	\$ 201,592	\$ 203,784	\$ 209,962	\$ 221,125	\$ 232,187
	\$ -	\$ -			
EBDITA	\$ 72,925	\$ 74,384	\$ 76,828	\$ 79,823	\$ 81,646
	\$ -	\$ -			
Depreciation & Amortization	\$ 8,734	\$ 8,996	\$ 9,696	\$ 9,974	\$ 10,260
Management Fees/Interest Expense/(Income)	\$ 3,986	\$ 4,039	\$ 4,129	\$ 4,324	\$ 4,502
Total Capital & Other	\$ 12,720	\$ 13,035	\$ 13,825	\$ 14,298	\$ 14,762
	\$ -	\$ -			
Operating Income	\$ 60,205	\$ 61,348	\$ 63,004	\$ 65,525	\$ 66,884

0305

R003659

Grand Strand Regional Medical Center
Linear Accelerator/CT Simulator Budget Specific Assumptions

Volume Assumptions

See Section B-11 in CON application for volume assumptions.

Financial Projections

Outpatient Type 1 Procedure Assumptions (Linear Accelerator Treatments):

- 1) Payer mix utilization, gross revenue per stat, and net revenue per stat are based on an EBDITA Profit & Loss Statement report created by Decision Support Services (DSS). This report details Trident Medical Center's radiation therapy program for an 18-month period from January 2009 through August 2010. A relatively similar utilization by payor was assumed to exist.
- 2) Payer Utilization (% of Admissions) is based on Trident's 2009-2010 P&L from DSS. Medicare 51.8%; Medicaid 6.1%; HMO/PPO 30.8%; Commercial 0.0%; Self-Pay/Charity 3.3%; Other 8.0%.
- 3) Gross Revenue and Net Revenue per Stat are based on Trident's 2009 P&L from DSS. Gross Revenue and Net Revenue were ramped up to account for the base year to be 2013. From Trident's P&L:
 - a. Medicare: \$305 (2009); \$324 (2013)
 - b. Medicaid: \$429 (2009); \$456 (2013)
 - c. HMO/PPO: \$1,417 (2009); \$1,503 (2013)
 - d. Self-Pay/Charity: \$42 (2009); \$45 (2013)
 - e. Other: \$308 (2009); \$326 (2013)

Outpatient Type 2 Volume Assumptions (Diagnostic Tests associated with Lin/Acc):

- 1) Volumes: Lab tests in year 1 calculated as follows: (154 projected GSRMC radiotherapy patients – service area in year 1) x (3 lab procedures per patient) = 462 OP diagnostic tests in year 1.

OP Diagnostic procedures consist of lab tests and will be considered "incremental." For a typical cancer patient requiring radiotherapy treatment of a linear accelerator, a conservative estimate of three basic diagnostic lab procedures is likely required for cancer patients.
- 2) Payer Utilization (% of Admissions) is based on Trident's 2009-2010 P&L from DSS. Medicare 51.8%; Medicaid 6.1%; HMO/PPO 30.8%; Commercial 0.0%; Self-Pay/Charity 3.3%; Other 8.0%.
- 3) Gross Revenue and Net Revenue per Stat are based on Grand Strand's 2009-2010 average charges and reimbursements for basic lab tests. Gross Revenue and Net Revenue were ramped up to account for the base year to be 2013.

0306

Outpatient Type 3 Volume Assumptions (CT Scans associated with Lin/Acc):

- 1) Outpatient Type 3, CT scans, will be required on 100% of patients who receive a linear accelerator treatment. For newly diagnosed patient suspected of having cancer, one diagnostic CT per patient will be performed in the GSRMC outpatient setting. Related OP volume will grow as the number of cancer patients grows.
- 2) Payer Utilization (% of Admissions) is based on Trident's 2009-2010 P&L from DSS. Medicare 51.8%; Medicaid 6.1%; HMO/PPO 30.8%; Commercial 0.0%; Self-Pay/Charity 3.3%; Other 8.0%.
- 3) Gross Revenue and Net Revenue per Stat are based on Grand Strand's 2009-2010 average charges and reimbursements for typically related CT tests. Gross Revenue and Net Revenue were ramped up to account for the base year to be 2013.

Operating Expenses

- 1) FTEs – fixed: Assumed 6.0 FTEs in year 1, including:

- Director - \$120,000
- Dosimetrist - \$105,000
- Nurse - \$62,400
- Radiation Therapists (2) - \$70,000 each
- Clerical - \$25,000

FTEs will grow from 6.0 in year 1 to 7.0 in year 2 to 8.0 in year 3 to 9.0 in year 4 to reflect normal staffing increases directly related to linear accelerator volume. Year 5 volume of 5,094 radiotherapy treatments represents a 58% increase from the year 1 volume estimate of 3,234 radiotherapy treatments.

Salaries & Wages: FTEs wages/man-hour: \$36.25 in year 1 (2013). Calculated by: sum of FTE salaries in year 1 (\$452,400) divided by (6.0 FTEs x 2,080 hours per year). Estimated growth at 3.0% each year.

- 2) Benefits (as a percentage of salary): 26.1% for each year based on 2011 actual percentage.
- 3) Supplies (as a percentage of gross revenue): Supplies have been set at 5.0% as a percentage of net revenue; based on discussions with Trident Medical Center leadership, supply costs for the linear accelerator program are relatively low compared to the rest of the hospital.
- 4) Professional Fees: 0 professional fees. Trident pays no professional fees related to the linear accelerator program.
- 5) Contract Services: Contract services as a percentage of net revenue in 2010 ran at 5.6%. However, the rate was reduced to 4.5% because two elements of the contract services were specifically identified on the "fixed" contract services line of the inputs section of the pro-forma

0307

(\$175,000 per year for coverage by a physicist and \$30,000 per year for housekeeping. 3.0% estimated growth each year).

- 6) Repairs & Maintenance (as a percentage of net revenue): 1.8% for 2013 (equipment under warranty) and becomes 3.5% in year 2 to reflect that the equipment is coming out of warranty.
- 7) Rents & Leases (as a percentage of net revenue): fixed at \$12,000 in 2013 with 3.0% estimated growth each year.
- 8) Utilities (as a percentage of net revenue): [$\$2,563,697$ utility expense in 2010]/[285,600 square feet in hospital] = $\$8.98/\text{square feet}$ X approximately 8,000 square feet = $\$71,812$, with 4.5% estimated growth each year.
- 9) Insurance (as a percentage of net revenue): estimated at 1.1% annually.
- 10) Bad Debts (as a percentage of net revenue): estimated at 3.0% annually.
- 11) Non-Income Taxes: estimated at \$69,000 in year 1 with 1.0% estimated growth each year. Calculated as follows: [$\$939,614$ (2010 property tax) / $\$177,134,701$ (2010 PP&E)] x $\$9,245,000$ (project budget); Added a \$20K increase in year 1 for conservative estimate.
- 12) Other Operating Expenses: Year 1 (\$475,000) and Year 3 (\$475,000) expenses for physician recruitment (part of Other Operating Expenses) consist of \$425,000 salary, \$25,000 sign-on, \$15,000 school loan, \$5,000 marketing, and \$5,000 other for one Radiation Oncologist in Year 1 and one Radiation Oncologist in Year 3. Arrived at by median radiation oncology income of \$518,000 from 2010 Physician Compensation and Production Survey. In addition, other expenses per year calculated at \$16,000 per year based on Trident P&L from DSS. Remaining expenses consist of 1.6% of Net Revenue.

Grand Strand Regional Medical Center
Linear Accelerator Charge Master
Department # 764 Radiation Therapy

	<u>DESCRIPTION</u>	<u>PRICE</u>	<u>CPT CODE</u>	<u>HCPCS</u>	<u>REV CODE</u>
418281	CT PLACE RAD THPY FLD	\$ 1,397	77014	77014	0350
418282	TR SIMULATION SIMPLE	\$ 833	77280	77280	0333
418283	TR SIMULATION INTERMED	\$ 1,499	77285	77285	0333
418284	TR SIMULATION COMPLEX	\$ 2,110	77290	77290	0333
418285	TR SIMULATION 3 DIMEN	\$ 4,015	77295	77295	0333
418286	TR DOSIMETRY BASIC	\$ 642	77300	77300	0333
418287	INT MOD RADTX PLAN	\$ 4,239	77301	77301	0333
418288	TR ISODOSE SIMPLE	\$ 1,087	77305	77305	0333
418290	TR ISODOSE COMPLEX	\$ 1,639	77315	77315	0333
418291	TR SPECIAL PORT PLAN	\$ 818	77321	77321	0333
418295	TR TREAT DEVICE SIMPLE	\$ 1,129	77332	77332	0333
418296	TR TREAT DEVICE INTRMED	\$ 1,305	77333	77333	0333
418297	TR TREAT DEVICE CPLEX	\$ 1,468	77334	77334	0333
418298	TR MED PHYSICS CONT	\$ 561	77336	77336	0333
418299	TR MLC DEVICES IMRT	\$ 2,819	77338	77338	0333
418300	TR MED PHYSICS SPECIAL	\$ 663	77370	77370	0333
418301	TR 1 AREA 6-10 MeV	\$ 698	77403	77403	0333
418302	TR 1 AREA 11-19 MeV	\$ 698	77404	77404	0333
418304	TR 2 AREA 6-10 MeV	\$ 877	77408	77408	0333
418305	TR 2 11-19 MeV	\$ 877	77409	77409	0333
418307	TR 3+ AREA 6-10 MeV	\$ 1,066	77413	77413	0333
418308	TR 3+ AREA 11-19 MeV	\$ 1,066	77414	77414	0333
418309	TR 3+ AREA 20+ MeV	\$ 947	77416	77416	0333
418310	TR PORT FILM	\$ 226	77417	77417	0333
418311	INT MOD TREATMENT DELIV	\$ 2,002	77418	77418	0333
418312	STEREOSC XRAY GUID LOCAL	\$ 272	77421	77421	0333
418313	SP TREATMENT	\$ 2,361	77470	77470	0333
418327	OP VISIT LEVEL 1 NP	\$ 164	99201	99201	0510
418328	OP VISIT LEVEL 2 NP	\$ 199	99202	99202	0510
418329	OP VISIT LEVEL 3 NP	\$ 266	99203	99203	0510
418332	OP VISIT LEVEL 1 EST	\$ 94	99211	99211	0510
418333	OP VISIT LEVEL 2 EST	\$ 126	99212	99212	0510
418334	OP VISIT LEVEL 3 EST	\$ 157	99213	99213	0510
418335	OP VISIT LEVEL 4 EST	\$ 220	99214	99214	0510
418336	OP VISIT LEVEL 5 EST	\$ 252	99215	99215	0510
423440	TR DOSIMETRY	\$ 567	77331	77331	0333

0309

Grand Strand Regional Medical Center Specialities Summary

AHP - Clinical Nurse Specialist	1	Family Medicine	27
AHP - Nurse Anesthetist	9	Forensic Psychiatry	1
AHP - Nurse Practitioner	9	Gastroenterology	5
AHP - Other	4	General Surgery	9
AHP - Physician Assistant	16	Geriatric Medicine	8
Allergy and Immunology	2	Gynecology	1
Anatomic Pathology & Clinical Pathology	5	Hematology/Oncology	2
Anesthesiology	7	Hospice and Palliative Medicine	1
Cardiology	1	Infectious Disease	1
Cardiovascular Disease	16	Internal Medicine	76
Clinical Cardiac Electrophysiology	2	Medical Oncology	6
Critical Care Medicine	4	Nephrology	4
DHP - Anesthesia Assistant	5	Neurological Surgery	2
DHP - Audiologist	2	Neurology	15
DHP - Intraoperative Neuromonitoring	8	Obstetrics & Gynecology	10
DHP - Lithotripter Tech.	1	Ophthalmology	7
DHP - OPA (orthotics)	1	Oral & Maxillofacial Surgery	5
DHP - Other	2	Orthopedic Surgery	13
DHP - Perfusionist	4	Otolaryngology	6
DHP - RN	4	Pain Medicine	1
Dentistry, General	1	Pathology - Anatomic	1
Dermatology	3	Pathology - Clinical	1
Dermatopathology	1	Pediatrics	9
Emergency Medicine	23	Physical Medicine & Rehabilitation	2
Endocrinology, Diabetes & Metabolism	2	Plastic Surgery	5
		Podiatric Surgery	7
		Psychiatry	0310

Radiation Oncology	2
Radiology	18
Rheumatology	3
Surgical Critical Care	4
Teleneurology	1
Teleradiology	1
Thoracic Surgery (cardiothoracic vascul)	2
Urology	10
Vascular Neurology	2
Vascular Surgery	3
Total # of providers: 315	

0311

Exhibit B-23

0312

R003666

CARDIOLOGY / GASTROENTEROLOGY ASSOCIATES OF MYRTLE BEACH, P.A.
945 82ND PARKWAY, SUITE 3
MYRTLE BEACH, SC 29572

PHONE (843) 449-3381
FAX (843) 449-9721

April 21, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

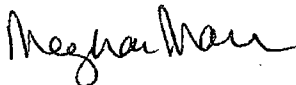
Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT stimulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT stimulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

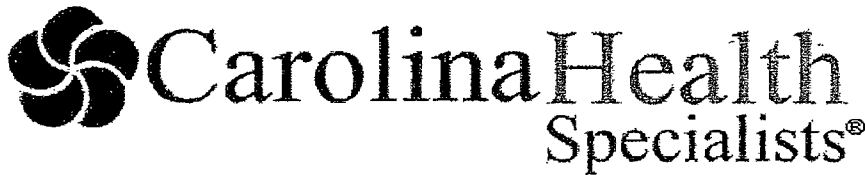
Sincerely,



Meghan Malone, MD

0313

R003667



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

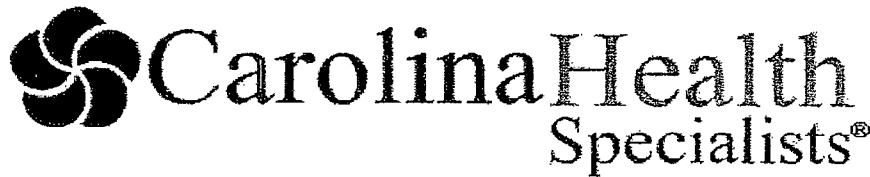
Sincerely,

Ken DeHart, M.D.
CEO & President
Carolina Health Specialists

0314

Committed to Patient Care and Community Service

R003668



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

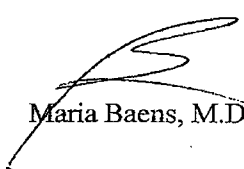
Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

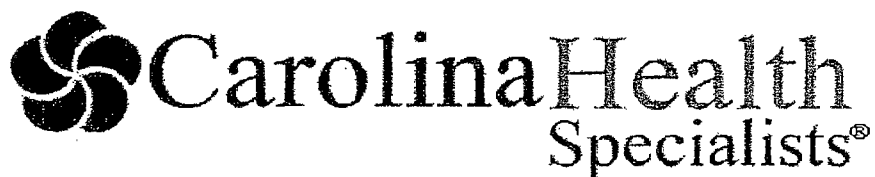


Maria Baens, M.D.

0315

Committed to Patient Care and Community Service

R003669



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) For the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

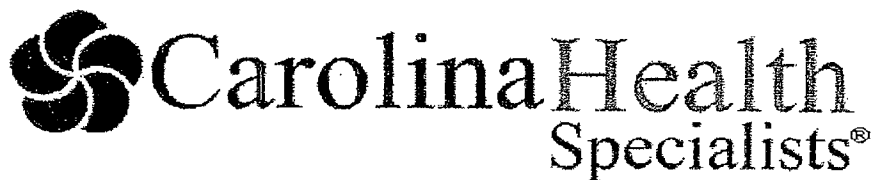
Sincerely,

Kenneth Belcher, M.D.

0316

Committed to Patient Care and Community Service

R003670



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

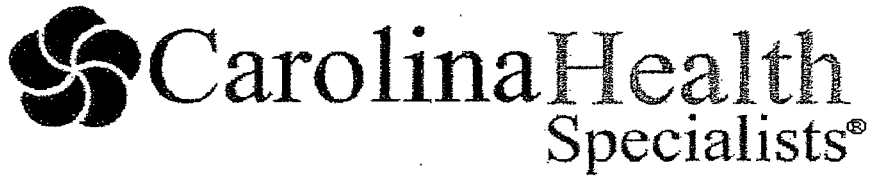


April Blue, M.D.

Committed to Patient Care and Community Service

0317

R003671



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

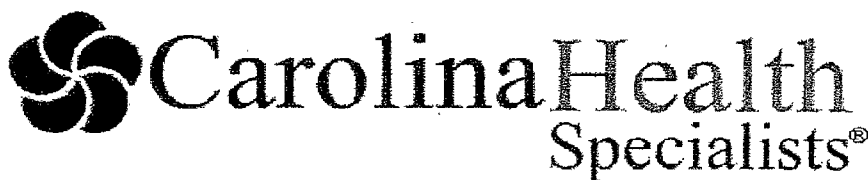
Sincerely,


Doug Conway, M.D.

0318

Committed to Patient Care and Community Service

R003672



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

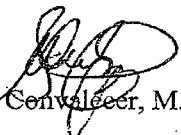
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Thank you for your consideration.

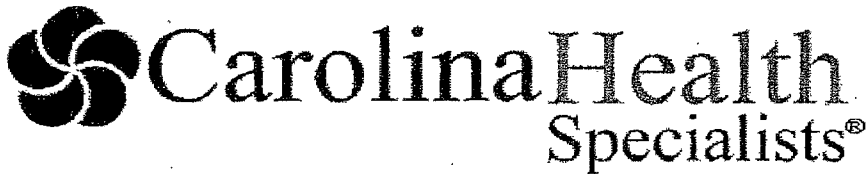
Sincerely,


Jose Convalleer, M.D.

0319

Committed to Patient Care and Community Service

R003673



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

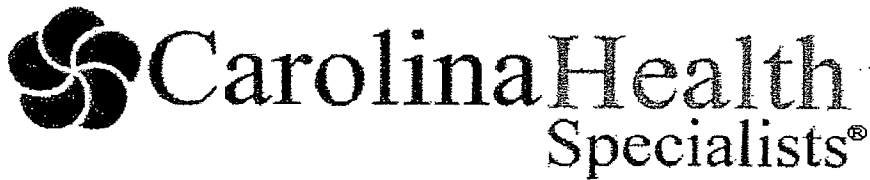
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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Richard Covington, D.O.



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

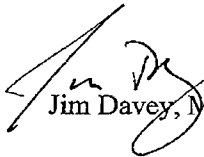
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Thank you for your consideration.

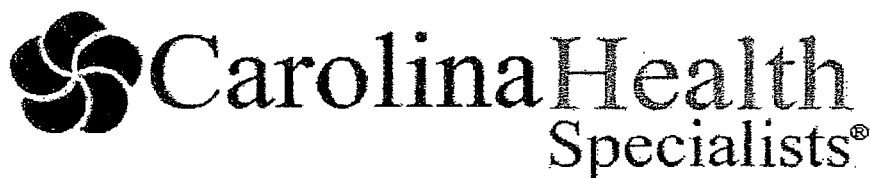
Sincerely,


Jim Davey, M.D.

0321

Committed to Patient Care and Community Service

R003675



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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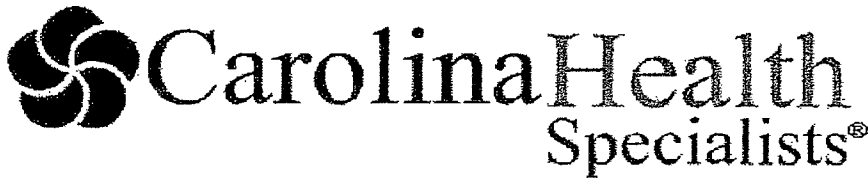
Sincerely,

Kevin Dineen, M.D.

0322

Committed to Patient Care and Community Service

R003676



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

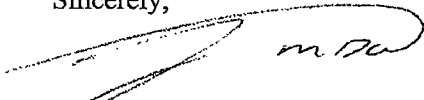
Dear Ms. Brandt:

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Thank you for your consideration.

Sincerely,

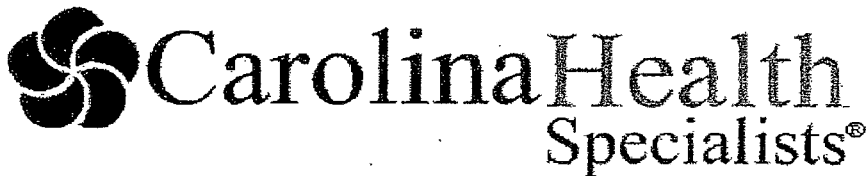


Justin Garzone, D.O.

0323

Committed to Patient Care and Community Service

R003677



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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Thank you for your consideration.

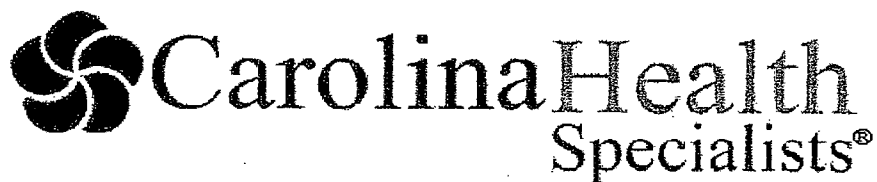
Sincerely,

Thad Golden, M.D.

0324

Committed to Patient Care and Community Service

R003678



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator projects. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

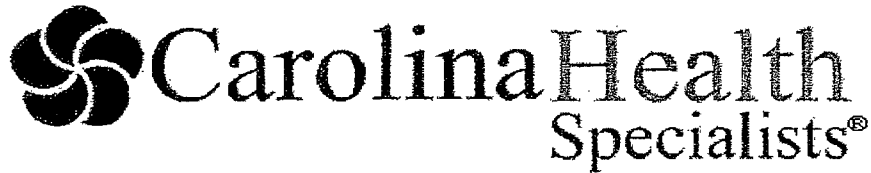
Sincerely,

Donald Hagerton, M.D.

0325

Committed to Patient Care and Community Service

R003679



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

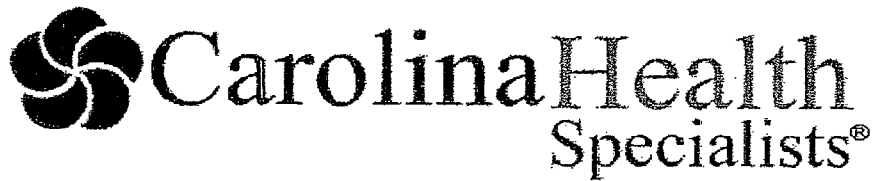
Sincerely,

Mark Hanna, D.O.

0326

Committed to Patient Care and Community Service

R003680



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

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Thank you for your consideration.

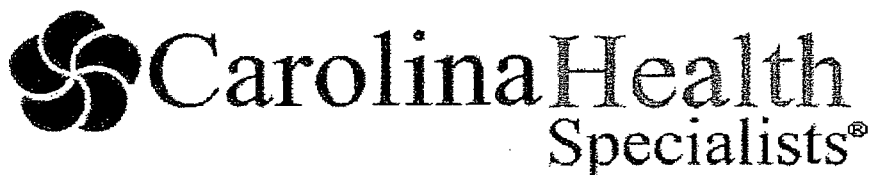
Sincerely,

Kyaw Hein, M.D.

0327

Committed to Patient Care and Community Service

R003681



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

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Thank you for your consideration.

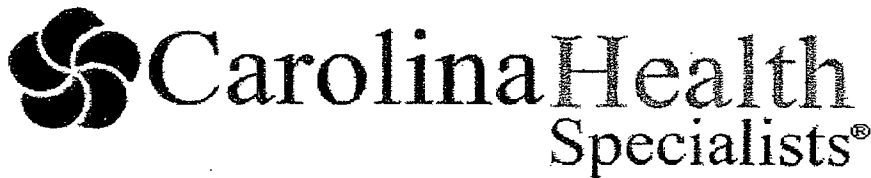
Sincerely,

Scott Hollingsworth, M.D.

0328

Committed to Patient Care and Community Service

R003682



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

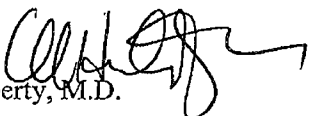
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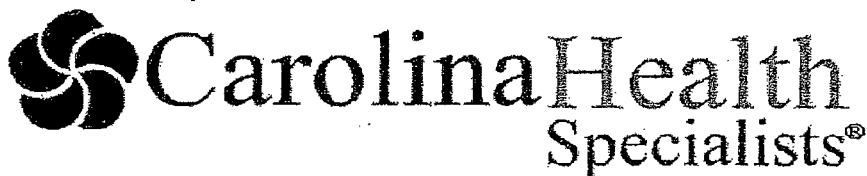
Sincerely,


Chad Huberty, M.D.

0329

Committed to Patient Care and Community Service

R003683



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

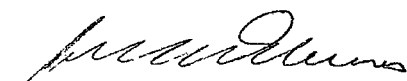
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Sincerely,

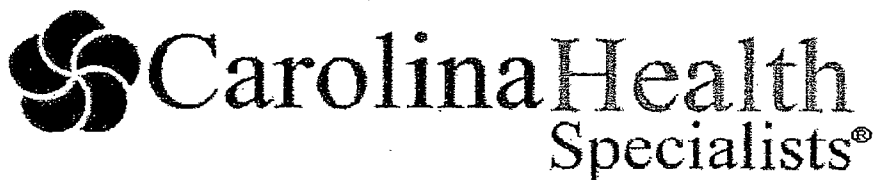


Joel Hullett, M.D.

0330

Committed to Patient Care and Community Service

R003684



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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Thank you for your consideration.

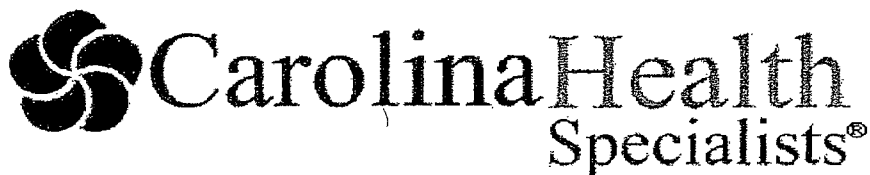
Sincerely,

Maggi Hullett, M.D.

0331

Committed to Patient Care and Community Service

R003685



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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Thank you for your consideration.

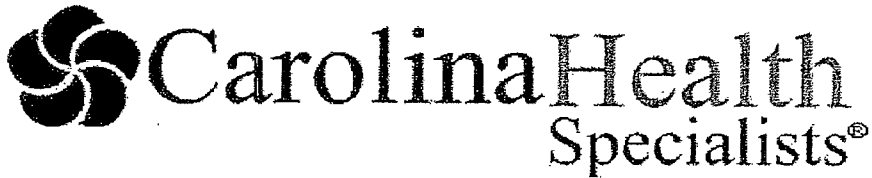
Sincerely,

Tim Hunter, M.D.

0332

Committed to Patient Care and Community Service

R003686



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

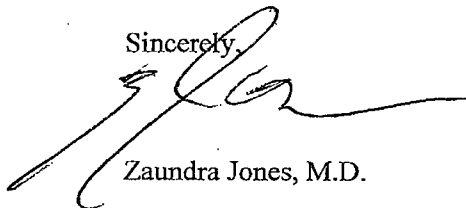
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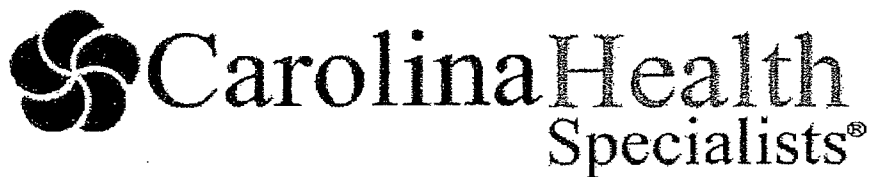


Zaundra Jones, M.D.

0333

Committed to Patient Care and Community Service

R003687



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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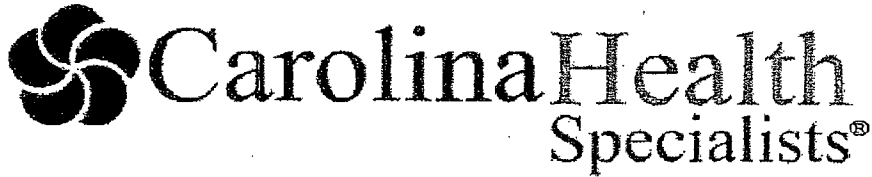
Sincerely,

Erika King, M.D.

0334

Committed to Patient Care and Community Service

R003688



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

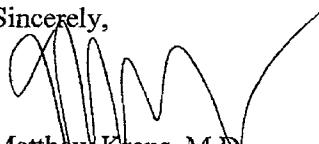
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Thank you for your consideration.

Sincerely,

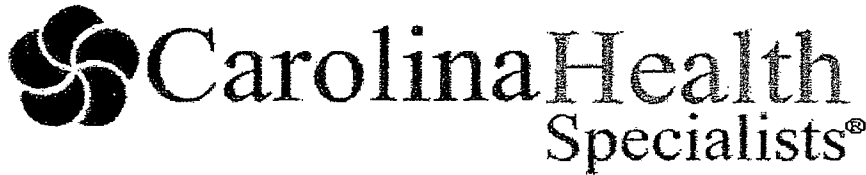


Matthew Kreps, M.D.

0335

Committed to Patient Care and Community Service

R003689



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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Thank you for your consideration.

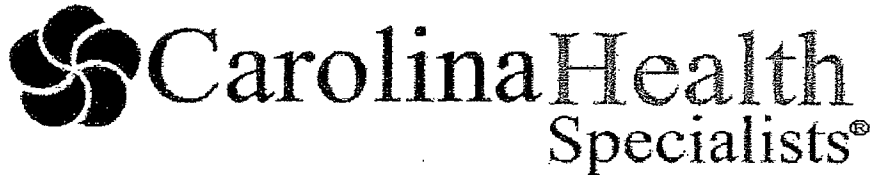
Sincerely,

Donald Egerton, M.D.

0336

Committed to Patient Care and Community Service

R003690



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

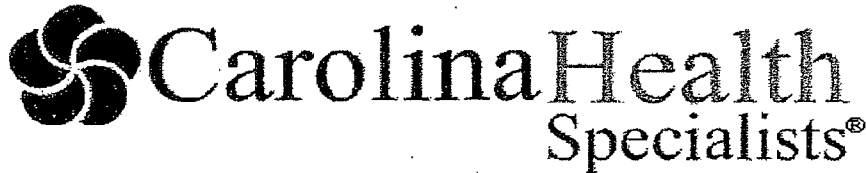
Sincerely,

Tom Martel, M.D.

0337

Committed to Patient Care and Community Service

R003691



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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South Carolina DHEC
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Columbia, SC 29201

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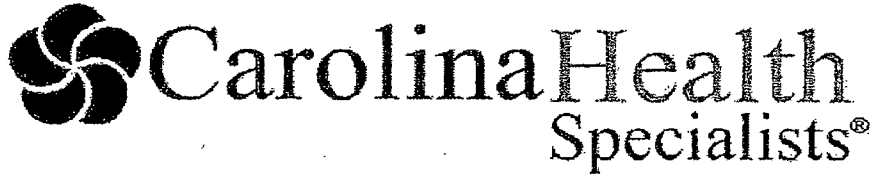
Sincerely,

Scott Mayhew, M.D.

0338

Committed to Patient Care and Community Service

R003692



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

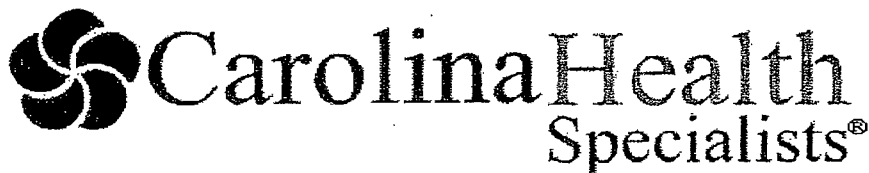
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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Chris Michaelis, D.O.



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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Bureau of Health Facilities and Services
South Carolina DHEC
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Thank you for your consideration.

Sincerely,

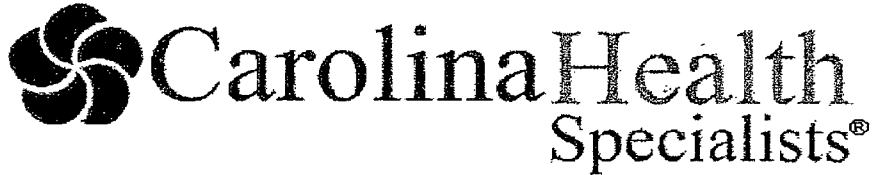


John Molnar, M.D.

0340

Committed to Patient Care and Community Service

R003694



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

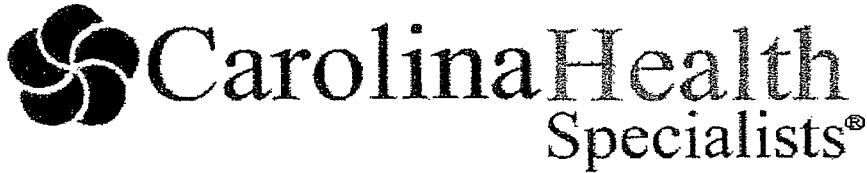
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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Michael Morgan, M.D.



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
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April 19, 2011

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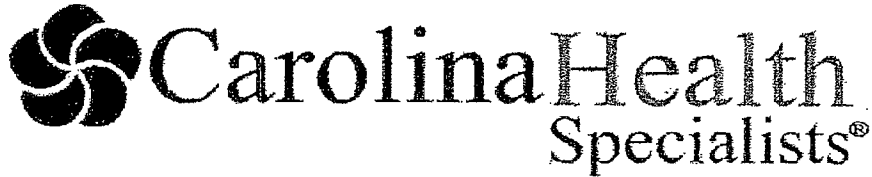
Sincerely,

Nirlep Patel, M.D.

0342

Committed to Patient Care and Community Service

R003696



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
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April 19, 2011

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South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

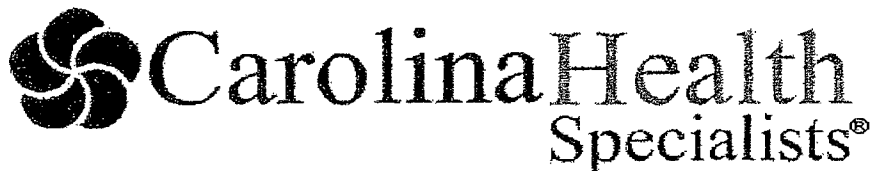
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Thank you for your consideration.

Sincerely,

Jon Porciuncula, M.D.



Administration Office
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April 19, 2011

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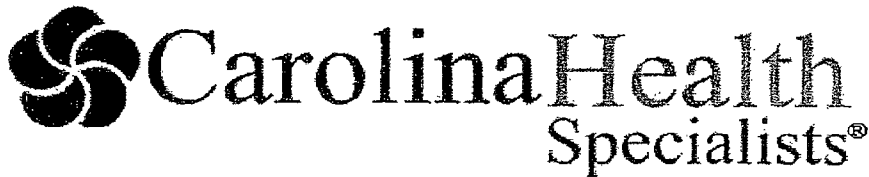
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Thank you for your consideration.

Sincerely,

Christopher Reavill, M.D.



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
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Fax (843) 497-9940

April 19, 2011

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South Carolina DHEC
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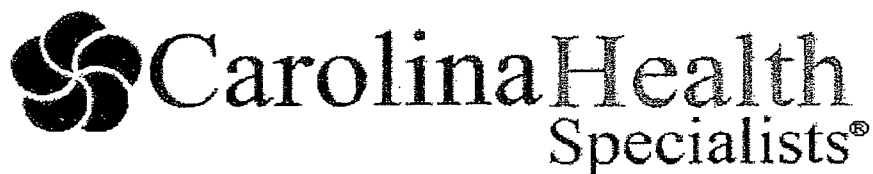
Sincerely,

Alex Remedios, M.D.

0345

Committed to Patient Care and Community Service

R003699



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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South Carolina DHEC
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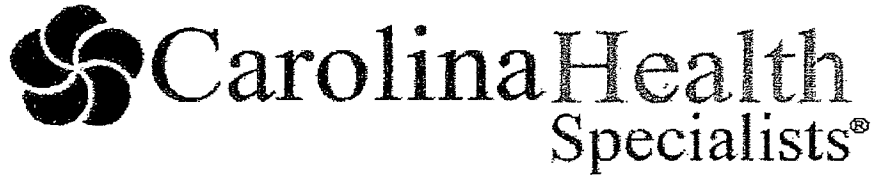
Sincerely,

R. Rimkiene *mg*
Ruta Rimkiene, M.D.

0346

Committed to Patient Care and Community Service

R003700



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
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April 19, 2011

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Thank you for your consideration.

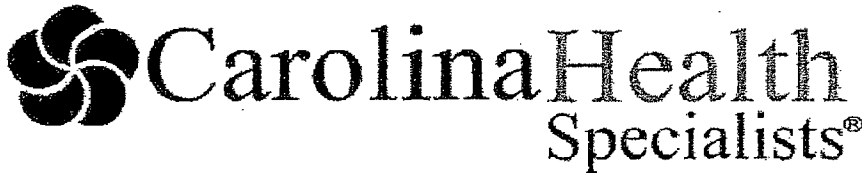
Sincerely,

Eric Senn, M.D.

0347

Committed to Patient Care and Community Service

R003701



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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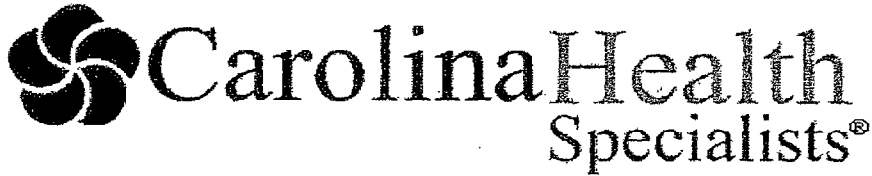
Sincerely,

Lisa Tarbert, M.D.

0348

Committed to Patient Care and Community Service

R003702



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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2600 Bull Street
Columbia, SC 29201

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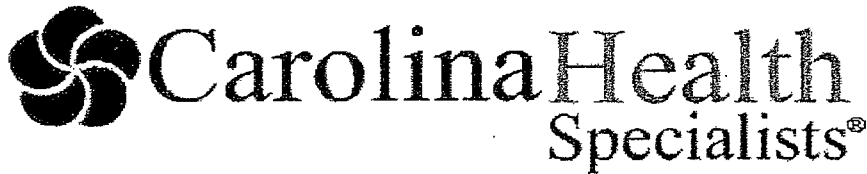
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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Natalia Thomas, M.D.



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

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South Carolina DHEC
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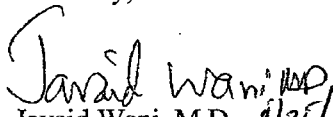
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Thank you for your consideration.

Sincerely,


Javaid Wani, M.D. 4/25/11

0350

Committed to Patient Care and Community Service

R003704

Carolina
Rheumatology
& *Neurology* Assoc., PC



Rheumatology

Wendy W. Lee, M.D.

Melissa J. Terchek, M.D.

J. Mitch Twining, M.D.

Neurology

Frank Benz, M.D.

April 28th, 2011

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Bureau of Health Facilities and Services
South Carolina DHEC
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Columbia, SC 29201

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Thank you for your consideration.

Sincerely,

Wendy Lee, MD

Myrtle Beach
8220 Nigels Drive
Off 82nd Pkwy.

Murrells Inlet
4835 Hwy 17 Bypass
Corner of Mariner St. and 17

Conway
Medical Arts Bldg. - Ste 205
At Conway Hospital

0351

R003705



Committed...
Caring...
Compassionate...

LAWRENCE B. HOLT, JR., MD, FACP
RENWICK N. GOLDBERG, MD
VIJAY PAUDEL, MD
REBECCA D. CODY, MD
CAROL A. BOGDAN, MD
MATTHEW J. KARPENKO, DO

ANIL POTTI, MD
ANGELA BRINEGAR, MSN, ANP-BC, OCN
SANDRA BREMNER, MSN, FNP-BC
COLLEEN FARLEY, MS, FNP-BC
REBECCA WALLACE, MSN, ANP-BC
ALICE CANTERBURY, CHIEF EXECUTIVE OFFICER

A DIVISION OF ASSOCIATED MEDICAL SPECIALISTS, P.A.

April 28th, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

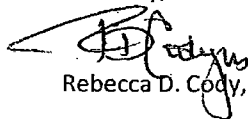
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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank-you for your consideration.

Sincerely,


Rebecca D. Cody, MD

In collaboration with the Research and Educational Programs of Duke University Health System

0352

8121 ROURK STREET
MYRTLE BEACH, SC 29572-4128
(843) 692-5000

817 FARRAR DRIVE
CONWAY, SC 29526-8747
(843) 234-1660

3008 BAYBORO STREET
LORIS, SC 29569-2714
(843) 756-0932

4620 HIGHWAY 17 • P.O. Box 2867
MURRELLS INLET, SC 29576-5016
(843) 357-7357

7 MEDICAL CENTER DRIVE
SUPPLY, NC 28462-3350
(910) 755-7509

WEBSITE: www.coastalcancercenter.com

R003706



Committed...
Caring...
Compassionate...

LAWRENCE B. HOLT, JR., MD, FACP
RENWICK N. GOLDBERG, MD
VIJAY PAUDEL, MD
REBECCA D. CODY, MD
CAROL A. BOGDAN, MD
MATTHEW J. KARPENKO, DO

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COLLEEN FARLEY, MS, FNP-BC
REBECCA WALLACE, MSN, ANP-BC
ALICE CANTERBURY, CHIEF EXECUTIVE OFFICER

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April 28th, 2011

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Thank-you for your consideration.

Sincerely,

Renwick N. Goldberg, MD

In collaboration with the Research and Educational Programs of Duke University Health System

0353

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MYRTLE BEACH, SC 29572-4128
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WEBSITE: www.coastalcancercenter.com

R003707



Committed...
Caring...
Compassionate...

LAWRENCE B. HOLT, JR., MD, FACP
RENWICK N. GOLDBERG, MD
VIJAY PAUDEL, MD
REBECCA D. CODY, MD
CAROL A. BOGDAN, MD
MATTHEW J. KARPENKO, DO

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REBECCA WALLACE, MSN, ANP-BC
ALICE CANTERBURY, CHIEF EXECUTIVE OFFICER

A DIVISION OF ASSOCIATED MEDICAL SPECIALISTS, P.A.

April 28th, 2011

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Bureau of Health Facilities and Services
South Carolina DHEC
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Columbia, SC 29201

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Thank-you for your consideration.

Sincerely,

Lawrence B. Holt, Jr., MD

0354

In collaboration with the Research and Educational Programs of Duke University Health System

8121 ROURK STREET
MYRTLE BEACH, SC 29572-4128
(843) 692-5000

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WEBSITE: www.coastalcancercenter.com

R003708



Committed...
Caring...
Compassionate...

LAWRENCE B. HOLT, JR., MD, FACP
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CAROL A. BOGDAN, MD

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COLLEEN FARLEY, MS, FNP-BC
REBECCA WALLACE, MSN, ANP-BC

ALICE PICKERING, CHIEF EXECUTIVE OFFICER

A DIVISION OF ASSOCIATED MEDICAL SPECIALISTS, P.A.

April 28th, 2011

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Bureau of Health Facilities and Services
South Carolina DHEC
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Columbia, SC 29201

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Thank-you for your consideration.

Sincerely,

Matthew J. Karpenko DO

0355

In collaboration with the Research and Educational Programs of Duke University Health System

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MURRELLS INLET, SC 29576-5016
(843) 357-7357

7 MEDICAL CENTER DRIVE
SUPPLY, NC 28462-3350
(910) 755-7509

Website: www.coastalcancercenter.com

R003709



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LAWRENCE B. HOLT, JR., MD, FACP
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VIJAY PAUDEL, MD
REBECCA D. CODY, MD
CAROL A. BOGDAN, MD
MATTHEW J. KARPENKO, DO

ANIL POTTI, MD
ANGELA BRINEGAR, MSN, ANP-BC, OCN
SANDRA BREMNER, MSN, FNP-BC
COLLEEN FARLEY, MS, FNP-BC
REBECCA WALLACE, MSN, ANP-BC
ALICE CANTERBURY, CHIEF EXECUTIVE OFFICER

April 28th, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank-you for your consideration.

Sincerely,

Vijay Paudel, MD

0356

In collaboration with the Research and Educational Programs of Duke University Health System

8121 ROURK STREET
MYRTLE BEACH, SC 29572-4128
(843) 692-5000

817 FARRAR DRIVE
CONWAY, SC 29526-8747
(843) 234-1660

3008 BAYBORO STREET
LORIS, SC 29569-2714
(843) 756-0932

4620 HIGHWAY 17 • P.O. BOX 2867
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R003710

APR-29-2011 09:48 From:
Apr. 29. 2011 11:08AM

CCC CEO

8437562750

To: 4295046

Page: 1/1

No. 0802 P. 2

**Coastal
Cancer
Center**



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Caring...
Compassionate...*

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ALICE CANTERBURY, CHIEF EXECUTIVE OFFICER

April 28th, 2011

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Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank-you for your consideration.

Sincerely,


Anil Potti, MD

0357

In collaboration with the Research and Educational Programs of Duke University Health System

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(843) 367-7357

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(910) 755-7509

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Received Time: Apr. 29. 6:10:30AM

Website: www.coastalcancercenter.com

R003711

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Regional Medical Center

Carolina Forest
Senior Health Center

April 21, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear. Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,



Romeo Nillas, M. D.

0358

Life is a gift. Live it well.®

Grand Strand
Regional Medical Center

North Strand
Senior Health Center

04/19/2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,



John E. Carlson, MD
North Strand Senior Health Center

0359

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Grand Strand
Regional Medical Center

North Strand
Senior Health Center

04/19/2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,



Lisa E. Mount, MD
North Strand Senior Health Center

0360

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Grand Strand
Regional Medical Center

North Strand
Senior Health Center

04/19/2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,



Mark H. Overton, MD
North Strand Senior Health Center

0361

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Grand Strand
Regional Medical Center

South Strand
Senior Health Center

April 18, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

RE: Linear Accelerator and CT Simulator

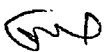
Dear Ms. Brandt:

In reference to the above noted, I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed project for a linear accelerator and CT simulator and urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thanking you in advance for your consideration to this important matter.

Sincerely,



Edin Karcic, MD
Internal Medicine & Geriatric Medicine

EK:pz



0362

Benjamin J. Martin, M.D.
Board Certified



James O. Merritt, M.D.
Board Certified

Grand Strand | Gynecology
The Physicians You Have Come To Trust

04/26/2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

James O. Merritt

911 Medical Circle • Myrtle Beach, SC 29572
Ph: (843) 449-5553 • Fax: (843) 449-4453

0363

R003717



April 20, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

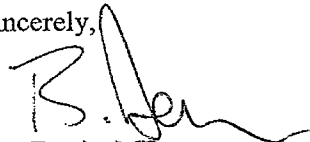
Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,



Ben Davis, MD

cc Doug White, CEO

0364

849 82ND PARKWAY • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.497.6348 • FACSIMILE: 843.497.6351 • WWW.GRANDSTRANDSURGICAL.COM

R003718



April 20, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,


J. Douglas Reid, III MD

cc. Doug White, CEO

0365

849 82ND PARKWAY • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.497.6348 • FACSIMILE: 843.497.6351 • WWW.GRANDSTRANDSURGICAL.COM

R003719

INLET MEDICAL ASSOCIATES, P.A.
FAMILY MEDICINE & CLINICAL RESEARCH

April 18, 2011

**INLET MEDICAL
SURGICAL CENTER**

912 INLET SQUARE DRIVE
POST OFFICE BOX 545
MURRELLS INLET, SC 29576

(843) 651-4111
(843) 651-1047 FAX
InletMed@aol.com

WM. JACKSON EPPERSON, MD, MBA
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN BOARD OF FAMILY PHYSICIANS

WILLIAM R. GAMMON, MD
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN BOARD OF FAMILY PHYSICIANS

KAREN MCCUTCHEON, MD
FAMILY MEDICINE

JOHN KARL, MD
FAMILY MEDICINE
AMERICAN BOARD OF FAMILY PHYSICIANS

JINGER BELL, MSN, FNP-BC
FAMILY NURSE PRACTITIONER

RHONDA G. BROWN, MSN, FNP-BC
FAMILY NURSE PRACTITIONER

GAIL HANNA, MSN, FNP-BC
FAMILY NURSE PRACTITIONER

**CLINICAL RESEARCH
AUTHORITY, LLC**

KRISTY CHAMPION, MRC, CCRC
RESEARCH DIRECTOR

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

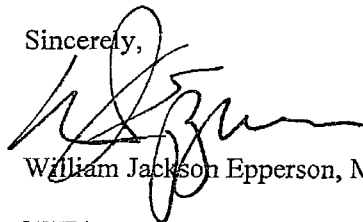
Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

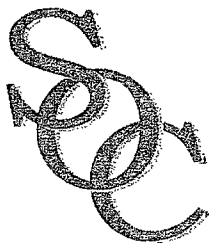


William Jackson Epperson, MD MBA

WJE/tt

0366

R003720



STRAND ORTHOPAEDIC CONSULTANTS, L.L.C.

Joe N. Jarrett, Jr., M.D.
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, M.D.
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

Steven M. Callihan, M.D.
Orthopaedic Surgery
Total Joint Replacement
Sports Medicine

J. Clark Butler, M.D.
Sports Medicine
Orthopaedic Surgery
Total Joint Replacement

Wayne B. Bauerle, M.D.
Orthopaedic Spine Surgery

Robert S. Leak, M.D.
Hand & Upper Extremity Surgery
Orthopaedic Surgery

James O. Merritt, IV, M.D.
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Alexander J. Pappas, M.D.
Foot and Ankle Surgery
Orthopaedic Surgery

Thomas J. Chambers, M.D.
Sports Medicine
Orthopaedic Surgery
Total Joint Replacement

David G. Everman, M.D.
Hand & Upper Extremity Surgery
Orthopaedic Surgery

Beverly A. Purgavie, D.O.
Physical Medicine
and Rehabilitation

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

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Thank you for your consideration.

Sincerely,

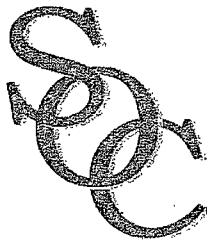
Wayne B. Bauerle, M.D.

210 Village Center Boulevard, Suite 200 • Myrtle Beach, SC 29579
843.236-3222

www.strandorthopaedic.com

0367

R003721



STRAND ORTHOPAEDIC CONSULTANTS, L.L.C.

Joe N. Jarrett, Jr., M.D.
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, M.D.
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

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Orthopaedic Surgery

Beverly A. Purgavie, D.O.
Physical Medicine
and Rehabilitation

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

J. Clark Butler, M.D.

0368

210 Village Center Boulevard, Suite 200 • Myrtle Beach, SC 29579
843.236-3222

www.strandorthopaedic.com

R003722



STRAND ORTHOPAEDIC CONSULTANTS, L.L.C.

Joe N. Jarrett, Jr., M.D.
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Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, M.D.
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Orthopaedic Surgery

Merly A. Furgavie, D.O.
Physical Medicine
and Rehabilitation

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

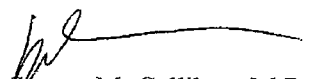
Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

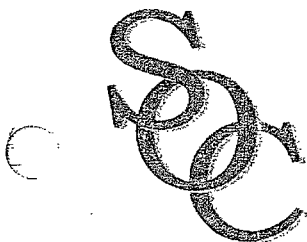

Steven M. Callihan, M.D.

210 Village Center Boulevard, Suite 200 • Myrtle Beach, SC 29579
843.236-3222

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0369

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STRAND ORTHOPAEDIC CONSULTANTS, L.L.C.

Joe N. Jarrett, Jr., M.D.
Total Joint Replacement
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Orthopaedic Surgery

Beverly A. Purgavie, D.O.
Physical Medicine
and Rehabilitation

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

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Thank you for your consideration.

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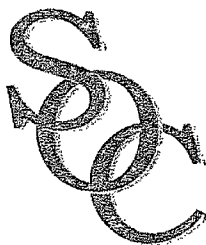
Thomas J. Chambers, M.D.

0370

210 Village Center Boulevard, Suite 200 • Myrtle Beach, SC 29579
843.236-3222

www.strandorthopaedic.com

R003724



STRAND ORTHOPAEDIC CONSULTANTS, L.L.C.

Joe N. Jarrett, Jr., M.D.
Total Joint Replacement
Orthopaedic Surgery
Knee Arthroscopy

Richard W. Ward, M.D.
Sports Medicine
Orthopaedic Surgery
Shoulder Surgery

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David G. Everman, M.D.
Hand & Upper Extremity Surgery
Orthopaedic Surgery

Jerly A. Purgavie, D.O.
Physical Medicine
and Rehabilitation

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

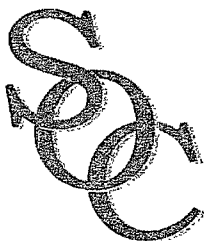

David G. Everman, M.D.

0371

210 Village Center Boulevard, Suite 200 • Myrtle Beach, SC 29579
843.236-3222

www.strandorthopaedic.com

R003725



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erly A. Purgavie, D.O.
Physical Medicine
and Rehabilitation

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

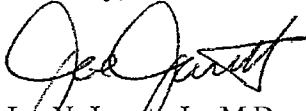
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Thank you for your consideration.

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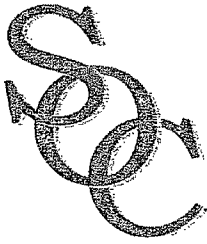
Joe N. Jarrett, Jr., M.D.

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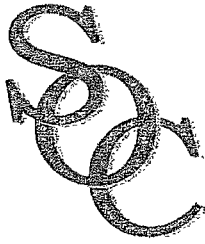
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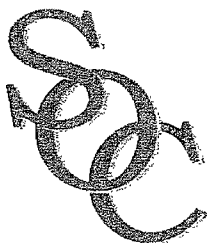
James O. Merritt, IV., M.D.

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Alexander J. Pappas, M.D.

0375

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R003729



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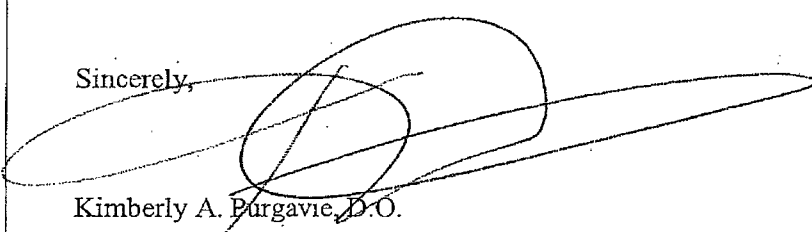
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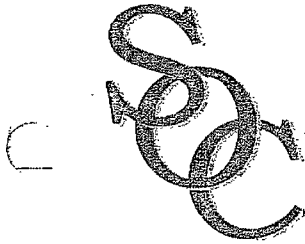
Kimberly A. Purgavie, D.O.

0376

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R003730



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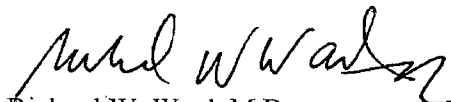
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Sincerely,


Richard W. Ward, M.D.

0377

210 Village Center Boulevard, Suite 200 • Myrtle Beach, SC 29579
843.236-3222

www.strandorthopaedic.com

R003731

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

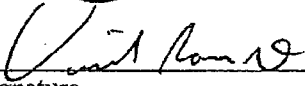
Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Daniel Rosner MD
Printed Name


Signature

0378

R003732

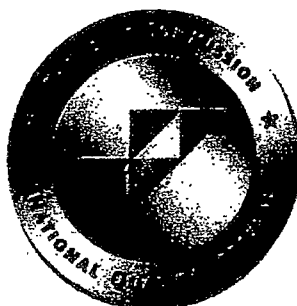
Exhibit B-27

0379

R003733

Grand Strand Regional Medical Center, LLC
Myrtle Beach, SC

has been Accredited by



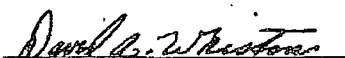
The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

March 13, 2010

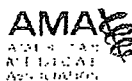
Accreditation is customarily valid for up to 39 months.


David A. Whiston, D.D.S.
Chairman of the Board

Organization ID #: 6616
Print/Reprint Date: 06/03/10


Mark Chassin, M.D.
President

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This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

0380

R003734

2011 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

Identify patients correctly

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.

Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

Improve staff communication

Quickly get important test results to the right staff person.

Use medicines safely

Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.

Take extra care with patients who take medicines to thin their blood.

Prevent infection

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.

Use proven guidelines to prevent infections that are difficult to treat.

Use proven guidelines to prevent infection of the blood from central lines.

Use safe practices to treat the part of the body where surgery was done.

Check patient medicines

Note: This goal is effective July 1, 2011.

Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.

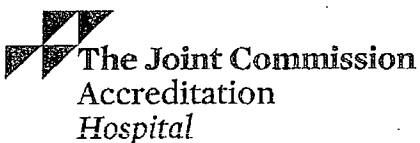
Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.

Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.

Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

Identify patient safety risks

Find out which patients are most likely to try to commit suicide.



This is an easy-to-read document. It has been created for the public. The exact language of the Goals can be found at www.jointcommission.org.

0381

R003736



The Joint Commission

Accreditation Program: Hospital

National Patient Safety Goals

Effective January 1, 2011

0382

Accreditation Program: Hospital Chapter: National Patient Safety Goals

Goal 1

Improve the accuracy of patient identification.

NPSG.01.01.01

Use at least two patient identifiers when providing care, treatment, and services.

Rationale for NPSG.01.01.01

Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifier.

Elements of Performance for NPSG.01.01.01

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11; NPSG.01.03.01, EP 1)
2. Label containers used for blood and other specimens in the presence of the patient. (See also NPSG.01.03.01, EP 1)

△ C

△ A

KEY: A Indicates scoring category A; C Indicates scoring category C; △ Indicates situational decision rules apply; △ Indicates direct impact requirements apply; Ⓜ Indicates Measure of Success if needed; Ⓢ Indicates that documentation is required

R003737

0383

Accreditation Program: Hospital Chapter: National Patient Safety Goals

NPSG.01.03.01

Eliminate transfusion errors related to patient misidentification.

Elements of Performance for NPSG.01.03.01

1. Before initiating a blood or blood component transfusion: - Match the blood or blood component to the order. - Match the patient to the blood or blood component. - Use a two-person verification process or a one-person verification process accompanied by automated identification technology, such as bar coding. (See also NPSG.01.01.01, EPs 1 and 2)	⚠ A
2. When using a two-person verification process, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient.	⚠ A
3. When using a two-person verification process, the second individual conducting the identification verification is qualified to participate in the process, as determined by the hospital.	⚠ A

KEY: A indicates scoring category A; C indicates scoring category C; ⚠ indicates situational decision rules apply; ⚠ indicates direct impact requirements apply; Ⓜ indicates Measure of Success if needed; Ⓞ indicates that documentation is required

Goal 2

Improve the effectiveness of communication among caregivers.

NPSG.02.03.01

Report critical results of tests and diagnostic procedures on a timely basis.

Rationale for NPSG.02.03.01

Critical results of tests and diagnostic procedures fall significantly outside the normal range and may indicate a life-threatening situation. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated.

Elements of Performance for NPSG.02.03.01

1. ① Develop written procedures for managing the critical results of tests and diagnostic procedures that address the following:	A
- The definition of critical results of tests and diagnostic procedures	
- By whom and to whom critical results of tests and diagnostic procedures are reported	
- The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures	
2. Implement the procedures for managing the critical results of tests and diagnostic procedures.	A
3. Evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.	A

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Goal 3

Improve the safety of using medications.

NPSG.03.04.01

Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
Note: Medication containers include syringes, medicine cups, and basins.

Rationale for NPSG.03.04.01

Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects basic principles of safe medication management, yet it is routine in many organizations.

The labeling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications in perioperative and other procedural settings. Labels for medications and medication containers are also addressed at MM.05.01.09.

Elements of Performance for NPSG.03.04.01

1.	In perioperative and other procedural settings both on and off the sterile field, label medications and solutions that are not immediately administered. This applies even if there is only one medication being used. Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process. Refer to NPSG.03.04.01, EP 5, for information on timing of labeling.	⚠ A
2.	In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.	⚠ A
3.	In perioperative and other procedural settings both on and off the sterile field, medication or solution labels include the following: - Medication name - Strength - Quantity - Diluent and volume (if not apparent from the container) - Expiration date when not used within 24 hours - Expiration time when expiration occurs in less than 24 hours Note: The date and time are not necessary for short procedures, as defined by the hospital.	⚠ A
④ 4.	Verify all medication or solution labels both verbally and visually. Verification is done by two individuals qualified to participate in the procedure whenever the person preparing the medication or solution is not the person who will be administering it.	⚠ C
5.	Label each medication or solution as soon as it is prepared, unless it is immediately administered. Note: An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.	⚠ A

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

6.	Immediately discard any medication or solution found unlabeled.	⚠ A
7.	Remove all labeled containers on the sterile field and discard their contents at the conclusion of the procedure. Note: This does not apply to multiuse vials that are handled according to infection control practices.	⚠ A
④ 8.	All medications and solutions both on and off the sterile field and their labels are reviewed by entering and exiting staff responsible for the management of medications.	⚠ C

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Note: This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values.

Rationale for NPSG.03.05.01

Anticoagulation therapy can be used as therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant. However, it is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance. This National Patient Safety Goal has great potential to positively impact the safety of patients on this class of medications and result in better outcomes.

To achieve better patient outcomes, patient education is a vital component of an anticoagulation therapy program. Effective anticoagulation patient education includes face-to-face interaction with a trained professional who works closely with patients to be sure that they understand the risks involved with anticoagulation therapy, the precautions they need to take, and the need for regular International Normalized Ratio (INR) monitoring. The use of standardized practices for anticoagulation therapy that include patient involvement can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, and warfarin.

Elements of Performance for NPSG.03.05.01

1.	Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available. Note: For pediatric patients, prefilled syringe products should be used only if specifically designed for children.	3 A
2.	Use approved protocols for the initiation and maintenance of anticoagulant therapy.	3 C
3.	Before starting a patient on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy. The baseline status and current INR are documented in the medical record.	3 A
4.	Use authoritative resources to manage potential food and drug interactions for patients receiving warfarin.	3 A
5.	When heparin is administered intravenously and continuously, use programmable pumps in order to provide consistent and accurate dosing.	3 A
6.	A written policy addresses baseline and ongoing laboratory tests that are required for anticoagulants.	3 A

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

7. Provide education regarding anticoagulant therapy to prescribers, staff, patients, and families. Patient/family education includes the following:
- The importance of follow-up monitoring
 - Compliance
 - Drug-food interactions
 - The potential for adverse drug reactions and interactions
8. Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.

 C

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KEY: A indicates scoring category A; C indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Accreditation Program: Hospital Chapter: National Patient Safety Goals

Goal 7

Reduce the risk of health care-associated infections.

NPSG.07.01.01

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

Rationale for NPSG.07.01.01

According to the Centers for Disease Control and Prevention, each year, millions of people acquire an infection while receiving care, treatment, and services in a health care organization. Consequently, health care-associated infections (HAIs) are a patient safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene of health care staff. Compliance with the World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of HAIs. To ensure compliance with this National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, and monitors compliance and provides feedback.

Elements of Performance for NPSG.07.01.01

1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines. (See also IC.01.04.01, EP 5)
2. Set goals for improving compliance with hand hygiene guidelines. (See also IC.03.01.01, EP 3)
3. Improve compliance with hand hygiene guidelines based on established goals.

 A
A
A

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

NPSG.07.03.01

Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals.
Note: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), and multidrug-resistant gram-negative bacteria.

Rationale for NPSG.07.03.01

Patients continue to acquire health care–associated infections at an alarming rate. Risks and patient populations, however, differ between hospitals. Therefore, prevention and control strategies must be tailored to the specific needs of each hospital based on its risk assessment. The elements of performance for this requirement are designed to help reduce or prevent health care–associated infections from epidemiologically important multidrug-resistant organisms (MDROs).

Note: Hand hygiene, contact precautions, as well as cleaning and disinfecting patient care equipment and the patient's environment are essential strategies for preventing the spread of health care–associated infections. Hand hygiene is addressed in NPSG.07.01.01. Contact precautions for patients with epidemiologically significant multidrug-resistant organisms (MDROs) are covered in IC.02.01.01, EP 3. Cleaning and disinfecting patient care equipment are addressed in IC.02.02.01.

Elements of Performance for NPSG.07.03.01

1.	Conduct periodic risk assessments (in time frames defined by the hospital) for multidrug-resistant organism acquisition and transmission. (See also IC.01.03.01, EPs 1-5)	A
M	2. Based on the results of the risk assessment, educate staff and licensed independent practitioners about health care–associated infections, multidrug-resistant organisms, and prevention strategies at hire and annually thereafter. Note: The education provided recognizes the diverse roles of staff and licensed independent practitioners and is consistent with their roles within the hospital.	C
M	3. Educate patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection prevention strategies.	C
4.	Implement a surveillance program for multidrug-resistant organisms based on the risk assessment. Note: Surveillance may be targeted rather than hospital-wide.	A
5.	Measure and monitor multidrug-resistant organism prevention processes and outcomes, including the following: - Multidrug-resistant organism infection rates using evidence-based metrics - Compliance with evidence-based guidelines or best practices - Evaluation of the education program provided to staff and licensed independent practitioners Note: Surveillance may be targeted rather than hospital-wide.	A
6.	Provide multidrug-resistant organism process and outcome data to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.	A

KEY: A indicates scoring category A; C indicates scoring category C; indicates situational decision rules apply; indicates direct impact requirements apply; indicates Measure of Success if needed; indicates that documentation is required

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

7.	Implement policies and practices aimed at reducing the risk of transmitting multidrug-resistant organisms. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).	△ C
8.	When indicated by the risk assessment, implement a laboratory-based alert system that identifies new patients with multidrug-resistant organisms. Note: The alert system may use telephones, faxes, pagers, automated and secure electronic alerts, or a combination of these methods.	△ A
9.	When indicated by the risk assessment, implement an alert system that identifies readmitted or transferred patients who are known to be positive for multidrug-resistant organisms. Note 1: The alert system information may exist in a separate electronic database or may be integrated into the admission system. The alert system may be either manual or electronic or a combination of both. Note 2: Each hospital may define its own parameters in terms of time and clinical manifestation to determine which re-admitted patients require isolation.	△ A

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KEY: A indicates scoring category A; C indicates scoring category C; △ indicates situational decision rules apply; ▲ indicates direct impact requirements apply; ⊕ indicates Measure of Success if needed; ⊙ indicates that documentation is required

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NPSG.07.04.01

Implement evidence-based practices to prevent central line-associated bloodstream infections.

Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.

Elements of Performance for NPSG.07.04.01

1.	Educate staff and licensed independent practitioners who are involved in managing central lines about central line-associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual's job responsibilities.	C
2.	Prior to insertion of a central venous catheter, educate patients and, as needed, their families about central line-associated bloodstream infection prevention.	C
3.	Implement policies and practices aimed at reducing the risk of central line-associated bloodstream infections. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).	 C
4.	Conduct periodic risk assessments for central line-associated bloodstream infections, monitor compliance with evidence-based practices, and evaluate the effectiveness of prevention efforts. The risk assessments are conducted in time frames defined by the hospital, and this infection surveillance activity is hospital-wide, not targeted.	A
5.	Provide central line-associated bloodstream infection rate data and prevention outcome measures to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.	A
6. 	 Use a catheter checklist and a standardized protocol for central venous catheter insertion.	 C
7. 	Perform hand hygiene prior to catheter insertion or manipulation.	 C
8. 	For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.	 C
9. 	Use a standardized supply cart or kit that contains all necessary components for the insertion of central venous catheters.	 C
10. 	Use a standardized protocol for sterile barrier precautions during central venous catheter insertion.	 C
11. 	Use an antiseptic for skin preparation during central venous catheter insertion that is cited in scientific literature or endorsed by professional organizations. *	 C
Footnote *: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or wide-spread consensus. During the on-site survey, surveyors will explore the source of the practices the hospital follows.		
12. 	 Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.	 C

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

13. Evaluate all central venous catheters routinely and remove nonessential catheters.

3 C

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KEY: A Indicates scoring category A; C indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success If needed;  indicates that documentation is required

NPSG.07.05.01

Implement evidence-based practices for preventing surgical site infections.

Elements of Performance for NPSG.07.05.01

1. Educate staff and licensed independent practitioners involved in surgical procedures about surgical site infections and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual's job responsibilities. 2. Educate patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention. 3. Implement policies and practices aimed at reducing the risk of surgical site infections. These policies and practices meet regulatory requirements and are aligned with evidence-based guidelines (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines). 4. As part of the effort to reduce surgical site infections: - Conduct periodic risk assessments for surgical site infections in a time frame determined by the hospital. - Select surgical site infection measures using best practices or evidence-based guidelines. - Monitor compliance with best practices or evidence-based guidelines. - Evaluate the effectiveness of prevention efforts. Note: Surveillance may be targeted to certain procedures based on the hospital's risk assessment. 5. Measure surgical site infection rates for the first 30 days following procedures that do not involve inserting implantable devices and for the first year following procedures involving implantable devices. The hospital's measurement strategies follow evidence-based guidelines. Note: Surveillance may be targeted to certain procedures based on the hospital's risk assessment. 6. Provide process and outcome (for example, surgical site infection rate) measure results to key stakeholders. 7. Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to methods cited in scientific literature or endorsed by professional organizations. *	C C  C A A A  C

Footnote *: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or wide-spread consensus. During the on-site survey, surveyors will explore the source of the practices the hospital follows.

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8. When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations. *
- Footnote *: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or wide-spread consensus. During the on-site survey, surveyors will explore the source of the practices the hospital follows.

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KEY: A Indicates scoring category A; C Indicates scoring category C;  Indicates situational decision rules apply;  Indicates direct impact requirements apply;  Indicates Measure of Success if needed;  Indicates that documentation is required

Accreditation Program: Hospital Chapter: National Patient Safety Goals

Goal 8

Accurately and completely reconcile medications across the continuum of care.

NPSG.08.01.01

A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the hospital.
Note: This standard is not in effect at this time.

Rationale for NPSG.08.01.01

Patients are at high risk for harm from adverse drug events when communication about medications is not clear. The chance for communication errors increases whenever individuals involved in a patient's care change. Communicating about the medication list, making sure it is accurate, and reconciling any discrepancies whenever new medications are ordered or current medications are adjusted are essential to reducing the risk of transition-related adverse drug events.

Elements of Performance for NPSG.08.01.01

1.   At the time the patient enters the hospital or is admitted, a complete list of the medications the patient is taking at home (including dose, route, and frequency) is created and documented. The patient and, as needed, the family are involved in creating this list. Note: This element of performance is not in effect at this time.	 C
2.  The medications ordered for the patient while under the care of the hospital are compared to those on the list created at the time of entry to the hospital or admission. Note: This element of performance is not in effect at this time.	 C
3.  Any discrepancies (that is, omissions, duplications, adjustments, deletions, additions) are reconciled and documented while the patient is under the care of the hospital. Note: This element of performance is not in effect at this time.	 C
4.  When the patient's care is transferred within the hospital (for example, from the ICU to a floor), the current provider(s) informs the receiving provider(s) about the up-to-date reconciled medication list and documents the communication. Note 1: Updating the status of a patient's medications is also an important component of all patient care hand-offs. Note 2: This element of performance is not in effect at this time.	 C

KEY: A indicates scoring category A; C indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success If needed;  indicates that documentation is required

NPSG.08.02.01

When a patient is referred to or transferred from one hospital to another, the complete and reconciled list of medications is communicated to the next provider of service, and the communication is documented. Alternatively, when a patient leaves the hospital's care to go directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, the original referring provider, or a known next provider of service.

Note 1: When the next provider of service is unknown or when no known formal relationship is planned with a next provider, giving the patient and, as needed, the family the list of reconciled medications is sufficient.

Note 2: This standard is not in effect at this time.

Rationale for NPSG.08.02.01

The accurate communication of a patient's reconciled medication list to the next provider of service reduces the risk of transition-related adverse drug events. The communication enables the next provider of service to receive thorough knowledge of the patient's medications and to safely order/prescribe other medications that may be needed. This communication is especially important at transitions in care when a patient is referred or transferred from one organization to another.

Elements of Performance for NPSG.08.02.01

1. The patient's most current reconciled medication list is communicated to the next provider of service, either within or outside the hospital. The communication between providers is documented.
Note: This element of performance is not in effect at this time.
2. At the time of transfer, the transferring hospital informs the next provider of service how to obtain clarification on the list of reconciled medications.
Note: This element of performance is not in effect at this time.

 C

C

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NPSG.08.03.01

When a patient leaves the hospital's care, a complete and reconciled list of the patient's medications is provided directly to the patient and, as needed, the family, and the list is explained to the patient and/or family.

Note: This standard is not in effect at this time.

Rationale for NPSG.08.03.01

The accurate communication of the patient's medication list to the patient and, as needed, the family, reduces the risk of transition-related adverse drug events. A thorough knowledge of the patient's medications is essential for the patient's primary care provider or next provider of service to manage the subsequent stages of care for the patient.

Elements of Performance for NPSG.08.03.01

1. **D** When the patient leaves the hospital's care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family. This interaction is documented.
 Note 1: Patients and families are reminded to discard old lists and to update any records with all medication providers or retail pharmacies.
 Note 2: This element of performance is not in effect at this time.

C

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KEY: **A** indicates scoring category A; **C** indicates scoring category C; **A** indicates situational decision rules apply; **A** indicates direct impact requirements apply; **D** indicates Measure of Success if needed; **D** indicates that documentation is required

Accreditation Program: Hospital Chapter: National Patient Safety Goals

NPSG.08.04.01

In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.
 Note 1: This requirement does not apply to hospitals that do not administer medications. It may be important for health care organizations to know which types of medications their patients are taking because these medications could affect the care, treatment, and services provided.
 Note 2: This standard is not in effect at this time.

Rationale for NPSG.08.04.01

A number of patient care settings exist in which medications are not used, are used minimally, or are prescribed for only a short duration. This includes areas such as the emergency department, urgent and emergent care, convenient care, office-based surgery, outpatient radiology, ambulatory care, and behavioral health care. In these settings, obtaining a list of the patient's original, known, and current medications that he or she is taking at home is still important; however, obtaining information on the dose, route, and frequency of use is not required.

Elements of Performance for NPSG.08.04.01

Ⓜ	1.	The hospital obtains and documents an accurate list of the patient's current medications and known allergies in order to safely prescribe any setting-specific medications (for example, intravenous contrast media, local anesthesia, antibiotics) and to assess for potential allergic or adverse drug reactions. Note: This element of performance is not in effect at this time.	⚠ C
Ⓜ	2. Ⓢ	When only short-term medications (for example, a preprocedure medication or a short-term course of an antibiotic) will be prescribed and no changes are made to the patient's current medication list, the patient and, as needed, the family are provided with a list containing the short-term medication additions that the patient will continue after leaving the hospital. Note 1: This list of new short-term medications is not considered to be part of the original, known, and current medication list. When patients leave these settings, a list of the original, known, and current medications does not need to be provided, unless the patient is assessed to be confused or unable to comprehend adequately. In this case, the patient's family is provided both medication lists and the circumstances are documented. Note 2: This element of performance is not in effect at this time.	⚠ C
Ⓜ	3.	In these settings, a complete, documented medication reconciliation process is used when: Any new long-term (chronic) medications are prescribed. Note: This element of performance is not in effect at this time.	⚠ C
Ⓜ	4.	In these settings, a complete, documented medication reconciliation process is used when: There is a prescription change for any of the patient's current, known long-term medications. Note: This element of performance is not in effect at this time.	⚠ C
Ⓜ	5.	In these settings, a complete, documented medication reconciliation process is used when: The patient is required to be subsequently admitted to an organization from these settings for ongoing care. Note: This element of performance is not in effect at this time.	⚠ C

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6.

When a complete, documented, medication reconciliation is required in any of these settings, the complete list of reconciled medications is provided to the patient, and their family as needed, and to the patient's known primary care provider or original referring provider or a known next provider of service.

Note: This element of performance is not in effect at this time.



C

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KEY: A Indicates scoring category A; C Indicates scoring category C; indicates situational decision rules apply; indicates direct impact requirements apply; indicates Measure of Success if needed; indicates that documentation is required

Goal 15

The hospital identifies safety risks inherent in its patient population.

NPSG.15.01.01

Identify patients at risk for suicide.

Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

Rationale for NPSG.15.01.01

Suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

Elements of Performance for NPSG.15.01.01

1. Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide.	 C
2. Address the patient's immediate safety needs and most appropriate setting for treatment.	 C
3. When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the patient and his or her family.	 C

0402

KEY: A Indicates scoring category A; C Indicates scoring category C;  Indicates situational decision rules apply;  Indicates direct impact requirements apply;  Indicates Measure of Success if needed;  Indicates that documentation is required

Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Hospitals can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.

The Universal Protocol is based on the following principles:

- Wrong-person, wrong-site, and wrong-procedure surgery can and must be prevented.
- A robust approach using multiple, complementary strategies is necessary to achieve the goal of always conducting the correct procedure on the correct person, at the correct site.
- Active involvement and use of effective methods to improve communication among all members of the procedure team are important for success.
- To the extent possible, the patient and, as needed, the family are involved in the process.
- Consistent implementation of a standardized protocol is most effective in achieving safety.

The Universal Protocol is implemented most successfully in hospitals with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. A hospital should consider its culture when designing processes to meet the Universal Protocol. In some hospitals, it may be necessary to be more prescriptive on certain elements of the Universal Protocol or to create processes that are not specifically addressed within these requirements.

Hospitals should identify the timing and location of the preprocedure verification and site marking based on what works best for their own unique circumstances. The frequency and scope of the preprocedure verification will depend on the type and complexity of the procedure. The three components of the Universal Protocol are not necessarily presented in chronological order (although the preprocedure verification and site marking precede the final verification in the time-out). Preprocedure verification, site marking, and the time-out procedures should be as consistent as possible throughout the hospital.

Note: Site marking is not required when the individual doing the procedure is continuously with the patient from the time of the decision to do the procedure through to the performance of the procedure.

KEY: A Indicates scoring category A; C Indicates scoring category C; ▲ Indicates situational decision rules apply; ▲ Indicates direct impact requirements apply; ⊕ Indicates Measure of Success if needed; ⊗ Indicates that documentation is required

UP.01.01.01

Conduct a preprocedure verification process.

Rationale for UP.01.01.01

Hospitals should always make sure that any procedure is what the patient needs and is performed on the right person. The frequency and scope of the verification process will depend on the type and complexity of the procedure.

The preprocedure verification is an ongoing process of information gathering and confirmation. The purpose of the preprocedure verification process is to make sure that all relevant documents and related information or equipment are:

- Available prior to the start of the procedure
- Correctly identified, labeled, and matched to the patient's identifiers
- Reviewed and are consistent with the patient's expectations and with the team's understanding of the intended patient, procedure, and site

Preprocedure verification may occur at more than one time and place before the procedure. It is up to the hospital to decide when this information is collected and by which team member, but it is best to do it when the patient can be involved. Possibilities include the following:

- When the procedure is scheduled
- At the time of preadmission testing and assessment
- At the time of admission or entry into the facility for a procedure
- Before the patient leaves the preprocedure area or enters the procedure room

Missing information or discrepancies are addressed before starting the procedure.

Elements of Performance for UP.01.01.01

1. Implement a preprocedure process to verify the correct procedure, for the correct patient, at the correct site.
Note: The patient is involved in the verification process when possible. ⚠ A
2. **D** Identify the items that must be available for the procedure and use a standardized list to verify their availability. At a minimum, these items include the following: ⚠ A
 - Relevant documentation (for example, history and physical, signed procedure consent form, nursing assessment, and preanesthesia assessment)
 - Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
 - Any required blood products, implants, devices, and/or special equipment for the procedure

Note: The expectation of this element of performance is that the standardized list is available and is used consistently during the preprocedure verification. It is not necessary to document that the standardized list was used for each patient.
3. Match the items that are to be available in the procedure area to the patient. A

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

Introduction to UP.01.02.01

Wrong site surgery should never happen. Yet it is an ongoing problem in health care that compromises patient safety. Marking the procedure site is one way to protect patients; patient safety is enhanced when a consistent marking process is used throughout the hospital. Site marking is done to prevent errors when there is more than one possible location for a procedure. Examples include different limbs, fingers and toes, lesions, level of the spine, and organs. In cases where bilateral structures are removed (such as tonsils or ovaries) the site does not need to be marked.

Responsibility for marking the procedure site is a hotly debated topic. One position is that since the licensed independent practitioner is accountable for the procedure, he or she should mark the site. Another position is that other individuals should be able to mark the site in the interests of work flow and efficiency.

There is no evidence that patient safety is affected by the job function of the individual who marks the site. The incidence of wrong-site surgery is low enough that it is unlikely that valid data on this subject will ever be available. Furthermore, there is no clear consensus in the field on who should mark the site. Rather than remaining silent on the subject of site marking, The Joint Commission sought a solution that supports the purpose of the site mark. The mark is a communication tool about the patient for members of the team. Therefore, the individual who knows the most about the patient should mark the site. In most cases, that will be the person performing the procedure.

Recognizing the complexities of the work processes supporting invasive procedures, The Joint Commission believes that delegation of site marking to another individual is acceptable in limited situations as long as the individual is familiar with the patient and involved in the procedure. These include:

- Individuals who are permitted through a postgraduate education program to participate in the procedure
- A licensed individual who performs duties requiring collaborative or supervisory agreements with a licensed independent practitioner. These individuals include advanced practice registered nurses (APRNs) and physician assistants (PAs).

The licensed independent practitioner remains fully accountable for all aspects of the procedure even when site marking is delegated.

UP.01.02.01

Mark the procedure site.

Elements of Performance for UP.01.02.01

1. Identify those procedures that require marking of the incision or insertion site. At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.  C
Note: For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level.
2. Mark the procedure site before the procedure is performed and, if possible, with the patient involved.  C

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Accreditation Program: Hospital Chapter: National Patient Safety Goals

3. The procedure site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed. In limited circumstances, the licensed independent practitioner may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:

 - An individual in a medical postgraduate education program who is being supervised by the licensed independent practitioner performing the procedure; who is familiar with the patient; and who will be present when the procedure is performed
 - A licensed individual who performs duties requiring a collaborative agreement or supervisory agreement with the licensed independent practitioner performing the procedure (that is, an advanced practice registered nurse [APRN] or physician assistant [PA]); who is familiar with the patient; and who will be present when the procedure is performed.

Note: The hospital's leaders define the limited circumstances (if any) in which site marking may be delegated to an individual meeting these qualifications.

⚠ C

4. The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.

Note: The mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping. Adhesive markers are not the sole means of marking the site.

⚠ A

5. ⓓ A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum).

Note: Examples of other situations that involve alternative processes include:

 - Minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
 - Teeth
 - Premature infants, for whom the mark may cause a permanent tattoo

⚠ A

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UP.01.03.01

A time-out is performed before the procedure.

Rationale for UP.01.03.01

The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. This requirement focuses on those minimum features of the time-out. Some believe that it is important to conduct the time-out before anesthesia for several reasons, including involvement of the patient. A hospital may conduct the time-out before anesthesia or may add another time-out at that time. During a time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure.

A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved. The time-out is most effective when it is conducted consistently across the hospital.

Elements of Performance for UP.01.03.01

1.	Conduct a time-out immediately before starting the invasive procedure or making the incision.	 A
2.	The time-out has the following characteristics: - It is standardized, as defined by the hospital. - It is initiated by a designated member of the team. - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.	A
3.	When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.	 A
4.	During the time-out, the team members agree, at a minimum, on the following: - Correct patient identity - The correct site - The procedure to be done	 A
 5.	Document the completion of the time-out. Note: The hospital determines the amount and type of documentation.	 C

KEY: A Indicates scoring category A; C Indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  Indicates Measure of Success if needed;  indicates that documentation is required

Exhibit C-1

0408

R003762

GRAND STRAND REGIONAL MEDICAL CENTER

DEPARTMENT: Patient Rights	POLICY DESCRIPTION: Patient Rights
NUMBER OF PAGES: 6	REPLACES POLICY DATED: 10/14/03, 03/17/98, 02/14/95, 08/91, 10/14/03
APPROVED: 10/05/05	RETIRED:
EFFECTIVE DATE: 10/05/05	REFERENCE NUMBER: 400.1

SCOPE:

Hospital-Wide: This policy applies to Grand Strand Regional Medical Center (GSRMC) and its Affiliates.

PURPOSE:

To provide the framework within which the rights of all patients are respected and supported; and to provide specific mechanisms for informing the patient of his or her rights and responsibilities. *To improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by conducting business in an ethical manner. Care, treatment and services consider the patient's abilities and resources; the relevant demands of his or her environment; and the requirements and expectations of the providers and those they serve.* To recognize each patient and/or their surrogates as individuals with unique physical, emotional and psychosocial needs and to provide considerate, respectful care which focuses on those individual needs. Each patient will receive information about his or her rights.

POLICY:

Grand Strand Regional Medical Center and its Affiliates respects the rights accorded each patient by fundamental human, civil, constitutional and statutory principals; and specifically affirms and supports the patient's rights to actively participate in his or her care, including the right to make decisions about care, treatment and services provided, the decision to refuse or discontinue care, treatment and services to the extent permitted by law. *The family is involved in care, treatment and service decisions with the patient's approval.* Grand Strand Regional Medical Center and its Affiliates will provide the patient with information about their rights, assist the patient in exercising these rights and inform the patient of his or her associated responsibilities.

PROCEDURE:

I. Rights and Responsibilities

- A. The following *rights* are accorded all patients at Grand Strand Regional Medical Center. In the event that the patient is an infant, child, or adolescent, these rights are exercised through the parent or guardian:
 1. Patients shall be accorded impartial access to care, treatments and services that are within the scope of care and mission provided by the facility and is medically indicated, regardless of race, religion, sex, national origin, disability, or sources of payment.
 2. The patient has the right to expect that, within its capacity and policies, the hospital will make reasonable responses to a request for appropriate and medically indicated care, treatment and services. The hospital must provide evaluation, service and/or referral, as indicated by the urgency of the case.
 3. Except in the case of emergencies when the patient lacks decision-making capacity and

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Page 1 of 6

R003763

the need for treatment is urgent, the patient is entitled to an opportunity to request and discuss information related to the specific procedure and/or treatment involved including: the known risks and benefits, the possible length of recuperation and the medically reasonable alternatives and their risks and benefits, including unanticipated outcomes.

4. When medically appropriate and legally permissible, or when patient has so requested, a patient may be transferred to another facility. The institution to which the patient is transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for risks, benefits and alternatives to such a transfer.
5. The patient, as an individual with personal value and belief systems, has the right to an environment that preserves personal dignity and contributes to a positive self-image. The patient has the right to considerate, respectful care at all times and under all circumstances. This care includes the exercise of cultural and spiritual beliefs that do not interfere with the well being of others, or the planned course of treatment.
6. The patient has the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
7. The patient has the right to Pastoral and other spiritual services.
8. The patient has the right and is encouraged to obtain from the physicians and other direct caregivers relevant, current information concerning his diagnosis (to the degree known), the treatment and any known prognosis. This information should be communicated in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, it should be made available to legally authorized representative.
9. The patient has the right to make decisions about the plan of care, treatment and services prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy. In case of refusal, patients will be informed of the consequences of their action and will remain entitled to other appropriate care and services that the hospital provides, or transfer to another hospital or facility.
10. The patient and, when appropriate, their families are informed about the outcomes of care, treatment and services including unanticipated outcomes. The responsible licensed independent practitioner or his or her designee clearly explains the outcome of any treatments or procedures to the patient/family whenever those outcomes differ significantly from the anticipated outcomes.
11. The patient has the right to advance information of any policies which might affect self-determination within the institution.
12. The patient has the right to have an advance directive (such as living wills, health care proxy, or durable power of attorney for health care) concerning treatment and to expect that advance directive to be honored to the extent permitted by law.

0410

13. The patient has the right to be informed about their rights under South Carolina law, to make informed medical choices, including the right to formulate an advance directive. If the patient has an advance directive, the patient has the right to timely information regarding any hospital policy that might limit its ability to implement fully a legally valid advance directive.
14. Patients have the right to pain management.
15. If the patient has a terminal condition, the patient has the right to identification and appropriate treatment of primary and secondary symptoms that can respond to treatment, if treatment is desired, establishment of a pain management process that results in aggressive management of pain and appropriate support in the grief process.
16. Patients have the right to access protective and advocacy services.
17. Our first responsibility is to the health and well being of the research subjects. To protect and respect the research subjects' rights, the organization reviews all research protocols. The patient has the right to receive information if the hospital proposes to engage in or perform human experimentation or other research/educational projects in which his or her care will be a factor; and to consent or decline to participate. The patient shall be provided with a description of expected benefits, risks and potential discomforts, alternative services, full explanation of procedure to be followed. The patient shall be informed that if they decline to participate, it will not compromise their access to care. If a patient declines to participate in a research project he or she is entitled to the most effective care that the hospital can otherwise provide.
18. The patient has the right to know the identity and professional status of individuals providing care, treatment and service; and to know which physician or practitioner is primarily responsible for his or her care. This includes the right to know if others involved in his or her care are students, residents and/or other trainees.
19. The patient has the right to request a consultation with a specialist or other practitioner at his or her own expense.
20. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of realistic and available patient care options when hospital care is not longer appropriate.
21. The patient has the right to every consideration of his or her privacy, security and confidentiality including:
- a. Case discussion, consultations, examination and treatment conducted so as to protect each patient's privacy.
 - b. The right to exclude any or all family members from participating in his or her health care decisions.
 - c. All communications and records pertaining to his or her care treated as confidential by the hospital (except in cases such as suspected abuse and public hazards when

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reporting is permitted or required by law).

- d. Emphasis on confidentiality in the release of information to other authorized parties.
 - e. Patients who desire private telephone conversations have access to space and telephones appropriate to their needs and the care, treatment and services provided.
 - f. The patient is provided with the safety and security for themselves and their property.
22. The patient has the right to review the records pertaining to his or her medical care and to have the information explained or interpreted as necessary, except when restricted by law or medically inadvisable. The patient has the right to request amendment to and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.
23. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institution and other health care providers or payers that may influence treatment or care.
24. The patient has the right to know the immediate and long-term financial implications of treatment choices, so far as they are known.
25. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment and responsibilities.
26. The patient and/or family member has the right to be informed of resources for resolving disputes, dilemmas and /or conflicts, such as the Ethics Committee, the patient representative, or other mechanisms.
27. The patient has the right to know when their care is being rendered by a clinical trainee and what level of involvement the clinical trainee has in decision making about their care or in providing care. The patient will be ensured access of an independent mechanism to contact their attending physician or designee or hospital leadership to discuss concerns about their care. All inpatients and those outpatients who are having a surgical procedure will be given a notice which explains which clinical trainees provide care, clinical trainees' involvement in clinical decision making, name of their attending physician or designee and the mechanism for contacting their attending physician/designee or hospital leadership to discuss concerns about their care. The above information will be provided during the registration process.
- B. The safety of health care delivery is enhanced by the involvement of the patient, as appropriate to his/his condition, as a partner in the health care process. The collaborative nature of health care requires that patients, or their families/surrogates participate in their care. The effectiveness of care and patient satisfaction with the course of treatment will depend in part, on the patient (or his/her surrogate) fulfilling the following *responsibilities*:
- 1. The patient is responsible to provide, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations,

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medications and other matters relating to his or her health.

2. The patient is responsible to provide feedback about services needed and expectations and to report perceived risks in their care and unexpected changes in his or her condition to the responsible practitioner.
3. The patient is responsible to participate in decision making effectively by asking for clarification of any information that is not understood and by affirming his or her understanding of the planned course of care, treatment and services.
4. The patient is responsible to follow the care, treatment and service plan recommended by the physician or other health care provider primarily responsible for his or her care; and/or notifying the physician or other responsible health care providers if they anticipate any problems in following the prescribed treatment.
5. The patient and their family is responsible for his or her actions and the consequences if the recommended course of care, treatment and services are not followed.
6. The patient is responsible for following hospital rules and regulations affecting patient care and conduct.
7. The patient is responsible for being considerate of the rights of others and for assisting in the control of noise, smoking and the number of visitors. The patient is responsible for being respectful of the personal property of others.
8. The patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

II. Notification of Rights and Responsibilities

- A. Patients are provided with a summary of their rights and responsibilities upon admission to the hospital. A booklet which contains *Patient Rights and Responsibilities* will be placed in each admitted patient's room by housekeeping when prepared for a new admission. In addition, the summary of rights and responsibilities are posted visibly and available to patients in outpatient areas of the hospital and its Affiliates.

III. Questions and Concerns

- A. Questions and concerns related to patient rights and responsibilities should be directed to the patient's nurse or care provider.

REFERENCES:

GSRMC P & P:

Informed Consent – 400.2, Advance Directives – 400.3, Withholding and Withdrawing Life Sustaining Treatment – 400.4 Brain Death Criteria – 400.5, Ethics Committee – 400.6, Organ Donation/Tissue Referral – 400.7, Institutional Review Board – 400.8, Communication Assistance for the Hearing Impaired and Speech Impaired – 401.1, Language Assistance – 401.2, Spiritual Care of Patients and Families – 401.3, Home Care Services – 401.4, Patient, Family and Visitor Complaints – 400.9, Sedation Analgesia – 500.1, Emergency Medical Treatment and Transfer - 500.9, Hospital Plan for the

Provision of Patient Care – 500.14, Authorization for Uses and Disclosures of Protected Health Information (PHI) – 900.1, Community Clergy Access to patient Listings Under the HIPAA Privacy Standards – 900.2, Marketing Under the HIPAA Privacy Standards – 900.5, Uses and Disclosures of Protected Health Information (PHI) to Family Members or Friends for In-patient, Observation Patient or Same-Day Surgery Patient Care Purposes – 900.13

Patient Rights and Responsibilities Booklet

2004 Hospital JCAHO Standards:

Organization Ethics: RI.1.10, RI.1.20, RI.1.30, RI.1.40

Individual Rights: RI.2.10, RI.2.20, RI.2.30, RI.2.40, RI.2.50, RI.2.60, RI.2.70, RI.2.80, RI.2.90, RI.2.100, RI.2.120, RI.2.130, RI.2.140, RI.2.150, RI.2.160, RI.2.170, RI.2.180

Individual Responsibilities: RI.3.10

Lewis Blackman Patient Safety Act effective June 8, 2005

SC DHEC Blackman Act Guidelines

OTHER USERS:

0414

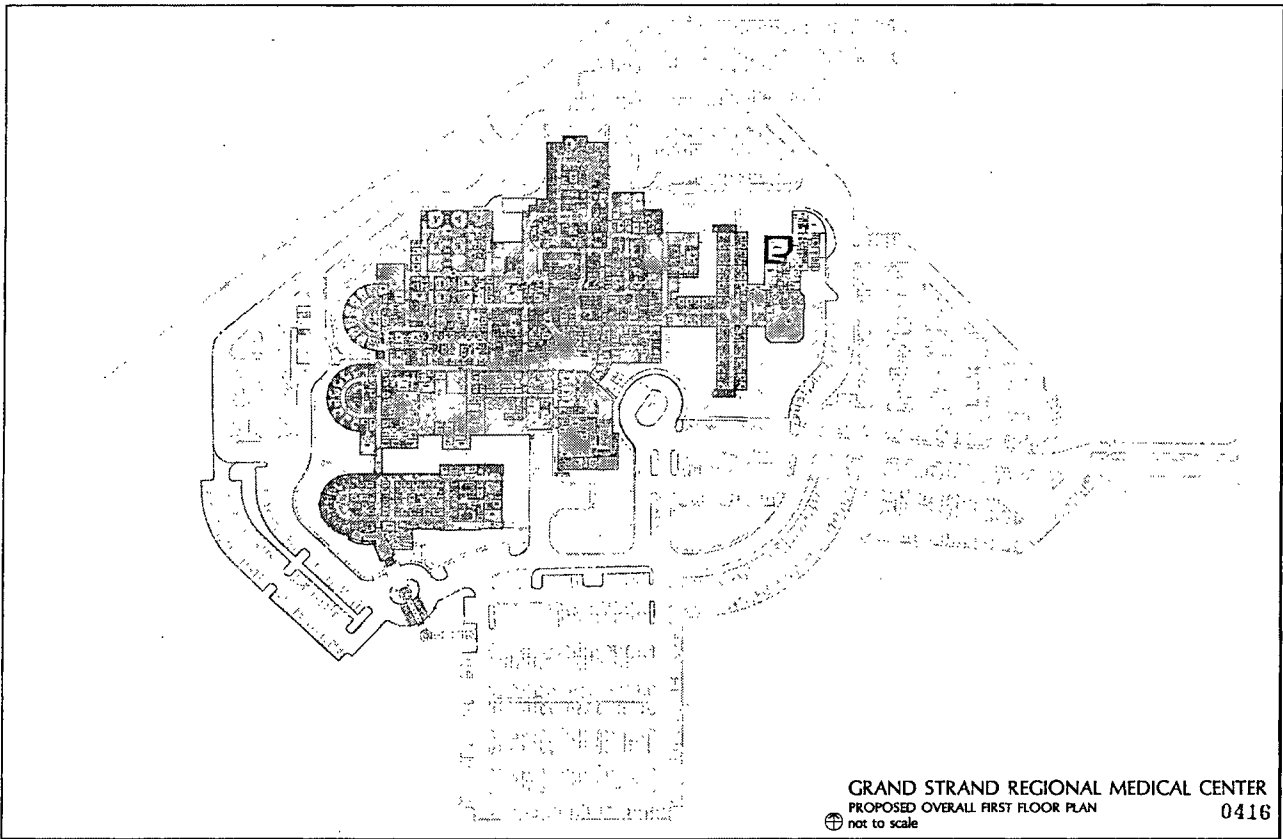
Page 6 of 6

R003768

Exhibit C-3

0415

R003769

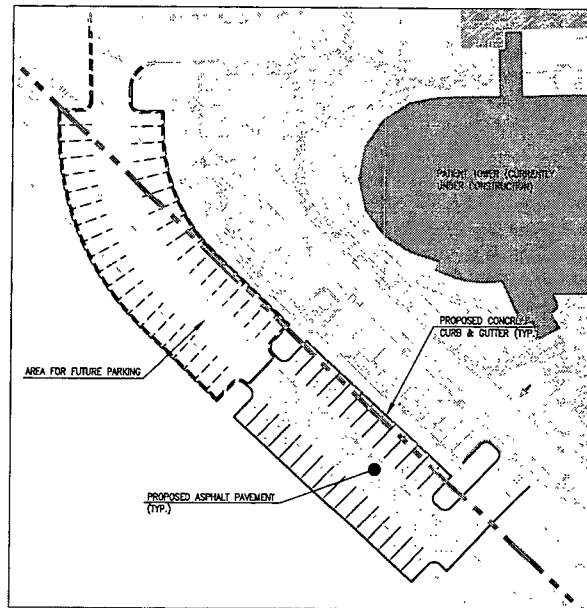
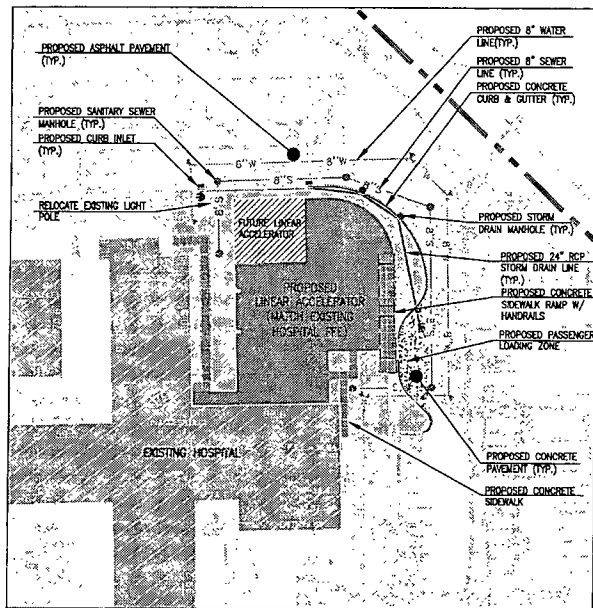


GRAND STRAND REGIONAL MEDICAL CENTER
PROPOSED OVERALL FIRST FLOOR PLAN
⊕ not to scale

0416

THOMAS MILLER & PARTNERS, PLLC
ARCHITECTS • INTERIOR DESIGN • LANDSCAPE ARCHITECTS • CIVIL ENGINEERS • PLANNING • HISTORIC PRESERVATION • ENVIRONMENTAL ENGINEERS • GENERAL CONTRACTORS • www.thomasmiller.com

R003770



JUNE 24, 2011



DETAILED SITE & UTILITY PLAN
GRAND STRAND REGIONAL MEDICAL CENTER
LINEAR ACCELERATOR ADDITION
MYRTLE BEACH, SC



LITTLEJOHN ENGINEERING ASSOCIATES

1975 31st Avenue South, NASHVILLE, TENNESSEE 37213
T 615.265.6141 F 615.265.4032 www.littlejohn.com
Nashville | Chattanooga | Denver | Orlando | Phoenix | Tallahassee

0417

Exhibit C-4

MAP 41

MAP 45

0418

STATE OF SOUTH CAROLINA,

COUNTY OF Horry

BOOK 574 PAGE 032

Myrtle Beach, S.C.

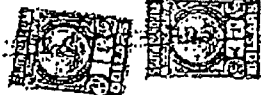
Deed File



C.P.

I Certify that \$10,000.00 has been paid on this instrument.

WILLIE S. RICHARDSON
Clerk of Court



Know all Men by these Presents,

That IT, MYRTLE BEACH FARMS COMPANY, a South Carolina corporation

in the State aforesaid For and In consideration of the sum of FOUR HUNDRED TWENTY THOUSAND AND NO/100 (\$420,000.00) --- DOLLARS

to IT paid by MYRTLE BEACH HOSPITAL, INC.
1 Park Plaza, Nashville, Tenn.

In the State aforesaid, (Receipt whereof is hereby acknowledged)

have granted, bargained, sold and released; and by these presents do grant, bargain, sell and release unto the said MYRTLE BEACH HOSPITAL, INC., ITS SUCCESSORS AND ASSIGNS FOREVER, the following described property, to-wit:

ALL AND SINGULAR, that certain piece, parcel or tract of land situate lying and being in Dugwood Neck Township, Horry County, South Carolina, and being more particularly shown as Parcel ONE (1) on a map prepared by Robert L. Bellamy & Associates, Engineers and Surveyors, dated January 7, 1977, and recorded in Plat Book 51 at page 15, in the office of the Clerk of Court for Horry County. Said parcel contains 28.63 acres and is more particularly described as follows:

BEGINNING at a point in the eastern margin of Highway 317 which point is the westernmost point of Parcel ONE (1) as shown on the aforementioned plat or map and continuing with the southeastern right-of-way of Highway 317 on a curve having a radius of 11,383.60 feet for an arc distance of 1,045.32 feet to a point; thence turning and running S 44° 52' E 939.20 feet to a point; thence turning and running due East 208.7 feet to a point; thence turning and running due South 100 feet to a point; thence turning and running due West 208.7 feet to a point; thence turning and running S 45° 03' W 1,151.34 feet to a point which point is common to Parcel TWO (2) as shown on said map; thence turning and running N 45° 00' W 537.3 feet to a point which point is located in the center of a powerline right-of-way; thence, turning and running N 45° 03' E with the centerline of said powerline right-of-way 194.93 feet to a point; thence turning and running N 45° 00' W with the center of said powerline easement 514.54 feet to the point of beginning.

This conveyance is made subject to the following power line easements which easements are more particularly shown on the above referred to map:

Post-It Fax Note	7871	Date	8/28	Time	4:00
To	SCOTT JONES	From	Tom KAUSKY		
On	BEACH STRAND	On	201 HCA		
Phone		Phone	215-544-2077		
Fax	205-696-1109	Fax			

0419

R003773

1. Power line easement from Myrtle Beach Farms Company to the South Carolina Public Service Authority, dated February 14, 1948, and recorded in Deed Book 65, at page 30, as amended by that certain release dated January 6, 1977 and recorded January 10, 1977 in Deed Book 572 at page 597, records of Horry County.

2. Power line easement from Myrtle Beach Farms Company to the South Carolina Public Service Authority, dated January 7, 1977, and recorded January 10, 1977 in the office of the Clerk of Court for Horry County, in Deed Book 572, at page 606, and shown as Parcel B on the map attached thereto.

3. Power line easement from Myrtle Beach Farms Company to the South Carolina Public Service Authority, dated January 7, 1977 and recorded January 10, 1977 in Deed Book 572 at page 602, records of Horry County, and shown as Parcel D on the map attached thereto.

Said conveyance is further subject to the covenant, condition and restriction that the above described real estate shall be used solely for the purpose of a general hospital and outpatient clinical diagnostic and therapeutic facility which is usually associated with a general hospital facility subject to the agreements, covenants, conditions and restrictions set forth in the Option to Purchase the said real estate executed by the Grantor and the Grantee herein dated the 19th day of December, 1975, which Option to Purchase is hereby incorporated herein and made a part and parcel hereof and the terms of which are hereby agreed to survive the closing of this transaction and the delivery of this deed. The covenants, conditions and restrictions contained therein are to run with the land and shall be binding on the parties and persons claiming hereunder, their heirs, successors and assigns.

This being a portion of the property conveyed to the Grantor herein by (SEE CONTINUATION ON NEXT PAGE)

TOGETHER with all and singular, the Rights, Members, Hereditaments and Appurtenances to the said premises belonging, or in anywise incidental or appertaining.

TO HAVE AND TO HOLD all and singular the premises before mentioned unto the said

MYRTLE BEACH HOSPITAL, INC., Its

Heirs

Successors and Assigns forever.

And the Grantor does hereby bind itself, themselves, its or their successors, or his, her, and their Heirs, Executors or Administrators, (as the case may be), to warrant and forever defend all and singular the said premises unto the said

MYRTLE BEACH HOSPITAL, INC.,

and its and their successors and assigns, or his, her and their Heirs and assigns, (as the case may be), against himself, themselves, and its or their successors, or his, her and their heirs, (as the case may be), and all persons whomsoever

lawfully claiming, or to claim the same, or any part thereof.

Witness the execution hereof by grantor this 25th day of January,

In the year of our Lord one thousand nine hundred and seventy-seven

and in the two hundred first year

of the Sovereignty and Independence of the United States of America.

MYRTLE BEACH FARMS COMPANY (CORPORATE
BY: [Signature] (L. S.) SEAL)
President

Signed, Stated and Delivered
in the Presence of

ATTEST: [Signature] (L. S.)
Secretary

[Signature]
[Signature]

BOOK 574 PAGE 033 (L. S.)

0420

R003774

STATE OF SOUTH CAROLINA, }
COUNTY OF Horry } Probate for Corporate Grantor

Personally appeared before me, _____ /s. Mary Lesesne,
and made oath that she saw the within named MYRTLE BEACH FARMS COMPANY
by _____ E. E. Burroughs _____ its President _____ by
_____ Franklin J. Long _____ its Secretary _____ and
_____ Sign, Seal and as the Corporate Act and Deed do Over the within written Deed;
and that she with _____ Mabel L. Burroughs _____
_____ witnessed the execution thereof and saw the corporate seal thereto affixed.

Sworn to before me this 25th
day of January A. D. 1937
Mabel L. Burroughs (L. S.)
Notary Public for S. C.
My Commission Expires JULY 28, 1939

Mary Lesesne

STATE OF SOUTH CAROLINA, }
COUNTY OF _____ } Probate for Individual

Personally appeared before me, _____
and made oath that he saw the within named _____

_____ Sign, Seal and as _____ Act and Deed deliver the
within written Deed; and that he with _____
_____ witnessed the execution thereof.
Sworn to before me this _____
day of _____ A. D. 19 _____

Notary Public for S. C. (L. S.)
My Commission Expires _____

STATE OF SOUTH CAROLINA, }
COUNTY OF _____ } RENUNCIATION OF DOWER
(Not needed for corporate grantors)
(NOT REQUIRED - CORPORATE GRANTOR)

I, _____ do hereby certify
unto all whom it may concern, that Mrs. _____
the wife of the within named grantor _____
did this day appear before me and upon being privately and separately examined by me, did declare that she
does freely, voluntarily, and without any compulsion, dread or fear of any person or persons whatsoever, renounce,
release and forever relinquish unto the within named grantee _____ Heirs and Assigns
or Successors, all her interest, and estate, and also all her right and claim of Dower, of, in or to, all and
singular the premises within mentioned and released.

GIVEN under my Hand and Seal this _____ day of _____
Anna Donipal 10 _____ (L. S.)

Notary Public for S. C. (L. S.)
My Commission Expires _____

(CONTINUATION)
J. O. Norton, Master for Horry County pursuant to a deed dated May 4,
1933, and recorded May 4, 1933, in Deed Book U-5, at page 532, in the
Office of the Clerk of Court for Horry County.

I HEREBY CERTIFY THIS PROPERTY
WAS DEED IDENTIFIED AND LOCATED
ON THE MAP NUMBER 165 THE
14 DAY OF Feb 1977
L. A. McLeod
HORRY COUNTY ASSESSOR

3413

Area for \$
Township

Purchased

State of South Carolina

COUNTY OF HORRY

Myrtle Beach Farms Company

TO
Myrtle Beach Hospital, Inc.
1 Park Plaza, Nashville, Tenn.

DEED TO REAL ESTATE

I hereby certify that the within deed has been
this 26 day of Jan

A. D. 1977 Recorded in Book 574

of Deeds, Page 22 at 3:50 o'clock P.M.
William L. Richardson

Clerk of Court of Horry County

I hereby certify that the within deed has been
this 2 day of Feb

A. D. 1977 Transferred on Auditor's Book

Page 2
Jack G. Litzner

Auditor of Horry County

IN WITNESS WHEREOF
I have hereunto set my hand and the seal of the County of Horry, South Carolina, this 2nd day of February, 1977.

Tract 19

RECORDED

R003776

0422

Exhibit C-7

0423

R003777



June 13, 2011

Attention: Mr. Richard Melvin
Director of Plant Operations
Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572

Project: New Medical Facility (8,000 Sq Ft)

Location: 809 82nd Parkway
Myrtle Beach, South Carolina
TMS #165-00-01-016

Dear Mr. Melvin:

Please be advised that the above-referenced location is within the electric service territory of Santee Cooper. The electrical load requirements for this project have been reviewed and approved by our Distribution Planning Department. The necessary easements(s) and/or rights-of-way must be granted prior to our installation, and all Santee Cooper terms and conditions of service, including any applicable investment recovery charges, must be satisfied by your contractor(s) and/or representative(s). If the above conditions are met, we expect to have adequate electric service capacity and facilities available to serve this project upon the completion of your construction.

We ask that you please keep us apprised of your construction schedule and electric service requirements. If you need further assistance or additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Gary H. Jeffcoat'.

Gary H. Jeffcoat
Area Engineering Supervisor
Distribution Design

Distribution Planning

Reviewed by: O. J. Jansky
Date: 05-31-2011

pc: O. L. Jansky
G. A. Turbeville
R. G. Foster

Exhibit C-8

0425

R003779

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Connie M. Williams

Printed Name

Signature

0426

R003780

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Sharon A. Gilmore
Printed Name

Sharon A. Gilmore
Signature

0427

R003781

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

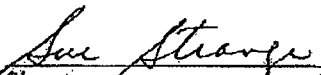
Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

SUE STRANGE
Printed Name


Signature

0428

R003782

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Meleisa Prince
Printed Name

Meleisa Prince
Signature

0429

R003783

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Donna Carrillo
Printed Name

Donna Carrillo
Signature

0430

R003784

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Jude A. Dunn
Printed Name

Jude A. Dunn
Signature

0431

R003785

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

David W. J. Jr.
Printed Name

David W. J. Jr.
Signature

0432

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

David Hardin

Printed Name

David Hardin

Signature

0433

R003787

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

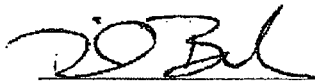
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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

DAVID BRIDGES
Printed Name


Signature

0434

R003788

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

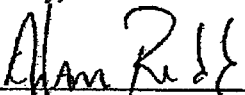
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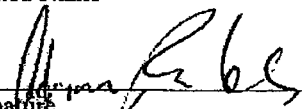
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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,



Printed Name



Signature

0435

R003789

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

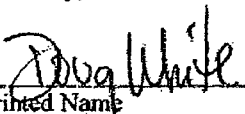
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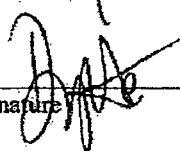
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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,



Printed Name



Signature

0436

R003790

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Beverly Turner
Printed Name

Beverly Turner
Signature

0437

R003791

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Regina Kastner
Printed Name

Regina Kastner
Signature

0438

R003792

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Wendy Strickland
Printed Name

Wendy Strickland
Signature

0439

R003793

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Michele Walker

Printed Name

Michele Walker

Signature

0440

R003794

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Donna Neeves

Printed Name

Donna Neeves

Signature

0441

R003795

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Joan Carroza
Printed Name

Joan Carroza
Signature

0442

R003796

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Cheryl Paul
Printed Name

Cheryl Paul
Signature

0443

R003797

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

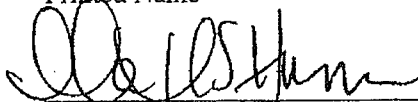
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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Maratha S. Hunn
Printed Name


Signature

0444

R003798

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Carol Ruscello

Printed Name

Carol Ruscello

Signature

0445

R003799

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Sally Deskins

Printed Name

Sally Deskins

Signature

0446

R003800

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Elizabeth Greene

Printed Name



Signature

0447

R003801

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

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I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Michael L. Chestnut
Printed Name


Signature

0448

R003802

Exhibit C-9

0450

R003803

Life is a gift. Live it well.®

Grand Strand
Regional Medical Center

RESOLUTION OF THE BOARD OF TRUSTEES

WHEREAS, Grand Strand Regional Medical Center has been providing health care services to the residents of Horry County since it opened in 1978, and

WHEREAS, Grand Strand Regional Medical Center recognizes that as its population continues to grow in its service area, the number of patients requiring oncology treatment will continue to increase; and

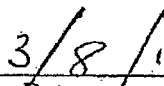
WHEREAS, Grand Strand Regional Medical Center recognizes the need for radiation oncology services to be provided at a location on or near the Grand Strand Regional Medical Center campus; and

WHEREAS, Grand Strand Regional Medical Center desires to expand an oncology service line by adding a fully dedicated linear accelerator to its services;

BE IT RESOLVED, that the Board of Trustees endorses the addition of a linear accelerator to be operated by Grand Strand Regional Medical Center.

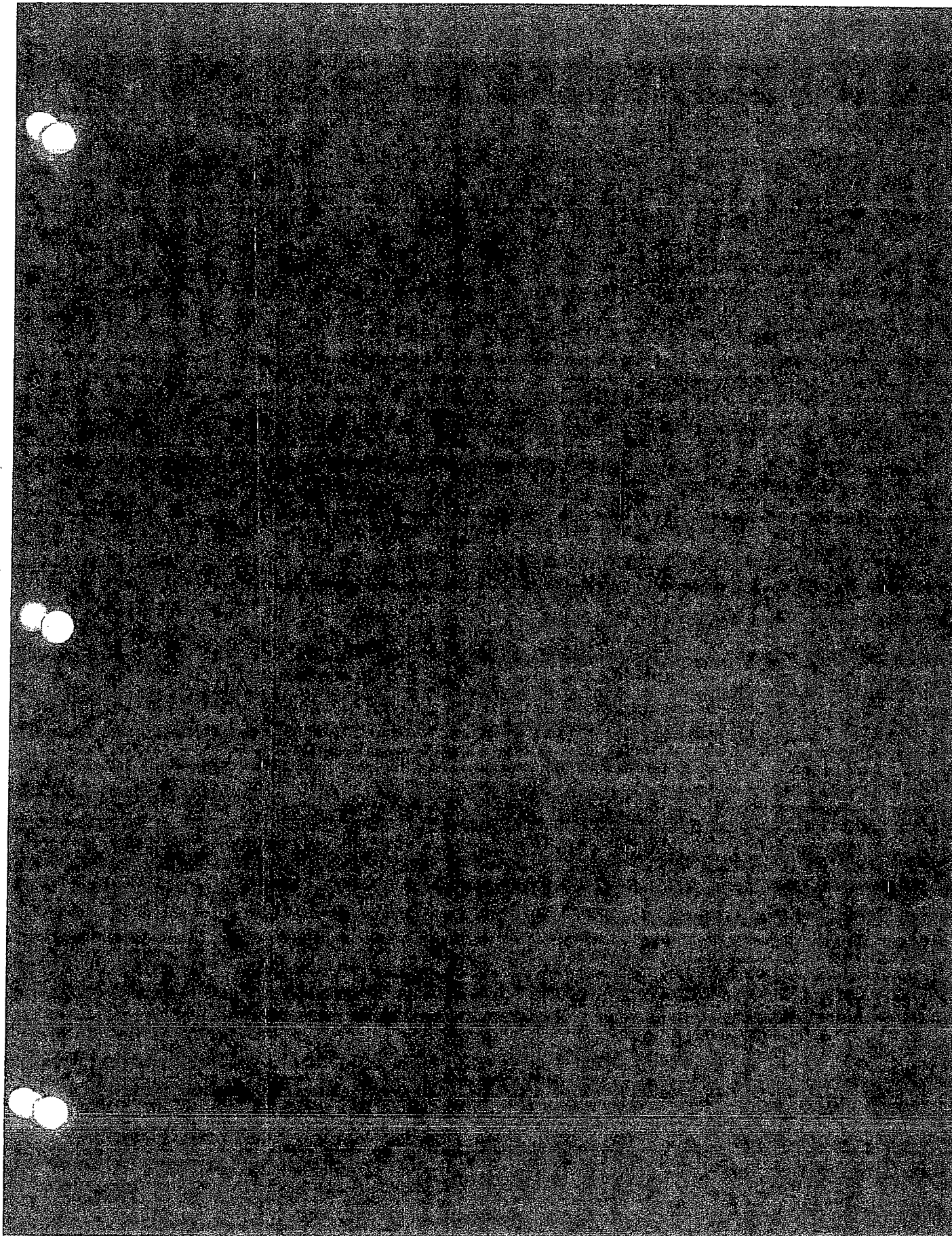


Daniel Rosner, MD
Chairman, Board of Trustees
Grand Strand Regional Medical Center



Date

0451



R003805



INVOICE FOR SERVICES

Bureau of Financial Management / Sims/Aycock Building
2600 Bull St, Columbia, South Carolina 29201

Invoice No.

PC08270-1

Invoice To:
GRAND STRAND REGIONAL MEDICAL CENTER
ATTN: DOUG WHITE CEO
809 82ND PKWY
MYRTLE BEACH, SC 29572-

Ship To:
S.C. DHEC
Attention: Bureau of Financial Management
2600 Bull Street
Columbia, South Carolina 29201

Date:
7/19/2011

Terms:
DUE UPON RECEIPT

Department Name
Planning and Programs

Order Filled By:
BRIGGSBW

Description of Services: GRAND STRAND REGIONAL MEDICAL CENTER - CON APPLICATION FOR THE ADDITION OF A LINEAR ACCELERATOR AND CT SIMULATOR.

Qty	Unit Description	Loc	Organ.	Fund	Account	Analytical	Unit Price	Amount
1	CK#001033 CON FILING FEE	400	402011	428015	4486701	0000000	\$500.00	\$500.00
Total:								\$500.00

Payment can be made by credit card by completing the below form or by visiting www.scdhec.com and clicking on Invoice Payment under the Quick Links.

Name as it appears on credit card

Telephone Number

Mailing Address

Master Card / Visa / Discover

Type of card (circle one)

Credit Card Number

Expiration Date

Signature

0452

Note: Make checks payable to South Carolina Department of Health and Environmental Control, remit to above address to the Attention of: Bureau of Financial Management

R003806

40 PARKWAY
MYRTLE BEACH, SC 29572

REMITTANCE ADVICE

AB700 07/01

00103

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
	07/13/2011	Initial CON Linear Accelerator			500.00

COMPLETE THIS AREA FOR PATIENT REFUNDS

Patient No.	Patient Name	Admission Date (MMDDYY)	Discharge Date (MMDDYY)

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW. IF WATERMARK IS NOT PRESENT, DO NOT NEGOTIATE THIS ITEM.

GRAND STRAND REGIONAL MEDICAL CENTER
809 82ND PARKWAY
MYRTLE BEACH, SC 29572

JUL 14 2011

00103

VOID IF NOT PRINTED ON A MULTICOLORED BACKGROUND OR WHITE PAPER

SUNTRUST BANK
NASHVILLE, TN
87-6/640

PAY

Five Hundred And No/100

VOID AFTER 90 DAYS

Date 7/13/2011

\$ 500.00

HE
IER
OF

SC DHEC
Bureau of Financial Management
2600 Bull Street
Columbia, SC 29201

Alma R. Mark
[Signature]

001033 064000046 7024502997

to: Barbara Briggs:

* Please email me the invoice # as soon as possible. Thanks, Jim

0453

R003807



William R. Thomas
Partner
Telephone: 803.253.8658
Direct Fax: 803.255.8017
willthomas@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

July 19, 2011

Via Hand Delivery

Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

JUL 19 2011

***Re: Grand Strand Regional Medical Center
Certificate of Need Application for the Addition of a Linear Accelerator and CT
Simulator
Myrtle Beach, South Carolina***

Dear Ms. Brandt:

Attached for filing with the Department please find an original and one copy of Grand Strand Regional Medical Center's Certificate of Need application for the addition of a linear accelerator and CT simulator at its facility in Myrtle Beach, South Carolina. Also enclosed please find Grand Strand's check in the amount of \$500 in satisfaction of the Department's filing fee.

Please also provide me with copies of any and all documents provided to or sent out from the Department in connection with this Certificate of Need application. Should you have questions or concerns, please do not hesitate to contact me.

Sincerely,



William R. Thomas

WRT/ccq
Attachments

cc: Mr. Doug White (w/encs.)

0454

PPAB 1847599v1

R003808

**APPLICATION FOR CERTIFICATE OF NEED
FOR A HEALTH FACILITY OR SERVICES**

Proposal Prepared By:

NAME: Doug White
TITLE: Chief Executive Officer
ORGANIZATION: Grand Strand Regional Medical Center
ADDRESS: 809 82nd Parkway
CITY: Myrtle Beach
STATE: South Carolina
ZIP CODE: 29572
TELEPHONE NUMBER: 843.692.1100

This Applicant hereby certifies that the information contained in this Application, including all assurances and attachments, are correct to the best of Applicant's knowledge and belief.

Signature: _____

Date: _____

Please copy all correspondence related to this application to:

William R. Thomas, Esquire
Parker Poe Adams & Bernstein LLP
PO Box 1509
Columbia, SC 29202

Daniel Sullivan
Sullivan Consulting Group
2090 Bethany Way
Alpharetta, GA 30004

0455

*Grand Strand Regional Medical Center
Linear Accelerator*

Page 1

R003809

PART D - ASSURANCES

- (1) That the applicant has or will have fee simple title or such other estate or interest in the site including necessary easements and rights-of-way., sufficient to assure use and possession for the purpose of the construction and operation of facility.
- (2) That approval by the department of the final drawings and specifications, which will be prepared by an architect and/or engineer legally registered under the laws of the State of South Carolina, will be obtained.
- (3) That the applicant will submit to the Department for prior approval, changes that substantially alter the scope of work, function, utilities, major items of equipment, safety or cost of the facility during construction.
- (4) That the applicant will cause the project to be completed in accordance with the Certificate of Need Application.
- (5) That the applicant will cause the project to be completed in accordance with approved plans and specifications by maintaining competent and adequate architectural and engineering services throughout the construction administration phase of the project. That, at the completion of the project, the architect of record shall be required to issue a statement that to the best of his knowledge and belief, based upon available records, supplemental documents and periodic observation of the work, the project was constructed according to those documents approved by the Department.
- (6) That the facility will be operated and maintained in accordance with the standards prescribed by law and regulations for the maintenance and operation of such facilities.
- (7) That the applicant understands that the Certificate of Need shall become void at the end of the specified time period from the date of issuance unless otherwise extended under Chapter 6 of these regulations.
- (8) That the Department or its authorized representatives may at any time during the course of construction and upon the completion of the project make an on-site inspection of the construction and equipment to check for compliance of the construction in accordance with the application for which the Certificate of Need was issued.
- (9) That the controlling interest in any health care facility shall not be sold or leased or otherwise disposed of without a Certificate of Need or exemption by the Department being received by the appropriate individual.

0456

- (10) That the applicant will notify the Department in writing that the contractual agreement has been completed. For a construction project, the letter shall indicate that a construction contract specifying the beginning and completion dates of the project, has been signed by both parties. For services projects, the letter should indicate that equipment purchase orders with estimated delivery dates have been properly negotiated.
- (11) That the applicant will notify the Department in writing of the date that a new or expanded service has been implemented, completed or terminated.
- (12) That the applicant will provide monthly progress reports and a final completion report which contain the information required by Section 607 of these regulations.

Grand Strand assures the Department that, to the extent applicable, it will act in accordance with the above requirements.

Signature

Regulate, CEO

Date

July 11, 2011

0457

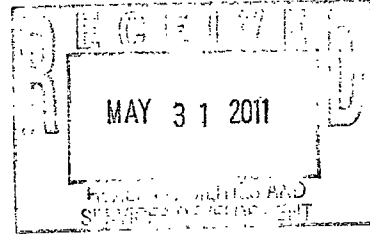
GASTROENTEROLOGY CONSULTANTS, LLC.

Zoltan J. Devenyi, M.D.

Board Certified

May 9, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201



Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration,

Sincerely,

Zoltan J. Devenyi, MD
Zjd/np

0458

J. Carlisle Hewitt, M.D., FACR, *Member Emeritus*

B. Ed Shelley, Jr., M.D., FACR

Richard J. Wunder, M.D.

ary L. Rike, M.D.

Scott J. Crane, M.D.

Paul J. Zdybel, M.D.

John J. Daly, M.D.

G. Scott Mencken, M.D.

J. Scott Lackey, M.D.



Carolina Radiology

A Higher Standard.

Russell L. Derrick, M.D.

Joshua B. Tew, M.D.

John M. Razook, M.D.

Brian J. Fortman, M.D.

Young S. Song, M.D.

Paul M. Kuperman, M.D.

Steven T. Pirttima, M.D.

Elizabeth A. Kelley, M.D.

Michael H. Brown, M.D.

April 26, 2011

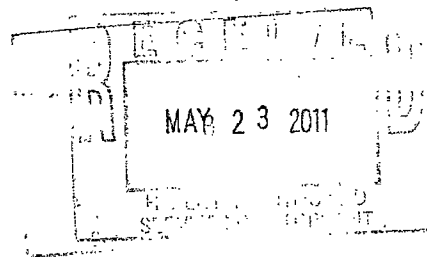
Ms. Beverly A. Brandt, Chief

Bureau of Health Facilities and Services

South Carolina DHEC

2600 Bull Street

Columbia, SC 29201



Dear Ms. Brandt:

The physicians of Carolina Radiology Associates, LLC support the certificate of need application of Grand Strand Regional Medical Center for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. We believe that the proposed project will increase patient access to critical radiation therapy services and will better serve the needs of our community.

We support the proposed linear accelerator and CT simulator project and urge you to approve this application.

Thank you for the consideration -

Richard J. Wunder, MD, CRA partner

and

Brian J. Fortman, MD, CRA partner

CRA Co-Medical Directors for Grand Strand Regional Medical Center

CORPORATE OFFICE:

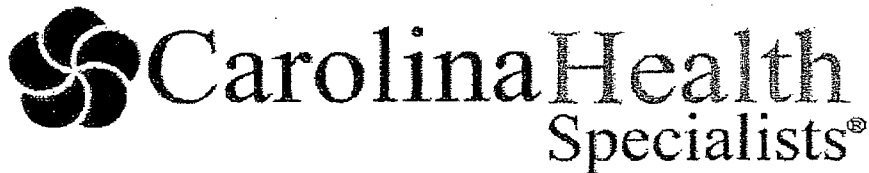
P.O. Box 1885, Myrtle Beach, SC 29578-1885 • (843) 692-0570 • Fax (843) 692-7641

BILLING OFFICE:

P.O. Box 51030, Myrtle Beach, SC 29579-51030 • (843) 467-2676 • Fax (843) 497-9566

0459

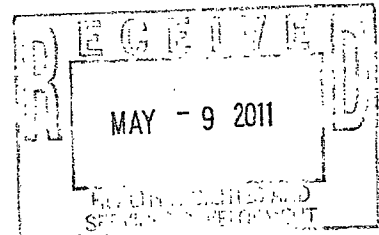
R003813



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201



Dear Ms. Brandt:

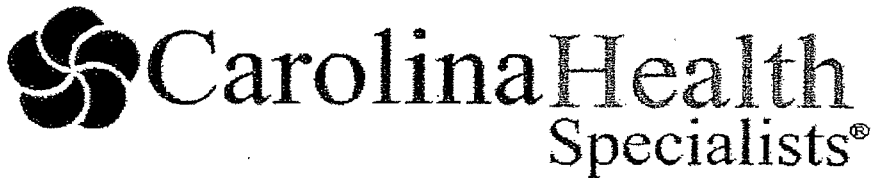
I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator projects. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

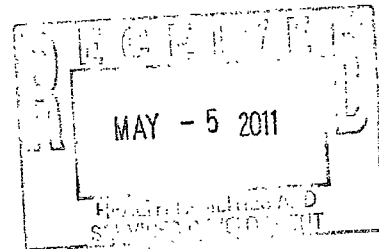

Pavel Stancut, M.D.



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201



Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator projects. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

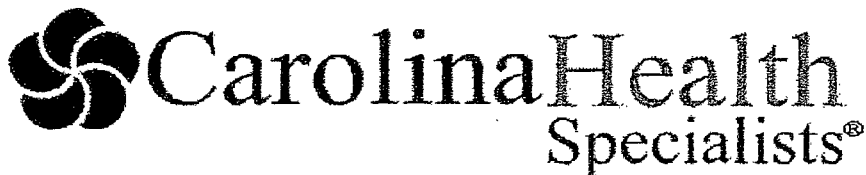
Sincerely,


Debby DeSalvo, D.O.

0461

Committed to Patient Care and Community Service

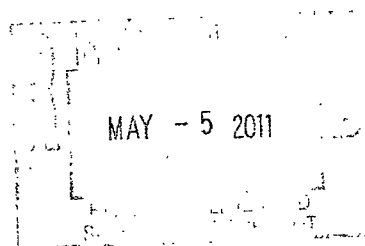
R003815



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 25, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201



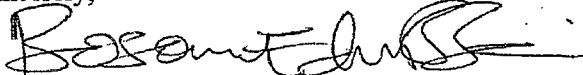
Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator projects. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

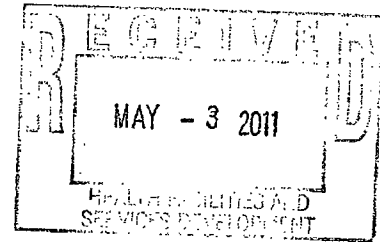
Sincerely,


Edward Botse-Baidoo, M.D.

0462

Committed to Patient Care and Community Service

R003816



April 29, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,



Steven Matzinger, MD

0463



Thomas A. Whitaker, M.D., F.A.C.S.
Diplomate of The American Board of Ophthalmology

Reuben R. Tipton, III, M.D., F.A.C.S.
Diplomate of The American Board of Ophthalmology

April 26, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

MAY - 2 2011

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

R. R. Tipton, III, M.D., F.A.C.S.

RRT/rmd

0464

J. Carlisle Hewitt, M.D., FACR, *Member Emeritus*

B. Ed Shelley, Jr., M.D., FACR

Richard J. Wunder, M.D.

Gary L. Rike, M.D.

Scott J. Crane, M.D.

Paul J. Zdybel, M.D.

John J. Daly, M.D.

G. Scott Mencken, M.D.

J. Scott Lackey, M.D.



Carolina Radiology

A Higher Standard.

Russell L. Derrick, M.D.

Joshua B. Tew, M.D.

John M. Razook, M.D.

Brian J. Fortman, M.D.

Young S. Song, M.D.

Paul M. Kuperman, M.D.

Steven T. Pirttima, M.D.

Elizabeth A. Kelley, M.D.

Michael H. Brown, M.D.

April 26, 2011

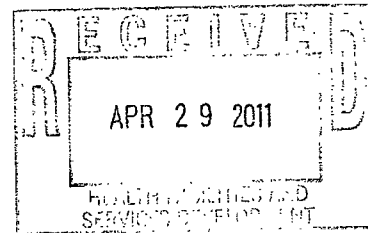
Ms. Beverly A. Brandt, Chief

Bureau of Health Facilities and Services

South Carolina DHEC

2600 Bull Street

Columbia, SC 29201



Dear Ms. Brandt:

The physicians of Carolina Radiology Associates, LLC support the certificate of need application of Grand Strand Regional Medical Center for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. We believe that the proposed project will increase patient access to critical radiation therapy services and will better serve the needs of our community.

We support the proposed linear accelerator and CT simulator project and urge you to approve this application.

Thank you for the consideration –

Russell L. Derrick, MD

CRA Chairman and Managing Partner

CORPORATE OFFICE:

P.O. Box 1885, Myrtle Beach, SC 29578-1885 • (843) 692-0570 • Fax (843) 692-7641

BILLING OFFICE:

P.O. Box 51030, Myrtle Beach, SC 29579-51030 • (843) 467-2676 • Fax (843) 497-9566

0465

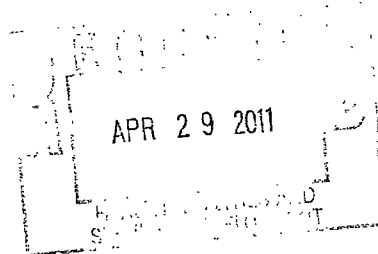
R003819



PAMELA DAVIS, RN, MSN
CHIEF EXECUTIVE OFFICER

LUIS D. INSIGNARES, M.D.
MEDICAL DIRECTOR

April 21, 2011



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Bill O'Connor, M.D.
Staff Physician

0466

4303 Live Oak Drive
Little River, SC 29566
843/249-3424
Fax 843/249-3891
Medical Only

7724 N. Kings Highway
Myrtle Beach, SC 29572
843/839-3939
Fax 843/839-3945
Medical & Dental

1240 Hwy 17 South
North Myrtle Beach, SC 29582
843/663-3300
Fax 843/663-3303
Dental Only

3817 Main Street
Loris, SC 29569
843-756-6809
Fax 843-756-6828
Medical Only

Administration • 287 Hwy. 90 East, Foxfire Plaza • Mail Only: P O Box 547 • Little River, SC 29566
843/663-1013 • Fax 843/663-1018

R003820



COASTAL EYE GROUP, PC

April 21, 2011

R.E. DEGHAMPLAIN, M.D.
*Cataract/General Ophthalmology
Laser Vision Correction*

FRANK K. SLOAN, JR., M.D.
Cataract/General Ophthalmology

GAIL M. ROYAL, M.D.
Cataract/General Ophthalmology

CAROLE M. YOUNG, M.D.
Cataract/General Ophthalmology

JOHN R. HAZELTON, M.D.
Medical and Surgical Glaucoma

CHARLES J. DOERING, M.D.
Medical and Surgical Retina

JENNIFER H. MERRITT, M.D.
*Cataract/General Ophthalmology
Laser Vision Correction*

WALTER A. MAYO, OD
General Optometry

yn Denny, OD
General Optometry

GEORGETOWN
P.O. Box 2900
1200 Highmarket St., Suite 200
Georgetown, SC 29442
843.546.8421 • 800.768.8421
Fax 843.546.1173

MURRELLS INLET
P.O. Box 1919
4055 Hwy. 17 South
Murrells Inlet, SC 29576
843.652.3937 • 888.357.3937
Fax 843.652.3939

MYRTLE BEACH
401 79th Ave N.
Myrtle Beach, SC 29572
843.449-7115 • 800.682.0836
Fax 843.497.2960

LITTLE RIVER
4237 River Hills
Suite 100
Little River, SC 29566
843.280.8779 • 877.628.2020
Fax 843.280.6669

LAKE CITY
Epps. Street
City, SC 29560
843.374.5487
Fax 843.374.7342

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

APR 29 2011

Dear Ms. Brandt:

I am writing to support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support the Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,


Frank K. Sloan, Jr., M.D.
Myrtle Beach Office

FKS/kr

0467



April 20, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

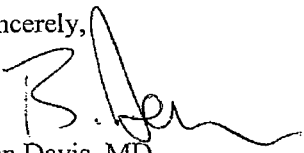
Dear Ms. Brandt:

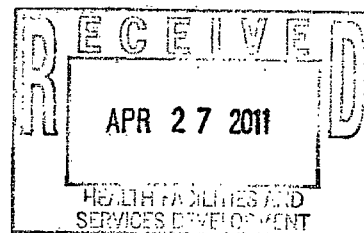
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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,


Ben Davis, MD



0468



April 20, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

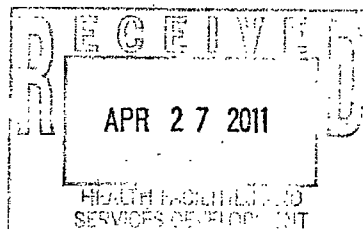
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Thank you for your consideration.

Sincerely,

J. Douglas Reid, III MD



0469

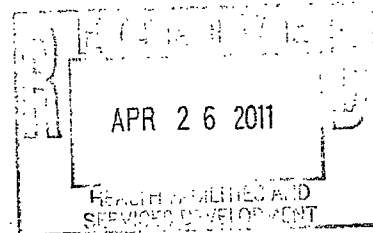
849 82ND PARKWAY • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.497.6348 • FACSIMILE: 843.497.6351 • WWW.GRANDSTRANDSURGICAL.COM

R003823



COASTAL EYE GROUP, PC

April 21, 2011



R.E. DECHAMPLAIN, M.D.
Cataract/General Ophthalmology
Laser Vision Correction

FRANK K. SLOAN, JR., M.D.
Cataract/General Ophthalmology

GAIL M. ROYAL, M.D.
Cataract/General Ophthalmology

CAROLE M. YOUNG, M.D.
Cataract/General Ophthalmology

JOHN R. HAZELTON, M.D.
Medical and Surgical Glaucoma

CHARLES J. DOERING, M.D.
Medical and Surgical Retina

JENNIFER H. MERRITT, M.D.
Cataract/General Ophthalmology
Laser Vision Correction

WALTER A. MAYO, OD
General Optometry

Wyn Denny, OD
General Optometry

GEORGETOWN
P.O. Box 2900
1200 Highmarket St., Suite 200
Georgetown, SC 29442
843.546.8421 • 800.768.8421
Fax 843.546.1173

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Fax 843.652.3939

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401 79th Ave N.
Myrtle Beach, SC 29572
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LITTLE RIVER
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Suite 100
Little River, SC 29566
843.280.8779 • 877.628.2020
Fax 843.280.6669

LAKE CITY
Epps Street
City, SC 29560
843.374.5487
Fax 843.374.7342

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I am writing to support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

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Thank you for your consideration.

Sincerely,

Gail M. Royal, M.D.
Myrtle Beach Office

GMR/kr

Dr. Mark H. Schecker
Allergist

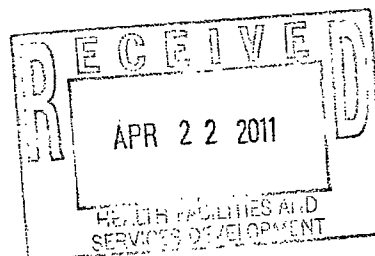


**Coastal Carolina Allergy & Asthma
Associates, P.C.**

Fellow American Academy of
Allergy, Asthma & Immunology

Fellow American College of
Allergy, Asthma & Immunology

April 20, 2011



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GRSMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

3516 Caduceus Drive • Myrtle Beach, SC 29588
Phone: (843) 293-0093 • Fax: (843) 293-0096
www.MyrtleBeachAllergist.com

0471

CARDIOLOGY / GASTROENTEROLOGY ASSOCIATES OF MYRTLE BEACH, P.A.
945 82ND PARKWAY, SUITE 3
MYRTLE BEACH, SC 29572
PHONE (843) 449-3381
FAX (843) 449-9721

CARDIOLOGY

NEIL W. TRASK, M.D., FACC, FACP
JOSEPH L. TRASK, M.D., FACC, FACP
MARK P. KARAVAN, M.D., FACC
JERRY E. WATSON, M.D., FACC, ESCAI
D. BOWEN TRULUCK, M.D., FACC
ANNE M. EVERMAN, M.D.
WILLIAM A. JACKSON, M.D. FACC
RANDALL N. GOODROE, M.D.
JIMMY L. KONTOS, M.D.
ROBERTA R. ALSWORTH, P.A.C
CHRISTY HAWKINS, P.A.C

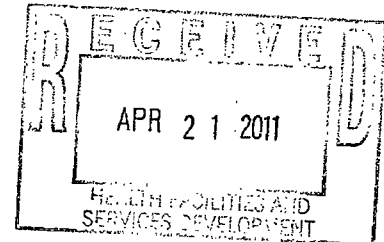
GASTROENTEROLOGY

J. R. THOMPSON, M.D.
GARY A. VUKOV, M.D.
TIMOTHY J. CORNNELL, M.D.
ANDREW N. PEARSON, M.D.
MECHAN MALONE, M.D.

OFFICE MANAGER

SHIRLEY PENDERGRASS

April 19, 2011



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street

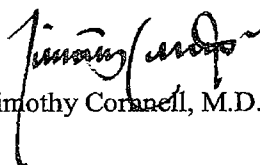
Dear Ms. Brandt:

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I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,


Timothy Cornell, M.D.

0472

R003826



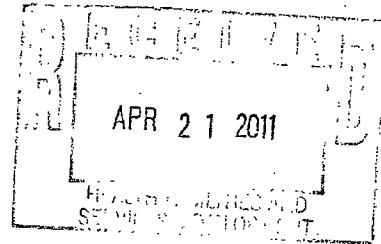
GRAND STRAND DERMATOLOGY

Robert S. Purvis, MD
Nathan P. Jones, MD
Christopher B. Skvarka, MD

3001 Newcastle Loop
Myrtle Beach, SC 29588-4502
Telephone: 843-215-1100
Fax: 843-215-1211

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201



Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

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Thank you for your consideration.

Sincerely,

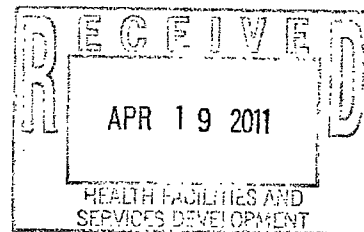
Robert S. Purvis, M.D.

0473

R003827

INLET MEDICAL ASSOCIATES, P.A.
FAMILY MEDICINE & CLINICAL RESEARCH

April 18, 2011



**INLET MEDICAL
SURGICAL CENTER**

912 INLET SQUARE DRIVE
POST OFFICE BOX 545
MURRELLS INLET, SC 29576

(843) 651-4111
(843) 651-1047 FAX
InletMed@aol.com

WM. JACKSON EPPERSON, MD, MBA
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN BOARD OF FAMILY PHYSICIANS

WILLIAM R. GAMMON, MD
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN BOARD OF FAMILY PHYSICIANS

KAREN MCCUTCHEON, MD
FAMILY MEDICINE

JOHN KARL, MD
FAMILY MEDICINE
AMERICAN BOARD OF FAMILY PHYSICIANS

INGER BELL, MSN, FNP-BC
FAMILY NURSE PRACTITIONER

RHONDA G. BROWN, MSN, FNP-BC
FAMILY NURSE PRACTITIONER

GAIL HANNA, MSN, FNP-BC
FAMILY NURSE PRACTITIONER

**CLINICAL RESEARCH
AUTHORITY, LLC**

KRISTY CHAMPION, MRC, CCRC
RESEARCH DIRECTOR

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "W. Epperson", written over a horizontal line.

William Jackson Epperson, MD MBA

WJE/tt

0474

R003828



William R. Thomas

Partner

Telephone: 803.253.8658

Direct Fax: 803.255.8017

willthomas@parkerpoe.com

Charleston, SC

Charlotte, NC

Columbia, SC

Myrtle Beach, SC

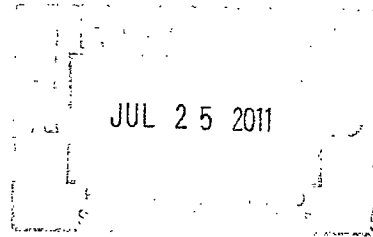
Raleigh, NC

Spartanburg, SC

July 25, 2011

Via Hand Delivery

Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204



***Re: Grand Strand Regional Medical Center
Certificate of Need Application for the Addition of a Linear Accelerator and CT
Simulator
Myrtle Beach, South Carolina***

Dear Ms. Brandt:

Enclosed please find Grand Strand Regional Medical Center check number 001034 in the amount of \$ 500.00 for the filing fee for the above-referenced matter. This is the same check that was filed with your office on July 19, 2011 and inadvertently sent back to Grand Strand Regional Medical Center (see attached file stamped copy of check).

Please do not hesitate to contact me if you need anything further.

Sincerely,

Will Thomas
William R. Thomas

WRT/
Enclosures

0475

PPAB 1850985v1

R003829

001034

[illegible]

COMPLETE THIS AREA FOR PATIENT REFUNDS
Patient No. _____

Patient No. _____

Patient Name

Admission Date (MMDDYY)

Discharge Date (MMDDYY)	

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW. IF WATERMARK IS NOT PRESENT, DO NOT NEGOTIATE THIS ITEM.

GRAND STRAND REGIONAL MEDICAL CENTER
809 82ND PARKWAY
MYRTLE BEACH, SC 29572

001034

VOID IF NOT PRINTED ON A MULTI-COLORED BACKGROUND ON WHITE PAPER

SUNTRUST BANK
NASHVILLE, TN
87-4/840

VOID AFTER 90 DAYS

Five Hundred And No/100

Date 07/15/2011

\$ 500.00

TO THE
ORDER

SC DHEC
Bureau of Financial Management
2600 Bull Street
Columbia, SC 29201

Richard L. Gresham
Jury Clerk

R003830

0476

July 29, 2011

AUG - 1 2011

Moore & Van Allen

Donald Bancroft Meyer
Attorney at Law

T 843 579 7010
F 843 579 8700
donaldmeyer@mvaialaw.com

Moore & Van Allen PLLC

Suite 300
40 Calhoun Street
Post Office Box 22828
Charleston, SC 29413-2828

VIA ELECTRONIC CORRESPONDENCE (brandtba@dhec.sc.gov)
ORIGINAL TO FOLLOW BY CERTIFIED MAIL,
RETURN RECEIPT REQUESTED

Beverly A. Brandt, MPH, Chief
Bureau of Health Facilities and Services Development
South Carolina Department of Health and Environmental Control
2600 Bull St.
Columbia, South Carolina 29201

Re: Certificate of Need Application ("CON") of Grand Strand Regional Medical Center, LLC ("Grand Strand Regional") for the Establishment of a Radiation Therapy Center on its Hospital Campus

Dear Ms. Brandt:

I am writing in reference to the above-referenced CON, which, according to public notice filed by Grand Strand Regional in the Sun News on July 13, 2011, has already been, or by August 2, 2011 will be, submitted to the South Carolina Department of Health and Environmental Control (the "Department").

I represent North Strand Radiation Oncology Center, LLC ("North Strand"), which, as you may know, has also filed a CON with the Department seeking also to develop a radiation therapy center in the same health service area as would be served by Grand Strand Regional pursuant to the CON identified above. Based on the foregoing, North Strand is an "affected person" as that term is defined in S.C. Code Ann. §44-7-130(1) and S.C. Regs. 61-15 §103.1; therefore, I am writing to notice the Department of same and to request on my client's behalf that I receive copies of all correspondence, notifications, proposed and final decisions, and advance notice of all meetings, conferences, presentations, discussions, hearings, and fora, as well as notice of any deadlines, timetables, schedules and any other information concerning the above-referenced CON in order that I may keep my client abreast of the status of this matter.

Thank you very much for your assistance. Please do not hesitate to telephone me should you have any questions concerning this matter.

Very truly yours,

Moore & Van Allen PLLC



Donald B. Meyer

DBM/JKL

Cc: Distribution List

CHARLESTON457761v1

0477

R003831



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

August 2, 2011

Donald B. Meyer, Esquire
Moore & VanAllen
PO Box 22828
Charleston, SC 29413-2828

RE: Request for "Affected Person" status for the construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Mr. Meyer:

This letter acknowledges the receipt of your request of July 29, 2011, for your client, North Strand Radiation Oncology Center, LLC, to be considered an "affected person" in regards to the above referenced applicable Certificate of Need Application. We will provide you with notification regarding this application in accordance with 24A S.C. Code Ann. Regs. 61-15 §305.1, Certification of Need for Health Facilities and Services (Supp. 2010) and S.C. Code Ann. §§ 44-7-210 (A) and (C) (2002 and Supp. 2010). This notification will consist of the "Complete" letter and the "Decision" letter. You will also be notified if a project review meeting is scheduled. Should you have any questions, please contact me at (803) 545-4200.

Sincerely,

Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development

Enclosure

cc: Doug White, CEO, Grand Strand Regional Medical Center
William R. Thomas, Esquire, Parker Poe

0478

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Health Regulation

2600 Bull Street • Columbia, SC 29201 • www.scdhec.gov

R003832



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment

Memorandum

Date: April 15, 2011

To: Regulated Community

From: Beverly A. Brandt, MPH, Chief
Bureau of Health Facilities and Services Development

Beverly Brandt

Subject: Correspondence provided to affected persons

Effective immediately, Bureau of Health Facilities and Services Development will only provide affected persons with a copy of the notification to the applicant that the application has been deemed complete ("Complete" letter), the date of project review meeting (if applicable), and a copy of the proposed decision to grant or deny the Certificate of Need ("Decision" letter). These notifications are provided in accordance with 24A S.C. Code Ann. Regs. 61-15 §305.1, Certification of Need for Health Facilities and Services (Supp. 2010) and S.C. Code Ann. § 44-7-210(C) (Supp. 2010). All other information related to a CON application may be obtained by filing a request with the Freedom of Information Center. Further information regarding the Center is available at: <http://www.dhec.sc.gov/administration/foi>.

File(s) may also be viewed by appointment. The Bureau of Health Facilities and Services Development may be contacted at (803)545-4200.

Thank you for your cooperation.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Health Regulation

2600 Bull Street • Columbia, SC 29201 • www.scdhec.gov

0479

R003833

July 29, 2011

Moore & Van Allen

Donald Bancroft Meyer
Attorney at Law

T 843 579 7010
F 843 579 8700
donaldmeyer@mvalaw.com

Moore & Van Allen PLLC

Suite 300
40 Calhoun Street
Post Office Box 22828
Charleston, SC 29413-2828

VIA ELECTRONIC CORRESPONDENCE (brandtba@dhec.sc.gov)
ORIGINAL TO FOLLOW BY CERTIFIED MAIL,
RETURN RECEIPT REQUESTED

Beverly A. Brandt, MPH, Chief
Bureau of Health Facilities and Services Development
South Carolina Department of Health and Environmental Control
2600 Bull St.
Columbia, South Carolina 29201

Re: Certificate of Need Application ("CON") of Grand Strand Regional Medical Center, LLC ("Grand Strand Regional") for the Establishment of a Radiation Therapy Center on its Hospital Campus

Dear Ms. Brandt:

I am writing in reference to the above-referenced CON, which, according to public notice filed by Grand Strand Regional in the Sun News on July 13, 2011, has already been, or by August 2, 2011 will be, submitted to the South Carolina Department of Health and Environmental Control (the "Department").

I represent North Strand Radiation Oncology Center, LLC ("North Strand"), which, as you may know, has also filed a CON with the Department seeking also to develop a radiation therapy center in the same health service area as would be served by Grand Strand Regional pursuant to the CON identified above. Based on the foregoing, North Strand is an "affected person" as that term is defined in S.C. Code Ann. §44-7-130(1) and S.C. Regs. 61-15 §103.1; therefore, I am writing to notice the Department of same and to request on my client's behalf that I receive copies of all correspondence, notifications, proposed and final decisions, and advance notice of all meetings, conferences, presentations, discussions, hearings, and fora, as well as notice of any deadlines, timetables, schedules and any other information concerning the above-referenced CON in order that I may keep my client abreast of the status of this matter.

Thank you very much for your assistance. Please do not hesitate to telephone me should you have any questions concerning this matter.

Very truly yours,

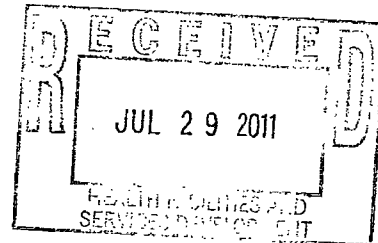
Moore & Van Allen PLLC



Donald B. Meyer

DBM/JKL

Cc: Distribution List



0480

CHARLESTON457761v1

R003834

ncvd

7/28/11

Con

D H E C

1107203 FOI

Fwd:

Hamm, Jody <hammjm@dhec.sc.gov>

----- Forwarded message -----

From: Doug Bryant <bryantco@sc.rr.com>

Date: Mon, Jul 25, 2011 at 11:23 AM

Subject:

To: hammjm@dhec.sc.gov

Cc: Sallie Harrell <sharrelsc@dhec.sc.gov>, Beverly Brandt <

BRANDTBA@dhec.sc.gov>

Jody, ----

One last request. I would like a copy of the Grand Strand Regional Hospital CON for a linear accelerator. The application was filed last week. Please let me know if you need any additional information. I will be glad to pick up the copy at either the Heritage building or your office. My contact information is 260-1773. ----

On a more personal note, I hope all is going well as you approach retirement. You will be missed. You are a tremendous public servant and given help to so many folks over the years. People like you with commitment and caring do not come along every day. I'm glad I had the opportunity to work with you. The experience has made my life better. --

Thanks Doug----

The Pickens County
Fax 408
4016

RECEIVED

JUL 26 2011

Freedom of
Information Office

TO : CON
7/28/11
Con

0481

ncvd
7/27/11
com

copied
8/2/11
com

1107195

Platt HMC, Inc.

Health Management Consulting

881 Piedmont Avenue NE, Atlanta, Georgia 30328

Phone: (404) 725-1874 • Fax: (404) 725-1875

July 18, 2011

Mr. Jody Hamm, Director
Freedom of Information Center
SC Dept of Health & Environmental Control
2606 Bull Street
Columbia, SC 29201

Dear Mr. Hamm:

Pursuant to the Freedom of Information Act, I am requesting a copy of the CON application for the following project:

Grand Strand Regional Medical Center (Myrtle Beach, SC) - Establishment of a radiation therapy center on the hospital campus consisting of a 9,520sf addition to the main hospital

I would like to pick up the copies from the Heritage Building (1777 St. Julian Place) when they are ready. Please call me at (803) 787-3147 when the copies are available for pick up. In addition, please send the invoice(s) for these copies to the address below.

Sincerely,

Victoria R. Tibshirany

Victoria R. Tibshirany
1432 Berkeley Road
Columbia, SC 29205

RECEIVED

JUL 26 2011
Freedom of
Information Office

TO: CON
7/28/11
com

0482

R003836



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

August 16, 2011

Doug White, CEO
Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572

RE: Construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina

Dear Mr. White:

This is to acknowledge acceptance of your application for the above referenced project on July 19, 2011. As a result of this Department's review of the application, we find the following additional information is needed prior to the application being considered complete as required by Section 302 of Regulation No. 61-15.

1. Please update 9-F from the Part A Questionnaire to indicate the anticipated beginning date of construction for the proposed project.
2. It was noted there are numerous pages, such as the Varian quote and equipment lists, that are two-sided. Section 202 from R.61-15 requires applications to be one side only. Please resubmit as applicable.
3. Please provide verification of construction cost estimates from a licensed architect or engineer.
4. Please indicate if the proposed facility will have a separate outside entrance or if the only entrance will be from within the hospital area.
5. For B-11, please indicate how many patients and treatments are projected to be redirected from Carolina Regional Cancer Center to Grand Strand Regional Medical Center.
6. For B-11, please provide projected patient volumes by zip code from the proposed primary and secondary service areas (in South Carolina only).
7. For B-16, please provide a line item for income taxes. Explain why there are no interest expenses. Please confirm no inpatients are proposed to be treated. Please confirm if all figures are for thousands of dollars.
8. For the Certificate of Need Standards for Radiotherapy, item B on page 21, and page 31, please provide further justification for the proposed capacity of 5000 treatments annually. Please provide the proposed number of IMRT/IGRT treatments vs. conventional treatments.

0483

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Health Regulation

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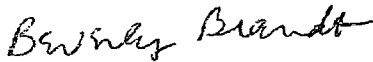
R003837

Mr. White
August 16, 2011
Page 2

9. Please provide a copy of the Board minutes approving the proposed project.

Please provide the requested additional information to this office within thirty (30) days of the date of this request. Pursuant to Section 302 of Regulation No. 61-15, Certification of Need for Health Facilities and Services, this application will be considered withdrawn if additional information has not been received by **September 15, 2011**. Should you have any questions, please contact me at (803) 545-4200.

Sincerely,



Beverly Brandt, Chief
Bureau of Health Facilities and Services Development

cc: William R. Thomas, Parker Poe

0484

R003838

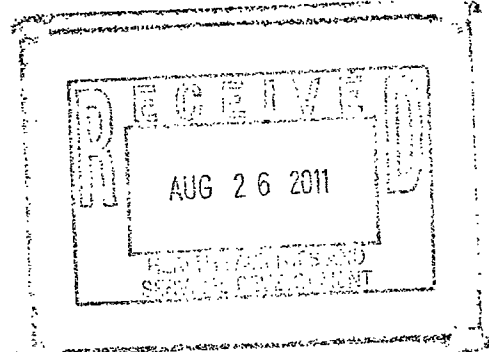


William R. Thomas
Partner
Telephone: 803.253.8658
Direct Fax: 803.255.8017
willthomas@parkerpoe.com

Charleston, SC
Charlotte, NC
Columbia, SC
Myrtle Beach, SC
Raleigh, NC
Spartanburg, SC

August 26, 2011

Via Hand Delivery
Ms. Beverly Brandt, Chief
Bureau of Health Facilities and
Services Department
SC DHEC
1777 St. Julian Place, Ste. 201
Columbia, SC 29201



**Re: *Addition of a Linear Accelerator and CT Simulator,
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina***

Dear Ms. Brandt:

We have been asked to submit the following information on behalf of Grand Strand Regional Medical Center (GSRMC) in response to your August 16, 2011, letter requesting additional information for the above-referenced Certificate of Need application:

1. Please update 9-F from the Part A Questionnaire to indicate the anticipated beginning date of construction for the proposed project.

RESPONSE: The Part A Questionnaire of the Application has been corrected to reflect "October 2012" as the anticipated date of beginning construction. Accordingly, please see replacement page 4, attached hereto as **Exhibit 1.**

2. It was noted there are numerous pages, such as the Varian quote and equipment lists, that are two-sided. Section 202 from R.61-15 requires applications to be one side only. Please resubmit as applicable.

RESPONSE: All two-sided pages have been recopied to be one-sided and are attached hereto at **Exhibit 2.**

3. Please provide verification of construction cost estimates from a licensed architect or engineer.

RESPONSE: Please see the project construction cost estimate signed by the licensed project engineer, attached hereto at **Exhibit 3.**

0485

PPAB 1861450v1

R003839

PARKER POE ADAMS & BERNSTEIN LLP

Ms. Beverly Brandt, Chief
August 26, 2011
Page 2

4. Please indicate if the proposed facility will have a separate outside entrance or if the only entrance will be from within the hospital area.

RESPONSE: The facility will have a separate outside entrance into the waiting area, which will be the primary point of access for patients.

5. For B-11, please indicate how many patients and treatments are projected to be redirected from Carolina Regional Cancer Center to Grand Strand Regional Medical Center.

RESPONSE: Please see Exhibit 4, which is letter from the project health planner, Dan Sullivan.

6. For B-11, please provide projected patient volumes by zip code from the proposed primary and secondary service areas (in South Carolina only).

RESPONSE: Please see Mr. Sullivan's letter at Exhibit 4.

7. For B-16, please provide a line item for income taxes. Explain why there are no interest expenses. Please confirm no inpatients are proposed to be treated. Please confirm if all figures are for thousands of dollars.

RESPONSE: Exhibit 5 contains the revised budgets which include a line item for income taxes and interests. These items were not included in the initial budgets because the initial budgets were EBITDA budgets. Inpatients will be treated only in rare cases and as such, there were no projections or assumptions made, nor any revenues allocated to inpatients. All figures are for thousands of dollars.

8. For the Certificate of Need Standards for Radiotherapy, item B on page 21, and page 31, please provide further justification for the proposed capacity of 5000 treatments annually. Please provide the proposed number of IMRT/IGRT treatments vs. conventional treatments.

RESPONSE: Please see Mr. Sullivan's letter at Exhibit 4.

9. Please provide a copy of the Board minutes approving the proposed project.

RESPONSE: Please see the minutes attached at Exhibit 6.

0486

PPAB 1861450v1

R003840

PARKER POE ADAMS & BERNSTEIN LLP

Ms. Beverly Brandt, Chief
August 26, 2011
Page 3

We hope the information set forth above is responsive to your August 16th request. If you need any further information or clarification, please do not hesitate to contact me.

Sincerely,



William R. Thomas

WRT/ccq
Enclosures

cc: Mr. Doug White

0487

PPAB 1861450v1

R003841

PART A QUESTIONNAIRE (Page 3)	
9. Construction and Site	
A. Type of Construction: Construction of a freestanding facility located on the hospital's campus	B. Number of Buildings: Two
	C. Number of Stories: Three
D. Size of the Site in Acres: 27 Acres	E. Square Footage of Facility: Existing Facility: 285,000 sf New 50 Bed Tower: 62,000 sf Facility attached to main Hospital: 9,519 SF
F. Anticipated Date of Beginning Construction: October 2012	G. Anticipated Date of Licensing or Project Completion: June 2013
10. Zoning of Construction Site: M-1	
11. Costs (Provided Estimated Cost Statement from Either the Architect or Engineer)	
A. Land Cost: N/A	B. Construction Cost: \$4,003,460
C. Architect's Fee: \$249,956	D. Equipment Costs: \$4,341,096
E. Financing Cost During Construction: \$225,488	
F. Other Costs: \$968,625 (see B-3)	G. Total Project Cost: \$9,788,625
H. Construction and Equipment Cost: \$8,344,556	
1) Per Square Foot: \$876.62	
2) Per Bed: N/A	



Quotation

YXB20110519-001B

Page: 1

Quotation For:

Adam Rudd
Grand Strand Regional Medical
809 82nd Parkway
Myrtle Beach, SC 29572
(843) 340 - 5532

Please address inquiries and replies to:

Yoel Bakas
Varian Medical Systems
2250 Newmarket Parkway
Suite 120
Marietta, GA 30067
(770) 955 - 1367 FAX: (678) 255 - 3860
yoel.bakas@varian.com

Your Reference:	Quotation Firm Until: September 15, 2011
FOB Point: US2 FOB: Destination	Shipping Allocation: 120 DAYS ARO
Payment Terms: 10%/85%/5%	Varian Terms and Conditions of Sale 1652T Attached

**Clinac iX
Accessories for Section 1 - iX Package
ARIA Oncology Information System Radiation Oncology
Eclipse Treatment Planning System**

Grand Strand Regional Medical Quotation Total of: USD \$2,812,533 Accepted by: Signature: _____ Name: _____ Title: _____ Date: _____ For this purchase, we designate <u>HPG</u> as our Institution's Primary Group Purchasing Organization affiliation. Any change will be indicated below: ☐ AmeriNet ☐ Aptium ☐ BJC ☐ Broadlane ☐ CHW ☐ Consorta/HPG ☐ KP Select ☐ Magnet ☐ Matrix ☐ MedAssets ☐ Novation ☐ Premier ☐ ROI ☐ USO ☐ VA Gov ☐ None	Varian Medical Systems Submitted by: _____ (Signature) Name: Yoel Bakas Title: District Manager Date: June 29, 2011

This document is confidential and intended solely for the information and benefit of the immediate recipient and Varian

0489

R003843

Item	Qty	Product Description	Offer Price
Section 1 Clinac iX			

1.01 1 iX Package

1.02 1 High Energy Clinac iX
High energy Clinac iX

High performance foundation for image-guided radiotherapy.

Standard features include:

Fine beam performance per RAD 9510
Dual independent collimators
Dynamic arc photon treatment
Accessory System, including
Accessory Mount
Mechanical front pointer (holder and 4 rods)
Electron beam shaping kit (per RAD 2045)
Ergonomic command center
Digital gantry display
Port film graticule
Standard spare parts
Product manuals
One (1) year full warranty
Installation

(Standard ground floor rigging is included with installation. Any required use of cranes, shoring of floors, removal of any walls/doors, etc. that may be necessary for rigging the machine to its final location is the responsibility of the customer)

1.03 1 INCL ED: Clinac Ops

- Includes Tuition and Materials for ONE person.
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals), unless otherwise stated.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

EDUCATION: Clinac Operations:

Clinac Operations is a course designed for those personnel responsible for the routine operation and/or supervision of the daily clinical use of the Clinac. It is directed primarily towards Radiation Therapists and Radiation Oncologists. It is recommended that students attend the Clinac Operations course shortly before clinical use and patient's treatments commence.

Course provides a general overview of the machine concepts, familiarity with controls and features and an understanding of the interlock matrix. The emphasis throughout the course is to present the subject matter from a clinical use perspective, however the primary emphasis is not on the day-to-day console programming, but rather an overall understanding of the Clinac function and operation. Extensive hands-on laboratory exercises are included.

This document is confidential and intended solely for the information and benefit of the immediate recipient and Varian

0490

Item	Qty	Product Description	Offer Price

Prerequisites: None

For detailed course information and on-line registration, visit the Varian website at <http://www.varian.com/otm/index.html>.

1.04 1 STD TRNG: Clinac IX Ops

Training is included with the purchase of Varian accelerator. Training plan details will be provided by the training management team as part of your product implementation process.

1.05 1 INCL ED: Clinac Support

- Includes Tuition and Materials for ONE person.
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals), unless otherwise stated.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

Clinac Support is a course designed for those personnel responsible for the equipment maintenance. It is directed primarily towards Physicists and Biomedical Engineers, however it may be appropriate for Dosimetrists and/or Radiation Therapists who have a background in electronics.

Course acquaints and familiarizes the student with the general accelerator function, operation and routine support. Provides a basic understanding of the machine concepts and day-to-day maintenance while also providing a working vocabulary for communication with service personnel.

Prerequisites: None

For detailed course information and on-line registration, visit the Varian website at

<http://www.varian.com/otm/index.html>

1.06 1 Dual Photon Energy: 6/23 MV
Two Photon Energies as defined by BJR 17

1.07 1 Display of Photon Energy: BJR11
Photon energies are displayed as defined by BJR11.

6/16MV is displayed as 6/15MV.
6/23MV is displayed as 6/18MV.
6/25MV is displayed as 6/20MV.

1.08 1 Photon Dose Rate: 600 MU/Min
Photon dose rate (6-25MV): 100, 200, 300, 400, 500 and 600MU/min



VARIAN
medical systems

Quotation

YXB20110519-001B

Page: 4

Grand Strand Regional Medical, Myrtle Beach, SC

Item	Qty	Product Description	Offer Price
1.09	1	5 Electrons; Grp 3: 6,9,12,16,20 MeV 6, 9, 12, 16, 20 MeV	
1.10	1	Electron Dose Rate: 1000 MU/Min Maximum Electron Dose Rate (4-22MeV): 100, 200, 300, 400, 500, 600 and 1000MU/min	
1.11	1	Size of Electron Applicators: 6cm x 6cm Size of electron applicators (cm): 6x6, 10x10, 15x15, 20x20, 25x25	
1.12	1	Upper Wedges: 30cm x 40cm 15, and 30 degree wedges with a maximum field size of 30 cm x 40 cm, 45 degree wedge with a maximum field size of 20 cm x 40 cm, 60 degree wedge with a maximum field size of 15 cm x 40 cm.	
1.13	1	Energy of Spec Electron Procedures: 6MeV	
1.14	1	Scale Convention: IEC1217 Scale convention per IEC Publication 60601-2-1, 2nd Edition, 1998	
1.15	1	Counterweight	
1.16	1	Three Place Breakdown	
1.17	1	New Universal Baseframe 52" Fixed Floor	
1.18	1	Exact Couch with IGRT Couch Top The Exact IGRT Couch Top is designed specifically to facilitate state-of-the-art image-guided radiation therapy (IGRT) treatments. The couch which replaces the standard Exact® couch top has been designed for ultra-precise imaging and patient positioning. Manufactured from robust carbon fiber, the Exact IGRT Couch top is free of metal or other obstructions that can obscure the imaging process, thereby reducing artifacts in advanced IGRT imaging techniques such as Cone-Beam CT.	

FEATURES:

- Robust, Advanced, carbon fiber composite construction optimized for IMRT & IGRT.
- Clinically usable section of 120.0 cm, free of image artifact creating materials.
- More rigid than IEC deflection standards supporting patients up to 500 lbs (227 kg).
- Fully compatible with existing Indexed Immobilization® accessories for accurate patient positioning.
- Head-end hook for attaching accessories such as SRS head frames.
- Emergency off buttons on both sides of couch.
- Grab handles for easy manual motion.

NOTES

- For use with all current Clinac, Trilogy, and Acuity systems.
- Identical couch for simulation and treatment aids in duplicating patient setup.

This document is confidential and intended solely for the information and benefit of the immediate recipient and Varian

0492

R003846

Item	Qty	Product Description	Offer Price
		- Available as an easy upgrade for the Exact couch (replace couch top only). - Automated repositioning without re-entering the vault. - Side panel controls to adjust all couch motions. - Switches for wall and back-pointer lasers, as well as room, field and range-finder lights.	
1.19	1	20" LCD Monitor 20" LCD Monitor	
1.20	1	Millennium MLC, 120 Leaf 120 Leaf Millennium Multileaf Collimator System includes: -Controller -Multileaf Collimator Accessory System (Provided in lieu of non-MLC Accessory System) including -Accessory Mount (65.4cm Source to Tray Distance Only) -Compensator Mount, ONE (1) Upper compensator tray -Mechanical front pointer (holder and 4 rods) -Electron applicators, one of each: 6x6 or 6x10, 10x10, 15x15, 20x20, 25x25 -Electron beam shaping kit (per RAD 2045) -TEN (10) Lower Compensator trays -Upper Bi-directional Wedge Sets (20 cm or 30cm) OTHER: MLC Standard Spare Parts Kit Product Manuals Installation ONE (1) year full warranty	
1.21	1	Large Field IMRT Large Field IMRT allows multiple-carriage-move fields to be easily delivered to the patient more efficiently, to reduce treatment times. LFIMRT delivers large IMRT fields, consisting of two to three total carriage moves, with a single press of the Beam On button on the Clinac control keyboard, at a single gantry angle. If the Clinac is equipped with a PortalVision MV imager, whenever the radiation field fits entirely within the MV imaging panel, LFIMRT makes it possible to acquire an Open field image of the anatomic area surrounding the entire CIAO, subject to the limitations of the full area of the MV imager. Includes Maximum Programmable MU option, which increases the maximum number of MU which can be associated and delivered for a single Field (or subfield) of a non-RapidArc Plan, up to 1999 MU. Maximum Programmable MU for non-RapidArc plans increases the continuously deliverable beam doses for LRIMRT, IMRT, and FixedX fields. Prerequisites: - C-Series software release 7.9 (minimum) - HD-MLC or Millennium MLC (80 or 120 leaf) with: - Millennium MLC software release V7.1 for HD-MLC (minimum) OR Millennium MLC Software release V7.2 for Millennium MLC (Minimum) AND Advanced Dynamic MLC (DMLC) option - Auto Field Sequencing (AFS) - 4DITC software release 8.1 (minimum) or 8.6 (minimum, if Advanced Imaging or	

Item	Qty	Product Description	Offer Price

RapidARC are present)

- Information system software:

-ARIA information system software release 8.1 (minimum) OR

- Third-party patient information management system supporting Clinac Jaw & MLC Positions for each control point, when it manages the plan data and communicates with 3rd party Treatment Planning System and 4D Integrated Treatment Console via DICOM RT.

- Treatment planning software:

-Eclipse treatment planning software release 8.1 (minimum) OR

- Third-party treatment planning system supporting Clinac Jaw & MLC Positions for each control point in IMRT planning and data transfer to the patient information management system.

1.22 1 20" LCD Monitor
20" LCD Monitor

1.23 1 PortalVision: aS500 II

PortalVision aS500-II uses amorphous silicon imaging technology to offer high performance, high resolution, high contrast images with the MV treatment beam using less dose to the patient. This aids in immediate and confident setup verification for both simple and complex treatments including IMRT. High-resolution images allow the treatment field edges and included anatomy and surrogate targets to be more easily viewed. Systematic errors may be calculated and later eliminated or reduced, which in turn helps to speed the delivery and improve the accuracy of conformal and IMRT treatment delivery. PortalVision may also be used for pre-treatment QA of IMRT plans using optional software. The aS500-II imaging system, used for IMRT integrated imaging, can be used at higher dose rates with greater resistance to saturation than the aS500 imaging system. PortalVision aS500-II for 4D Integrated Treatment Console

PortalVision with 4DITC v8.8 or later

PortalVision™ Advanced Imaging combines imaging systems with sophisticated software tools to enable patient repositioning using megavoltage (MV) images. PortalVision Advanced Imaging employs amorphous silicon imagers mounted on 3 axis control robotic arms, along with optional remote arm motions and the remote couch motions of Clinac® IX accelerators, PortalVision Advanced Imaging brings sophisticated IGRT capabilities to the MV imaging environment.

PortalVision Advanced Imaging enables patient position verification before treatment delivery and verification of treatment field size and shape, via image registration and match verification software tools to acquire and quantitatively analyze MV images. A second monitor is added to the 4D Treatment Console - where MV images of patient anatomy are acquired and matched with their corresponding Digitally Reconstructed Radiographs DRRs to assess the accuracy of patient setup quantitatively. Auto match and manual match capabilities are available, as are match verification tools such as spyglass window, split window, and color blending. Corrections can be made to the patient position by going into the treatment room. After treatment, images are automatically saved for offline review by the physicians.

Used with the optional MV Repositioning remote keyboard and software, couch

Item	Qty	Product Description	Offer Price

corrections may be electronically transferred and shifted without entering the treatment room. The MV Repositioning option also adds 2D 3D Marker Match capabilities for target fiducial matching.

Description:

- + Image acquisition task includes: image acquisition before, during, or after treatment beam
- + Online and Offline Review software provides image enhancement and analysis tools for PortalVision images; automated matching tools for treatment setup verification; image approval; archive/restore and system administration capabilities
- + Compatible with Varian network and database

License:

- + PortalVision acquisition and review capability
- + ARIA Offline Review or Vision Image Manager license for ONE (1) concurrent user

Prerequisites:

- Trilogy Image-Guided accelerator or Clinac accelerator
- If networked in a Varian network, network must be ARIA or Vision version 6.5 or higher
- PortalVision aS500-II requires presence of MLC

Hardware:

- + IAS3 High performance Image Acquisition H/W
- + Image detector unit:
- + 512 x 384 Amorphous Silicon detector
- + 400 x 300 mm active imaging area
- + Amplifier, switching and console electronics
- + Retractable robotic arm with motorized vertical, longitudinal, and lateral movements to hold and position detector; IR hand pendant

1.24 1 Portal Vision for 4DITC
4DITC PortalVision for Varian networks

Description:

- + Image acquisition task includes: image acquisition before, during, or after treatment beam
- + Online and Offline Review software provides image enhancement and analysis tools for PortalVision images; automated matching tools for treatment setup verification; image approval; archive/restore and system administration capabilities
- + Compatible with Varian network and database

License:

- + PortalVision acquisition and review capability
- + ARIA Offline Review or Vision Image Manager license for ONE (1) concurrent user

Prerequisites:

- Trilogy Image-Guided accelerator or Clinac accelerator
- If networked in a Varian network, network must be ARIA or Vision version 6.5 or



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Item	Qty	Product Description	Offer Price

higher

1.25 1 On-Board Imager

On-Board Imager

Provides high-quality KV Images in the treatment room for target localization, patient positioning and motion management.

The following Image acquisition modes are included:

1. Radiographic 2D images
2. Fluoroscopic images
3. Gated radiographic images

The following clinical software capabilities are included:

1. Online setup correction based on two kV radiographs, a kV and a MV radiograph or two gated kV radiographs
2. Automated and manual alignment of a pair of radiographs to their reference images
3. Online setup correction based on radio-opaque markers
4. Pre-treatment verification of gated treatment portals using kV fluoroscopy

The following hardware is included:

1. Two motorized Exact robotic arms to hold and position the kV source and KV imager, controlled by infrared hand pendant
2. X-Ray source
 - a. 40-125 kVp; 2-250 ms @ 80 mA
 - b. Housing cooling 2000 W @ maximum dissipation; Anode cooling 2000 W @ 100% anode heat and 1000 W @ 80% anode heat
 - c. ~20 Standard dose CBCT scans per hour; ~100 low dose CBCT scans per hour
3. Image Detector
 - a. amorphous silicon device with 400 x 300mm active imaging area
4. On-Board Imager workstation and dedicated keyboard

Prerequisites:

- A. PortalVision with Exact Arm
- B. Varian Information system or compatible 3rd-party Information System
- C. RPM Respiratory Gating System (for gated image applications)
- D. To enable MarkerMatch and CBCT functionality when using Varis Vision as the information system, either...
 - i. Eclipse Treatment Planning is required, or
 - ii. DICOM Translator for Third Party TPS is required when the customer uses third party TPS.

Eclipse Treatment Planning or DICOM Translator for Third Party TPS are NOT pre-requisites if the customer has ARIA or compatible 3rd party information system.

- E. Remote Couch Motion

Optional image acquisition modes:

1. Cone beam CT 3D images

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Item	Qty	Product Description	Offer Price

1.26 1 INCL ED: OBI Physicist

- Includes Tuition and Materials for ONE person.
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals), unless otherwise stated.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

The course provides the initial training for the individual responsible for the implementation and departmental training of the OBI system. Course provides an overview of OBI system Clinac communication and verification system and basic OBI maintenance procedures – specifically designed for Physicists.

Course provides hands-on training on how to prepare for treatment utilizing the OBI system, acquisition of kV and mV images, performing marker match using Eclipse 3D image sets, and using the RPM system with OBI and CBCT.

Prerequisites:

- Experienced users of the Varian Clinac
- VARiS Vision, version 6.5+
- PortalVision
- RPM Respiratory Gating course - for RPM users
- Working knowledge of Eclipse for OBI Marker Match

Course details and registration are available at <http://www.varian.com/index.html>.

1.27 1 INCL ED: OBI RT

- Includes Tuition and Materials for ONE person.
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals), unless otherwise stated.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

The course provides the initial training for the individual responsible for the implementation and departmental training of the OBI system. Course provides an overview of OBI system Clinac communication and verification system – specifically designed for Therapists.

Course provides hands-on training on how to prepare for treatment utilizing the OBI system, acquisition of kV and mV images, performing marker match using Eclipse 3D image sets, and using the RPM system with OBI and CBCT.

Prerequisites:

- Experienced users of the Varian Clinac
- VARiS Vision, version 6.5+
- PortalVision
- RPM Respiratory Gating course - for RPM users
- Working knowledge of Eclipse for OBI Marker Match

Course details and registration are available at <http://www.varian.com/index.html>.

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Item	Qty	Product Description	Offer Price
1.28	1	STD TRNG: OBI Training is included with the purchase of On-Board Imager. Training plan details will be provided by the training management team as part of your product implementation process.	
1.29	1	Cone Beam CT for On-Board Imager FEATURES: Cone-beam CT acquires a volumetric CT dataset, while the patient is on the treatment couch, and allows the patient to be repositioned - by comparing the locations of soft-tissue and bony anatomy visible in the cone-beam CT images with the locations of the same anatomy in the planning (reference) CT images. INCLUDED: Hardware and software to acquire and reconstruct 3D volumetric datasets and match these with reference 3D CT images. PRE-REQUISITES: On-Board Imager hardware, with software version 1.0.15 or later.	
1.30	1	IGRT Marketing Kit Marketing kit for the purpose of promoting IGRT to referring physicians, patients, and the media. This kit will be shipped after receipt of the product order and acceptance of the Varian marketing kit license agreement.	
1.31	1	Remote Couch Motion Control of couch motion at the treatment console for: Corrective motions: small couch translations (in x,y, and z) and small rotations of the couch to fine tune patient set-up. Planned motions: large rotations of the couch to sequence between non-coplanar fields and arcs Prerequisites: Universal baseframe with a 52 inch turntable for full functionality Baseframe with a 36 inch turntable supported for translational motion ONLY.	
1.32	1	IsoCal IsoCal is a geometry calibration method that uses a phantom of known geometry in combination with an insert for the MV collimator. By knowing the nominal location of the source, the nominal location of the x-ray detector, and the location and shape of the BB phantom, it is possible to predict where the projection of the BBs will appear in the acquired images. Any deviation between the predicted and the measured BB locations can be accounted by motion of the x-ray source, the x-ray detector or both, using IsoCal. Includes IsoCal phantom, MV insert, supporting software, installation, and calibration for one linear accelerator. Supports the On-Board Imager® kV imaging system. OBI Pre-Requisites: OBI 1.5 Exact Arm	

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Item	Qty	Product Description	Offer Price

or

Supports PortalVision™ aS1000 and aS500II MV imagers.

PortalVision Pre-Requisites:

Exact Arm

MV Repositioning or

PV Advanced Imaging for 4DITC on the following High Energy systems- Clinac
iX/2300 system serial # 5100 and above, or Silhouette configurations serial #940
and above.

1.33 1 NLS: English

1.34 1 **RapidArc Delivery Capability**

RapidArc® Delivery for a single linear accelerator provides the Varian accelerator with the capability to simultaneously modulate aperture shape, dose rate, and gantry speed continuously through 360 degrees of gantry rotation, during an arc beam delivery. When coupled with RapidArc® Planning and a RapidArc-compatible information system, the Varian accelerator has the capability to generate IMRT-quality dose distributions in a single, optimized arc around the patient.

FEATURES:

- Simultaneous modulation of MLC aperture shape, beam dose rate, and gantry rotation speed during beam delivery
- Clinac beam is continuously and smoothly modulated for dose rate
- Provides IMRT-quality dose distributions in a single arc delivery in less than 2 minutes.

Includes RapidArc® Extended Programmable MU option:

- Standard beams: Up to 7200MU (20MU/deg for full arc)
- 6X-SRS: Up to 9999MU

PREREQUISITES:

- On-Board Imager kV Imaging System (OBI) with OBI Advanced Imaging Software
- Or PortalVision aS500-II or aS1000 at PV Advanced Imaging level, with E-arm (I would add an internal note that RapidArc is available in this configuration for UNIQUE systems only)
- Millennium 120 MLC or High Definition MLC (HDMLC) with dynamic MLC option
- ARIA Oncology Information System v8.5 or later, or RapidArc-compatible,
- 4DITC-compatible 3rd party information system
- Eclipse Treatment Planning with RapidArc treatment planning software license
- Clinac Console Software v7.11 or higher

TRAINING:

Upgrades to installed Eclipse and ARIA information systems are an integral part of the upgrade to RapidArc®. The pricing reflected in this RapidArc® quotation is contingent upon these upgrades. If you currently have a Software Support Agreement, or other agreement with Varian that includes the upgrade as a benefit, this agreement must be currently valid at the time you place your RapidArc® order. If you do not currently have such an agreement in place, you will need to purchase a Software Support Agreement, or otherwise purchase an upgrade to your software systems, as a prerequisite to the installation of RapidArc®.

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ARO:

The current best estimate for installation lead time is 150 days.

RapidArc® is the trademark that represents the combination of two Varian products: Varian's volumetric modulated arc radiation delivery hardware and Varian's volumetric modulated arc treatment planning software. Customer has purchased both the volumetric modulated arc radiation delivery hardware and licensed the volumetric modulated arc treatment planning software from Varian. Accordingly, Varian grants to Customer a non-exclusive, fully paid license to: (i) use the RapidArc® trademark solely in conjunction with its use of Varian's volumetric modulated arc treatment planning software with Varian's volumetric modulated arc radiation delivery hardware; and (ii) represent to third parties that Customer is offering RapidArc® technology in conjunction with treatments planned using Varian's volumetric modulated arc treatment planning software, in either event pursuant to Varian's trademark usage guidelines (available from Varian upon request). Customer may not use the RapidArc® trademark in connection with any plan generated with any treatment planning software other than Eclipse™ or delivered using any non-Varian treatment device, and may not use the RapidArc® trademark to designate the volumetric modulated arc therapy technique ("VMAT") itself.

1.35 1 RapidArc Online Marketing Kit

On-line access to the RapidArc® marketing program which provides advertising, educational, and public relations materials targeted to physicians, patients, and the media.

RapidArc® is the trademark that represents the combination of two Varian products: Varian's volumetric modulated arc radiation delivery hardware and Varian's volumetric modulated arc treatment planning software. Customer has purchased both the volumetric modulated arc radiation delivery hardware and licensed the volumetric modulated arc treatment planning software from Varian. Accordingly, Varian grants to Customer a non-exclusive, fully paid license to: (i) use the RapidArc® trademark solely in conjunction with its use of Varian's volumetric modulated arc treatment planning software with Varian's volumetric modulated arc radiation delivery hardware; and (ii) represent to third parties that Customer is offering RapidArc® technology in conjunction with treatments planned using Varian's volumetric modulated arc treatment planning software, in either event pursuant to Varian's trademark usage guidelines (available from Varian upon request). Customer may not use the RapidArc® trademark in connection with any plan generated with any treatment planning software other than Eclipse™ or delivered using any non-Varian treatment device, and may not use the RapidArc® trademark to designate the volumetric modulated arc therapy technique ("VMAT") itself.

1.36 1 Enhanced Dynamic Wedge

Delivers wedged dose distributions by varying the independent collimators during the photon treatment. Seven wedge angles (10, 15, 20, 25, 30, 45, and 60 degrees), asymmetric field sizes, and up to 30 cm field width are provided.

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Item	Qty	Product Description	Offer Price

1.37 1 Auto Field Sequencing

Automates set up of all mechanical axes and beam parameters for each treatment field when used with a compatible record-and-verify system, such as VARIiS Varian.

Requires Extended Clinac Interface (EXCI)

1.38 1 Advanced Dynamic MLC

Includes Arc Dynamic MLC, Dose Dynamic MLC per RAD 5610

1.39 1 EXCI Interface to R&V System

1.40 1 4D Integrated Treatment Console gX

4D Integrated Treatment Console gX

DESCRIPTION:

Varian's 4D Integrated Treatment Console gX provides a streamlined front end to the treatment delivery process. The 4D Console gX integrates the user controls of the linear accelerator, multi-leaf collimator (MLC), and electronic portal imager into one application on a single workstation and provides the imaging control to manage advanced treatment processes such as 3D CRT, IMRT, and Dynamic Targeting™ IGRT. The 4D Console gX is required for On Board Imaging.

FEATURES:

1. Treatment delivery functionality including setup and record & verify
2. Treatment delivery, Multi-leaf Collimator (MLC) setup and portal image acquisition from single application
3. Supports auto field sequencing for uninterrupted treatment delivery
4. Provides support for IMRT treatment techniques including sliding window, step-and-shoot and dynamic arc
5. Supports 4-slot accessories for complex treatment techniques
6. Supports imaging of setup fields for pre-treatment plan verification
7. Supports image only sessions keeping treatment sessions in synch with fractionation pattern
8. Supports imaging of treated fields, before, during or after the treatment beam, for treatment verification needs
9. Photos, activity and patient note display on treatment queue
10. Interface hardware and software for C-Series Clinac (if not already installed).

HARDWARE INCLUDED:

1. ONE (1) dedicated 4D Integrated Treatment Console gX workstation;
2. ONE (1) 20"LCD Monitor for Treatment workstation; and
3. ONE (1) Verification Interface computer and cables.

LICENSE: 4D Integrated Treatment Console gX license for ONE (1) C-Series Clinac.

PREREQUISITES:

1. Clinac C-Series Software version 6.x, or later;
2. Extended Clinac Interface (EXCI);
3. In-room monitor;
4. Millennium MLC 6.4 software, or later;

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Item	Qty	Product Description	Offer Price
		5. Mark Series MLC 5.0 software, or later; 6. Mark Series MLC Controller must be minimum Pentium architecture; 7. Computer replacement must be purchased through Varian Medical Systems.	
		NOTE (S):	
		1. Includes First Year Software Support Agreement covering software and hardware purchased from Varian; 2. No third party software may be installed on the 4D Console gX by the user; 3. Anti-Virus software SHOULD NOT be installed on VI, AVI, or EVI computers; and 4. Anti-Virus software can be installed on the 4D Console gX but cannot be set to run in real-time mode.	
1.41	1	4DITC gX for Varian Image Mgmt Network	
1.42	1	In-Room 20" Monitor with Mounting Kit In Room 20" LCD Monitor, Wall Mount, and Cable Kit	
		HARDWARE INCLUDED:	
		1. 20" LCD Display Monitor for Treatment Room 2. Wall Mount; and 3. In-Room Monitor Cable Kit including 100 foot (30.48 meter video cable and video switch.)	
		NOTE:	
		1. One required for each Treatment module and Linac.	
1.43	1	Electron Arc Therapy: TBI, TBE and HDTSE A portfolio of special treatment procedures, including Total Skin Electron Treatment, Total Body Electron Irradiation, Total Body Photon Irradiation, and Electron Arc Treatment.	
		Electron beam for high dose total skin electron (HDTSE) mode and total body electron (TBE) mode as selected in Energy for Special Electron Procedures.	
1.44	1	Max Programmable MU Maximum Programmable MU increases the maximum number of MU which can be associated and delivered for a single field (or subfield) for a static gantry IMRT delivery, up to 1999MU.	
		Pre-requisite:	
		- Requires a HE Clinac with 4DITC 8.6 or later	
		- Requires Clinac Console Software v 7.9 or later	
1.45	1	Beam Isocenter Accuracy: Standard	
1.46	1	Advanced RPM Gating System The Real-time Position Management System is an accessory to the Varian Clinac radiation therapy treatment system. The Advanced RPM Respiratory Gating capability is to be used to characterize (in simulation) the patient's respiratory patterns, and aid in the visualization of internal organ or lesion motion and then, in treatment, to trigger beam-hold and limit the beam-on time to those points in the	

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Item	Qty	Product Description	Offer Price

respiratory cycle where the target volume is within acceptable motion limits.

FEATURES:

- 2 dot marker block to enable patient position monitoring as well as respiratory gating.
- Accurate tumor tracking allows maximum dose to tumor and minimum dose to normal tissue
- Quick and easy set respiratory monitoring minimizes treatment time
- Lightweight marker ensures patient comfort
- Predictive filter automatically holds treatment delivery when respiration deviates from normal pattern
- Superior Clinac design eliminates dark current during gating
- Treatment beam gating integrated with dynamic MLC leaf motion
- Patient position monitoring during patient setup and treatment

PRE-REQUISITES:

- If the customer has existing RPM systems, the existing systems must be at version 1.7.

NOTE:

Customer is responsible for prepping the system as instructed in the Respiratory Gating Pre-Install Guide.
Additional marker block kits may be required

1.47 1 3D for Advanced RPM Gating System

The 3D monitoring functionality allows tracking of the marker block in three dimensions (vertical, longitudinal, and lateral). Any unexpected movement of the marker block, in any direction, reflects unexpected movement of the patient and tumor relative to the treatment field. The ability to detect unexpected motion provides additional confidence that the target is always precisely positioned in the treatment aperture, and that the correct dose will be delivered to the tumor, as planned.

Includes one 5-pack of 3D marker blocks (6 dot block)

PRE-REQUISITES:

- RPM version 1.7

Additional marker block kits may be required

1.48 1 Configured for Clinac

Includes video tracking and image analysis system, high performance workstation, respiratory gating interface to Clinac system, Respiratory Gating software, patient marker blocks, and User Manual.

Compatible with C-series software version 5.4 and higher. Requires MLC-equipped Clinac systems to be dose dynamic ready.

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Item	Qty	Product Description	Offer Price

- 1.49 1 INCL ED: Advanced RPM Gating
INCL ED: RPM 3D/Gating System

- Includes Tuition and materials for ONE person.
- Attendees will be responsible for their own, airfare, hotel, rental car, meals and other travel incidentals.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

The RPM course provides training for physicists, or therapists, to obtain knowledge of the principles and practice of respiratory gating in radiation oncology for clinical implementation.

Length:
1 1/2 days

- 1.50 1 Additional Advanced RPM Gating System

The Real-time Position Management System is an accessory to the Varian Clinac radiation therapy treatment system. The Advanced RPM Respiratory Gating capability is to be used to characterize (in simulation) the patient's respiratory patterns, and aid in the visualization of internal organ or lesion motion and then, in treatment, to trigger beam-hold and limit the beam-on time to those points in the respiratory cycle where the target volume is within acceptable motion limits.

FEATURES:

- 2 dot marker block to enable patient position monitoring as well as respiratory gating.
- Accurate tumor tracking allows maximum dose to tumor and minimum dose to normal tissue
- Quick and easy set respiratory monitoring minimizes treatment time
- Lightweight marker ensures patient comfort
- Predictive filter automatically holds treatment delivery when respiration deviates from normal pattern
- Superior Clinac design eliminates dark current during gating
- Treatment beam gating integrated with dynamic MLC leaf motion
- Patient position monitoring during patient setup and treatment

PRE-REQUISITES:

- If the customer has existing RPM systems, the existing systems must be at version 1.7.

NOTE:

Customer is responsible for prepping the system as instructed in the Respiratory Gating Pre-Install Guide.
Additional marker block kits may be required

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Item	Qty	Product Description	Offer Price
1.51	1	3D for Advanced RPM Gating System The 3D monitoring functionality allows tracking of the marker block in three dimensions (vertical, longitudinal, and lateral). Any unexpected movement of the marker block, in any direction, reflects unexpected movement of the patient and tumor relative to the treatment field. The ability to detect unexpected motion provides additional confidence that the target is always precisely positioned in the treatment aperture, and that the correct dose will be delivered to the tumor, as planned. Includes one 5-pack of 3D marker blocks (6 dot block) PRE-REQUISITES: - RPM version 1.7 Additional marker block kits may be required	
1.52	1	Configured for GE CTSim: LightSpeed RT Includes video tracking and image analysis system, high performance workstation, Respiratory Gating software, patient marker blocks, and User Manual. The RPM Respiratory Gating system is designed to interface to a GE CT Simulation - LightSpeed RT scanner equipped for respiration-synchronized image acquisition*. *RPM Respiratory Gating unit configured for GE CT Simulation - LightSpeed RT does not include the necessary hardware and software components required to make the CT Scanner Respiratory Gating-ready. Additional equipment purchases may be necessary from the CT vendor. Please contact your Varian Imaging Manager for more information.	
1.53	1	Console Package, Deluxe Roll In Console Compact pre-packaging and cable management of Varian-provided workstations, control modules, and other ancillary devices for most rapid and easiest site preparation, and space management of console area. Prerequisites: Clinac must have MLC	
1.54	1	Remote Access Smart Connect Ready	
1.55	1	Factory Data Set Factory-provided representative physical wedge profiles, machine mechanical parameters, and representative beam scans from Clinac iX systems.	
1.56	1	Millennium Warranty Three Year Warranty on Klystron, Electron Gun, Standing Wave Guide, Bend Magnet, and Solenoid Energy Switch, provided Varian is sole service provider.	

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Item	Qty	Product Description	Offer Price

Section 2 Accessories for Section 1 - iX Package

2.01 1 Patient Intercom
Patient Intercom system including one substation, one master station, power supplies, cabling, and installation.

2.02 1 CCTV Camera Qty 2; 19" Monitor Qty 2

2.03 1 4 LAP Apollo Green Lasers
LAP Apollo Green Lasers

Includes:

3 Apollo Green Remote Controlled Crosshair Lasers

1 Apollo Green Remote Controlled Sagittal Line Laser

Warranty for 1 year from ship date.

2.04 1 Transtector Power Cond., Dual HE & OBI
Transtector Power Conditioner Single input, Dual Output, HE & OBI

This Transtector power conditioner (P.C.) is designed specifically for any Varian Dual Energy Clinac shipped with OBI. This single P.C., allows the customer to have a single input voltage of either 208V or 480V, then deliver output voltages of both 208V and 480V.

Section 3 ARIA Oncology Information System Radiation Oncology

3.01 1 Varian System Database

DESCRIPTION:

The Varian System database is the core component of the Oncology Information System. The relational database serves as the repository for patient information and images imported to or captured by the database. Included with the database are archive/restore, Link, and system administration. Data Segmentation is a component of the Oncology Information System, ARIA, which provides features and tools for managing the configuration of ARIA for sites that have more than one physical hospital, department or location to emulate in ARIA. It provides procedure code sets, users, groups, preferences and charge/cost detail per configured department.

FEATURES:

1. Includes the Archive application for the archival/restoring of patient records in cases of storage constraints;
2. Includes a separate environment for testing interfaces, applications, system configurations and data migration;

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3. Includes the data administration application(s) used to configure the system to meet the needs of the individual, user(s), department(s)/hospital(s);
4. Includes user rights and license administration;
5. Uses Open Client and Sybase 12.5 for multi-access to database;
6. Based on client/server architecture for fast data access capability;
7. Full logging and data integrity protection;
8. Transaction logging configurable; and
9. Remote monitoring and service support (using Smart Connect tool) of Varian System database via software installed on ARIA workstations.
10. Distinct departments can be established, each with its own;
 - a. Procedure codes
 - b. Charge details
 - c. Cost details
 - d. Activities
 - e. Working hours
 - f. Holidays
 - g. Process preferences including auto launch of Activity Capture window at activity completion, weekly management settings;
11. Master Settings concept to facilitate quick set up and configuration of additional departments; and
12. Copy, edit and delete tools for easy fine tuning of departments to reflect local requirements.
13. Single Sign-on is supported for all ARIA for Radiation Oncology and Eclipse Applications (This is only available in v.8.6 or higher).
14. Support for QA Mode allows users to deliver plans for the purpose of QA at the treatment machine. This mode will deliver a set of tools intended to be used in the absence of an actual patient on the treatment table, while allowing users to QA the actual plan to be delivered to these patients for treatment.

LICENSE:

1. Varian System Database license for ONE (1) site; and
2. Data Segmentation license for ONE (1) Varian System database.

PREREQUISITES:

1. Networked environment;
2. Varian System -compatible server hardware (For a detailed description of hardware requirements, please refer to: <http://www.varian.com/ARIA>);
3. Internet access for remote monitoring and support via Smart Connect;
4. If using Eclipse, version 8.8
5. The Varian System Database supports 4DITC versions: 8.1, 8.3, 8.6, and 8.8 (depending on customer configuration).
6. Acuity v.8.8
7. For QA Mode support the following 4DITC version 8.8 is required.
8. If upgrading ARIA to v.8.8, Ximatron will need to become standalone island. Then the Ximatron Digital Imaging and CT Imaging will need to go to v. 8.6.15 and DICOM-RT will be used for transfer between ARIA and Ximatron. If not present at site DICOM RT is required.

CUSTOMER RESPONSIBILITY:

1. A properly networked environment (For detailed information on network requirements, refer to the Network Configuration Guidelines at <http://www.varian.com/ARIA>);

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Item	Qty	Product Description	Offer Price

2. Varian System-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to <http://www.varian.com/ARIA>);
3. Internet access (DSL or better) for service support via Smart Connect; and
4. Initiate use of Smart Connect application to allow remote monitoring and service support.
5. Customer must decide on and enter department data to configure the system properly;
6. Or provide Varian Professional Services with sufficient data to configure the system for them. (Professional services are optional and may be purchased separately).

OPTIONS:

HARRP, powered by Double-Take, is a disaster recovery and fault tolerance solution for the Oncology Information System, ARIA. HARRP continuously monitors the database and the image server and replicates all data to a backup server. In case of a disaster or fault to the database or image servers, HARRP provides semi-automated fail-over to the backup server (target) with minimal interruption to department operations and treatments.

NOTE:

1. There is currently no QA Mode support for Non-Varian Treatment workstations.

3.02 1 STD TRNG: Phase 1 ARIA Clinical Support

Training is included with the purchase of the ARIA. Training plan details will be provided by the training management team as part of your project implementation process.

3.03 1 STD TRNG: Phase 2 ARIA Clinical Support

Training is included with the purchase of the ARIA. Training plan details will be provided by the training management team as part of your project implementation process.

3.04 1 INCL ED: Clinical Implementation Course

This training event is provided with the initial purchase of the Varian System Database with a minimum configuration including the Patient Manager, Time Planner and Off-Line Review modules. This training event does not apply to subsequent purchases to expand system after the initial platform is installed and trained. If these circumstances apply, this training item is not valid.

- Includes (1) tuition and material for classroom training event.
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals).
- Standard Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

Prerequisites

1. Purchase of the Varian System Database
2. Minimum configuration must include Patient Manager, Time Planner and

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Item	Qty	Product Description	Offer Price

Off-Line Review

Length & Location:

3 days

Varian Education Center, Las Vegas, NV

3.05 1 ARIA T-Box

The ARIA T-Box is a software package intended to provide basic connectivity testing to a Hospital Information System or 3rd party treatment planning system in a non-clinical isolated evaluation environment. The basic system includes the Varian System database and a license package of: Patient Manager, Time Planner, Activity Capture, Clinical Assessment, Dynamic Documents, Deluxe Reports, Chart QA, Offline Review, Outlook Sync, Data Segmentation, Long Term Archive and DICOM RT.

FEATURES:

1. Varian System Database:

- o Supports connectivity to Varian Medical Systems Medical Oncology product;
- o Supports connectivity to tumor registry products;
- o Includes the Administration application(s) used to configure ARIA to meet the needs of the individual department(s)/hospital(s);
- o Uses Open Client and Sybase 12.5 for multi-access to database;;
- o Full logging and data integrity protection;
- o Transaction logging configurable; and
- o Remote monitoring and service support (using SmartConnect tool) of ARIA database via software installed on ARIA workstations.

2. Patient Manager:

- o Patient registration, diagnosis, staging, charting, treatment plan management and machine scheduling;

3. Time Planner:

- o Activity management for resources across multiple departments and hospitals;
- o Task management designed to assist in streamlining workflow;
- o Care path management tracking all patient activity throughout hospitals/departments;
- o Waitlist management simplifies the scheduling of new patients within hospitals/departments; and
- o Inter-departmental messaging.

4. Activity Capture:

- o Supports relative value units, workload, and custom codes in order to capture associated costs and productivity activity information;
- o Captures cost/charge information for completed services or clinical activities based on scheduled tasks and appointments;
- o Provides automated audit and review tools allowing the user to determine accuracy of charges/costs captured;
- o Supports credits for previously exported activities to aid in keeping a current charge capture record; and
- o Exports captured activity information to hospital or private billing systems.

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Item	Qty	Product Description	Offer Price
		Clinical Assessment - o Management of medical, family and social histories, education and counseling, medication, prescription and allergies with favorites lists; - o Entry of Review of Systems and Physical Exam assessments; - o Assessments of toxicities based on standard tables such as NCI and RTOG; - o Documentation of Vitals Signs and Lab Results; - o Dynamic creation of grammatically correct text during assessment selections; - o Assessment of performance status based on standard tables (Karnofsky, Lansky, ECOG); - o Management of medical prescription; - o Audit tracking by operator, date and signature; and - o Management of nursing, progress and assessment notes and graphical displays.	
		Dynamic Documents - o Uses the power of Microsoft® Word™ (sold separately) to create, import, scan, fax, email, or print information from the patient's EHR; - o Review and approve all pending patients' documents (user rights controlled); - o Create customized templates and documents to auto-populate selected fields with information from the information system database or enter free text; - o Hyperlinks (Navigation tags) auto-populate documentation using selected functional areas from within the database; and - o Browse, view and print all or filtered documents.	
		Offline Review - o Patient Viewing allows viewing of multi-modality diagnostic images simultaneously; - o Folder Viewing enables the user to create reference folders for imaging studies; - o Image enhancement tools for more flexibility in visualizing critical structures including image contrast/brightness/sharpness adjustments, color maps, zoom/pan/rotate/flip, image annotation, and region of interest; - o Image analysis tools for more precise patient positioning including measurements, Digital Graticule, line/area/histogram of pixel values, cine, image blending for reference and Portal Images; - o Manual and automatic quantitative comparative matching analysis of acquired or imported reference and portal images; - o Image approval and status changes with messaging back to Treatment.	
		DICOM RT a) RT objects supported include: RT Image, RT Structure, RT Plan, RT Dose, RT Treatment Record, RT Treatment Summary; b) Diagnostic image modality support; c) DICOM Query/Retrieve provides image data transfer using NEMA standards; d) DICOM RT Storage; and e) Import/Export of image file formats: CART (Computer Aided Radiotherapy), PortalVision Mark 1, Varian CT option, BMP (Bitmap), TIFF (Tag Image File Format), Vision file and Raw Pixel Data.	
		LICENSE PACKAGE: FIVE (5) each per concurrent users: - o Patient Manager - o Time Planner	

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Item	Qty	Product Description	Offer Price

- o Activity Capture
- o Dynamic Documents
- o Offline Review
- o Chart QA
- o Outlook Sync

LICENSE PACKAGE ONE (1) each per Varian System DB

- o Deluxe Reports
- o Long Term Archive
- o Data Segmentation
- o Clinical Assessment license
- o DICOM RT license

PREREQUISITES:

- o ONE (1) ARIA compatible workstation. See specifications listed at <http://www.varian.com/ARIA>; and
- o ONE (1) IEM interface server if IEM is purchased. See specifications listed at <http://www.varian.com/ARIA>

CUSTOMER RESPONSIBILITY:

- o A properly networked environment (For detailed information on network requirements, refer to the ARIA Network Configuration Guidelines at <http://www.varian.com/ARIA>);
- o T-Box CANNOT be used Clinically; and
- o If T-Box is to be used for HL7 connectivity evaluation, then IEM must be purchased separately.

NOTE (S):

- o Does NOT include clinical training (clinical training is not available); and
- o Includes hardware.

3.06 10 ARIA Patient Manager

DESCRIPTION:

Patient Manager is a comprehensive electronic medical record (EMR) providing core clinical management for ARIA. Primary functionality includes patient charting, diagnosis, staging, treatment plan management, machine scheduling and reporting capabilities.

FEATURES:

1. Patient treatment summary page provides a fast at-a-glance patient chart view for both the Radiation Therapy and Medical Oncology charts;
2. Tabbed interface for easy viewing, editing and navigation;
3. Setup/Field photos saved to provide a complete patient record;
4. Wizard driven diagnosis and staging, Smart Staging;
5. Note tab for documenting (free text) patient encounters;
6. Patient Care Path for tracking all appointments, activities and status over the course of treatment;
7. Pre-scheduling of EPID images to be acquired at treatment time;
8. Treatment plan and image management from one screen;
9. Prescription and treatment plan approval drive the patient managerial process;
10. Session scheduling based on approved prescription;
11. Integrated with Multi-leaf Collimator (MLC) field shaping software;

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Item	Qty	Product Description	Offer Price

12. Graphical display of treatment setup;
13. History tracking for treatments (manual and verified), overrides, portal imaging, dose corrections and custom coding;
14. Accelerator and simulator scheduling;
15. Collection of reports used to analyze patient managerial data and processes; and
16. Database Access license included for client access to server.
17. Enhanced Diagnosis tools including smart staging based on AJCC.
18. The Image Browser is a multi-modality image viewer which supports CT, MRI, PET. (This is only available in v.8.6 or higher).

LICENSE: Patient Manager license for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database;
2. ARIA-compatible workstation in a networked environment; and
 - a) Visit our Website at <http://www.varian.com/ARIA> for updated information regarding workstation hardware
3. Microsoft® Windows XP Professional or Microsoft® Vista operating system installed on workstation(s)
 - a) Windows Vista is only available for ARIA v.8.6 or later

NOTES:

1. The use of ICD-10 in this Product does not imply any endorsement by WHO of any specific product.
2. The ICD-10 codes shall not be amended, abridged, translated, deleted or in any other way changed without the consent of WHO.
3. The ICD-10 codes are for the internal use of the end user. They are not to be reproduced, transmitted or distributed outside of the user's organization in any form or by any means.
4. ICD-10 is distributed without warranty of any kind, either express or implied. In no event shall the World Health Organization be liable for damages, including any general, special, incidental, or consequential damages, arising out of the use of ICD-10.

CUSTOMER RESPONSIBILITY:

1. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at <http://www.varian.com/ARIA>); and
2. ARIA compatible hardware, if purchased by customer (for up-to-date and detailed information on hardware requirements, refer to <http://www.varian.com/ARIA>).
3. Microsoft® Office 2000 and 2003 are compatible with ARIA v.8.6. (Microsoft Office 2007 is not yet qualified).

3.07 1 STD TRNG: Patient Mgr E-Learning Module

Training is included with the purchase of the Patient Manager. Training plan details will be provided by the training management team as part of your project implementation process.

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3.08 10 ARIA Time Planner

DESCRIPTION:

Time Planner is a component of the Oncology Information System. This software provides comprehensive resource and activity management for all resources configured within ARIA. It is used to manage appointments for resources (physicians, staff, equipment, rooms, etc.) within a department or across multiple departments and hospitals.

FEATURES:

1. Activity management for resources across multiple departments and hospitals;
2. Customizable independent workspace view settings per user;
3. Customizable display time granularity;
4. Repeating appointment scheduling for complete scheduling of treatment courses;
5. "Suggest next available time" feature suggesting open times for individual or multiple resources;
6. Real-time conflict resolution;
7. Task management designed to assist in streamlining workflow;
8. Care path management tracking all patient activity throughout hospitals/departments;
9. Waitlist management simplifies the scheduling of new patients within hospitals/departments;
10. Bar-coding capability for patient check-in and tracking;
11. Auto-capture of manually completed activities (requires Activity Capture application);
12. Customizable associated tasks per appointment type;
13. Message ticker display for departmental updates; and
14. Direct access to reports specific to activity and resource management.

LICENSE: Time Planner License for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database;
2. Patient Manager; and
3. ARIA-compatible workstation in a networked environment.

CUSTOMER RESPONSIBILITY:

1. A properly networked environment (for detailed information on network requirements, ARIA-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to <http://www.varian.com/ARIA>).

3.09 1 STD TRNG: Time Planner E-Learning Module

Training is included with the purchase of the Time Planner. Training plan details will be provided by the training management team as part of your project implementation process.

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3.10 10 ARIA Activity Capture

DESCRIPTION:

Activity Capture is a component of the oncology information system, ARIA. Activity Capture allows the user to capture comprehensive data for services rendered and activities executed within the department. The application captures and exports completed procedure codes along with associated costs, charges or other user-defined attributes.

FEATURES:

1. Supports relative value units, workload, and custom activity or billing codes in order to capture associated activity costs and productivity information;
2. Captures cost/charge information for completed services or clinical activities based on tasks and appointments;
3. Auto-captures treatment delivery and simulation activities;
4. Provides automated audit and review tools allowing the user to determine accuracy of charges/costs captured;
5. Supports credits for previously exported activities to aid in keeping a current charge capture record;
6. Supports multiple modifiers;
7. Exports captured activity information to hospital or private billing systems (requires IEM Billing Out when exporting to HL7 compliant systems);
8. Financial reports can be generated from the data captured by Activity Capture; and
9. Message ticker for departmental updates.

LICENSE: Activity Capture license for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database;
2. ARIA-compatible workstation in a networked environment; and
3. Time Planner Application (to support auto-prompt feature).

CUSTOMER RESPONSIBILITY:

1. Define and/or approve the activities/charge master;
2. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at <http://www.varian.com/aria>); and
3. ARIA-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to <http://www.varian.com/aria>).

NOTE(S):

1. Requires IEM Billing Out if charges/costs are to be exported electronically to an HL7-compliant financial system (customer should complete Activity Capture training prior to IEM installation).

3.11 1 STD TRNG: Activity Capture Support

Training is included with the purchase of the Activity Capture. Training plan details will be provided by the training management team as part of your project implementation process.

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Item	Qty	Product Description	Offer Price

3.12 10 ARIA Reports Author

Reports Author is an optional component of the ARIA System. It is a report building tool powered by InfoMaker® that allows the user to generate informative reports unique to a customer's need. The Reports Author tool licenses the user to modify any of the InfoMaker-based ARIA Reports. It also supports the creation of new customer-specific reports.

FEATURES:

1. Users may create custom reports and modify reports create in InfoMaker;
2. Reports and queries are organized into library files for easy access and storage;
3. Modifiable versions of all ARIA InfoMaker reports are included; and
4. Reports Author supports the creation of executables, which can then be installed and run on other workstations without InfoMaker.

LICENSE:

InfoMaker software and source files for all standard ARIA InfoMaker reports, installed on ONE (1) ARIA workstation.

PREREQUISITES:

1. ARIA8 Aria for Inspiration Platform;
2. VARIAN SYSTEM DB ACCESS;
3. VARIAN SYSTEM DATABASE;
4. ARIA-compatible workstation in a networked environment;
5. Windows XP operating system installed on workstation;
6. SmartConnect Remote Support software

CUSTOMER RESPONSIBILITY:

1. If the customer purchases hardware for Report Author, it must be ARIA-compatible.

NOTE(S):

1. ARIA Reports Author Application may not be installed on the 4D Integrated Console or ARIA Simulation or XimaVision workstation;
2. Software version, including InfoMaker, will be the latest at the time of shipment;
3. Includes a 90-day software warranty when purchased as part of a new sale.

3.13 1 INCL ED: ARIA Reports Author

- Includes Tuition and Materials for One Person at Varian Training Facility.
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals), unless otherwise stated.

This course is designed to provide basic knowledge of the ARIA Database concepts and structure. It is an intensive hands-on course where you learn how to use Infomaker as a reporting tool to produce ad hoc queries and well-formatted reports. (Programming languages are not taught at this level)

1. Review and analysis of report customization features using InfoMaker.
2. 90 days of Phone Support for custom reports created by customer from the time of instruction.

NOTE: Reports Author training does not include any custom report generation.

Training Details:

3 days

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Item	Qty	Product Description	Offer Price

Varian Education Center

Prerequisites:

1. A basic knowledge of Windows 2000 Workstation and Server and Relational Database Management concepts.
2. ARIA Database system.
3. Purchase of Reports Author application.
4. SmartConnect Remote Diagnostic software.

- Services are non-refundable and non-transferable.

- Offer is valid for 18 months after installation of product.

3.14 1 ARIA Clinical Assessment

DESCRIPTION:

Clinical Assessment is a comprehensive component of the electronic medical record (EMR) that enables clinical staff members to evaluate, monitor, record and document patient health information throughout the entire treatment process. Clinical Assessment facilitates the implementation of paperless charting in the department:

FEATURES:

1. Enhanced Diagnosis tools including smart staging based on AJCC;
2. Tabbed interface for easy viewing, editing and navigation;
3. Management of Medical, Family and Social Histories, Education and Counseling, Medication, Prescription and Allergies with favorites lists;
4. Entry of Review of Systems and Physical Exam assessments;
5. Assessments of toxicities based on standard tables such as NCI and RTOG;
6. Documentation of Vital Signs and Lab Results;
7. Dynamic creation of grammatically correct text during assessment selections;
8. Assessment of performance status based on standard tables (Karnofsky, Lansky, ECOG);
9. Summaries of all physiological systems, vitals, lab results;
10. Management of medical prescription;
11. Audit tracking by operator, date and signature;
12. Ability to graph vital signs, labs and toxicities; and
13. Management of nursing, progress and assessment notes and graphical displays.
14. Note tab for patient encounters.
15. Documentation of Chief Complaint (CC), History of Present Illness (HPI), Plan and Impression (version 10.0 and higher).
16. Lab Order Support (version 10.0 and higher).

LICENSE: Clinical Assessment License for ONE (1) Varian System database

PREREQUISITES:

1. Varian System Database;
2. Patient Manager; and
3. ARIA compatible workstation in a networked environment.

CUSTOMER RESPONSIBILITY:

1. A properly networked environment (for detailed information on network requirements, refer to the ARIA Network Configuration Guidelines at

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Item	Qty	Product Description	Offer Price

1. <http://www.varian.com/ARIA>; and

2. ARIA-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to <http://www.varian.com/ARIA>).

NOTE(S):

1. Clinical assessment is a site license which means only ONE (1) license is required per Varian System database. Patient Manager is a prerequisite in order to access Clinical Assessment. Depending on how many concurrent licenses of Patient Manager the site has will determine how many instances of Clinical Assessment can be used simultaneously.

2. Lab Order Interface is available as a separate purchasable option (v.10.0 and higher).

3.15 1 STD TRNG: Clinical Assessment Supp

Training is included with the purchase of the Clinical Assessment. Training plan details will be provided by the training management team as part of your project implementation process.

3.16 10 ARIA Dynamic Documents

DESCRIPTION

Dynamic Documents is a component of the Oncology Information System, ARIA, which allows clinical staff to create and store patient related documents within the electronic medical record (EMR). Dynamic Documents provides features to manage all documents by patient and includes a Documents Approval area to display all documents on a per user basis.

FEATURES:

1. Powered by Microsoft® Word™ (sold separately) to create, import, scan, fax, email, or print information from the patient's EMR;
2. Review and approve all pending patients' documents. Approval process locks the documents to any edits to preserve EMR integrity (user rights controlled);
3. Complete search and sort capabilities (filters by status, users, patients);
4. Create customized templates and documents to auto-populate selected fields with information from the information system database or enter free text;
5. Hyperlinks (Navigation tags) auto-populate documentation using selected functional areas from within the database;
6. Browse, view and print all or filtered documents;
7. Uses a file system to access all documentation for each patient; and
8. Uses Microsoft compatible systems (sold separately) to perform voice recognition to create patient documentation.

LICENSE(S): Dynamic Documents License for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database License;
2. Patient Manager;
3. ARIA compatible workstation in a networked environment;
4. Microsoft Word 2000 or higher; and
5. Windows XP or Windows 2000 operating system installed on workstations.

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Item	Qty	Product Description	Offer Price

CUSTOMER RESPONSIBILITY:

1. User proficiency with Microsoft Word 2000 or 2003; only
2. Microsoft Word installed on workstations where Dynamic Documents is installed; and
3. ARIA compatible hardware. For detailed information on hardware requirements, refer to <http://www.varian.com/aria>.

NOTES:

1. Auto-population of information into the Documents is limited to patient demographics and basic RT summary information if Clinical Assessment is NOT installed;
2. With Clinical Assessment, the navigation tags defined in the document templates will auto-populate documents using the information from the appropriate functional areas of Clinical Assessment; and
3. Dynamic Documents and Document Manager CAN NOT co-exist within the same system. The user must choose to have one or the other.

3.17 1 STD TRNG: Dynamic Documents Support

Training is included with the purchase of the Dynamic Documents. Training plan details will be provided by the training management team as part of your project implementation process.

3.18 1 ARIA Patient Check-In

DESCRIPTION:

Patient Check-in is a component of the Oncology Information System, ARIA, which enables patients to check themselves into the system upon arrival to the department without the need for staff interaction. The application automatically changes the status of the patient in the database to "Checked-in" so it is visible to all staff when viewing the daily schedule in Time Planner or Machine Planner. Patient Check-in is in compliance with the HIPAA privacy requirements.

FEATURES:

1. Automated patient self check-in to the Oncology Information System;
2. Supports two modes of display, Patient Check-In or Patient Privacy;
3. Patient Check-In mode displays all daily appointments scheduled in the department;
4. Patient Privacy mode displays all appointments per patient based on his or her own distinguishable information such as SSN, ID, Last Name;
5. Customizable display of information on appointment screen; and
6. Supports bar code reader (purchased separately).

LICENSE(S): Patient Check-In License for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database License;
2. Patient Manager;
3. ARIA compatible workstation in a networked environment; and
4. Windows XP or Windows 2000 operating system installed on workstation.

CUSTOMER RESPONSIBILITY:

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Item	Qty	Product Description	Offer Price

1. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at <http://www.varian.com/aria>); and
2. ARIA compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to <http://www.varian.com/aria>).

3.19 1 PAVS for new 4DITC

DESCRIPTION:

Varian's Patient and Accessory Verification System (PAVS) provides users with enhanced verification of Patient Identification as well as non-machine verifiable accessories used for treatment. Therapists at the machine will achieve greater patient safety by disallowing system to beam-on until the patient's ID is verified through PAVS. Also, many accessories used for treatment are not electronically verifiable; however, since they are used in the normal course of patient treatment, PAVS will provide a mechanism for verifying their use for treatment

FEATURES:

1. Selection of Patient from Queue using Bar Code technology
2. Matching of selected patient and actual patient to be treated
3. Bar Code verification of customized accessories used for patient treatment
4. Customization of Bar Code labels
5. Also compatible with Varian Treatment for Elekta and Siemens
6. Compatibility with SRS cones (Only available with ARIA v.8.8 or higher).

HARDWARE INCLUDED:

1. TWO (2) Metrologic MS9540 Bar Code Scanners
2. ONE (1) Geffen Cat5-1000 VGA Extender with USB Inputs
3. ONE (1) 200 foot shielded video cable
4. ONE (1) A/B Video Switch
5. TWO (2) VGA Cables
6. One(1) Bar Code Printer ZEBRA LP2824
7. One (1) Labels for the Bar Code Printer ZEBRA LP2824

LICENSE: PAVS License for ONE (1) 4DITC Workstation.

PRE-REQUISITES:

1. 4D-Integrated Treatment Workstation v.8.1 or v.8.2
2. Varian Treatment for Elekta or Siemens v.6.6.5046 or higher
3. ARIA Patient Manager v.8.2 and higher
4. ARIA Patient Manager v.8.8 or higher for compatibility with SRS cones

NOTE (S):

1. Includes 90 Day Software Support Agreement covering software license
2. Hardware covered under Manufacturers supplied warranty

3.20 1 ARIA Outlook Sync

DESCRIPTION:

Outlook Sync is a component of the Oncology Information System, ARIA, which provides a user with the ability to synchronize an individual Time Planner agenda with his or her Microsoft Outlook calendar. Appointments and Tasks are shared

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Item	Qty	Product Description	Offer Price

and updated between the applications.

FEATURES:

1. Appointments created in Time Planner or Outlook are copied to the other system;
2. Changes made in one system are reflected in the other after the synchronization process runs;
3. Synchronization runs automatically and also on-demand;
4. Time Planner hides the details of Outlook appointments designated as private; and
5. The customer can determine which system determines conflict resolution (if an appointment is modified in both systems between synchronizations).

LICENSE: Outlook Sync license for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System database;
2. Time Planner;
3. ARIA-compatible workstation in a networked environment; and
4. Windows 2000 or XP operating system installed on workstation(s).

CUSTOMER RESPONSIBILITY

1. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at <http://www.varian.com/aria>; and
2. ARIA-compatible hardware, if purchased by customer (for detailed information on hardware requirements, refer to <http://www.varian.com/aria>).

3.21 2 ARIA Chart QA

DESCRIPTION

Chart QA is a component of the Oncology Information System, ARIA, which allows clinical staff to review patient radiation therapy (RT) charts. Chart QA provides features to manage all patients currently on treatment and to review and approve their continuing course of treatment.

FEATURES:

1. Separate worklist to display a list of all patients currently undergoing treatment;
2. Summary workspace to display RT summary, sign off status, patient notes and alerts and review history;
3. Treatment workspace for users to review a patient's weekly course of treatment;
4. Review sign-off mechanism will automatically bill for rendered services using Activity Capture;
5. Complete search and sort capabilities (filters by status, users, patients or machines); and
6. Browse, view and print Chart QA documents, patient documents and reports.
7. Support for InVivo measurements

LICENSES: Chart QA License for ONE (1) concurrent user.

PREREQUISITES:

1. Varian System Database;

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2. ARIA compatible workstation in a networked environment; and
3. Windows XP or Windows 2000 operating system installed on workstations.

CUSTOMER RESPONSIBILITY:

1. A properly networked environment (for detailed information on network requirements, refer to the Network Configuration Guidelines at <http://www.varian.com/ARIA>); and
2. ARIA compatible hardware. For detailed information on hardware requirements, refer to <http://www.varian.com/aria>.
3. The in-vivo interface is an additional purchasable option.

3.22 3 ARIA Offline Review

DESCRIPTION:

Off-line Review is a component of the Oncology Information System, ARIA. This image management component of the system provides comprehensive image review of reference and treatment images. Enhancement and analysis tools for both portal images (MV) and kV images acquired with the on-board imager are included.

FEATURES:

1. Automated image blending with reference and acquired treatment images;
2. Image filters for flexibility in enhancing critical anatomical structures;
3. Image enhancement tools including image contrast/brightness/sharpness adjustments, color maps, zoom/pan/rotate/flip, image annotation, and region of interest;
4. Image analysis tools for more precise patient positioning including measurements, digital graticule, grid, line/area/histogram of pixel values, cine, image split, spyglass, and color blending;
5. Wizard driven manual, automatic and correlated points quantitative comparative matching analysis of acquired or imported reference, portal (MV)
6. Wizard driven manual, automatic and correlated points quantitative comparative matching analysis of coherent kV images acquired using the On Board Imager;
7. Image approval and status changes with messaging back to Treatment;
8. Display and navigation of patient notes and alerts;
9. Statistical trends and analysis graphing tools for tracking patient positioning changes;
10. Worklist for streamlined process of image review with customizable image selection filters;
11. Patient Viewing allows viewing of multi-modality diagnostic images simultaneously (supported up to ARIA for Radiation Oncology v.8.5); and
12. Folder Viewing enables the user to create reference folders for imaging studies.
13. Course and Session timeline navigation
14. Viewing of Cone Beam CT (CBCT) Images via DICOM import.
15. Image review of Simulator images, (match not supported).
16. Concurrent viewing of multiple image sessions. (any 2 days)
17. Delta Couch Support for plan values (starting in version 10).

LICENSE: Off-line Review license for ONE (1) concurrent user.

PREREQUISITES:

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Item	Qty	Product Description	Offer Price

1. Varian System Database;
2. Image server hardware (For a detailed description of hardware requirements, please refer to: <http://www.varian.com/aria>);
3. ARIA compatible workstation in a networked environment; and
4. XP operating system installed on workstation.

3.23 1 INCL ED: Clinical Implementation Course

This training event is provided with the initial purchase of the Varian System Database with a minimum configuration including the Patient Manager, Time Planner and Off-Line Review modules. This training event does not apply to subsequent purchases to expand system after the initial platform is installed and trained. If these circumstances apply, this training item is not valid.

- Includes (1) tuition and material for classroom training event.
- Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals).
- Standard Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

Prerequisites

1. Purchase of the Varian System Database
2. Minimum configuration must include Patient Manager, Time Planner and Off-Line Review

Length & Location:

3 days

Varian Education Center, Las Vegas, NV

3.24 1 CONSULT: Paperless Implement Support CLINICAL CONSULTING: Paperless Implementation Support

The consulting engagement will include an initial visit to: 1) review and analyze clinical and business workflow and 2) review and verify customer expectations for "future" processes. The consultant will provide:

1. Consulting report prior to implementation identifying:
 - Executive summary of consultants' findings and recommendations based on understanding of current processes.
 - Areas of change management challenges/opportunities related to site specific workflows.
 - Recommendations for workflows and change management strategies to address site specific challenges and opportunities.
 - The initial report will be reviewed remotely via conference call with key clinic personnel to discuss workflow processes and potential change management opportunities and recommendations.
2. Implementation assistance and collaboration with other Varian personnel to address site specific clinical implementation requirements.
3. System configuration support for customizations of system administration to support customer workflow processes. Creation of 3 customer specific dynamic documents.

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Item	Qty	Product Description	Offer Price

4. The consultant will collaborate with Varian training staff to support consistency of training approach to the agreed upon process implementation plan.
5. Pre-implementation site visit for customized system configuration support of Clinical Assessment and Dynamic Documents.
6. One follow-up meeting via conference call with key clinical staff post implementation to identify further change management strategies and process improvements.

Customer Responsibilities:

1. Dedicated time from System Administrator, Manager, Nurse, Physician and 1 to 2 other key clinical staff who are expert users in MS Word to work with the Consultant.
2. Identified site champion to lead the transition to paperless environment
3. Electronic copies of all forms in the format of MS Word.
4. Active participation of staff in all product training events.
5. Identify key management and clinical staff (specifically in areas of nursing and oncologists) to communicate and promote process change within the organization.

Prerequisites:

1. Purchase of ARIA with Clinical Assessment and Dynamic Documents
2. Compatible version of Microsoft office on all document workstations
3. Point of care workstations with electronic signature pad or tablet PC's with signature capability
4. Scanner(s) and fax server
5. Adequate number of workstations to allow easy access to EMR with hardware that meets or exceeds Varian specifications to run ARIA software.

If additional work is required beyond the scope of this proposal, additional Clinical Consulting hours can be purchased at price of \$395.00 per hour.
Services must be completed within 6 months of the initial consulting on site assessment visit.

3.25 1 CONSULT: ARIA Installation New Site CLINICAL CONSULTING: ARIA Installation at New Clinical Site

The consulting engagement will include an initial visit to: 1) review and verify customer goals and 2) review and verify customer expectations for "future" processes, optimized for the customer's workflow. The consultant will provide:

1. Consulting report prior to implementation identifying:
 - Executive summary of consultants' findings and recommendations.
 - "Future state" process maps that are customized to agreed upon processes for the organization.
 - Areas of change management challenges/opportunities related to site specific workflows.
 - Recommendations for workflows and change management strategies to address site specific challenges and opportunities.
 - The initial report will be reviewed remotely via conference call with key clinic personnel to discuss "future state" processes and potential change management opportunities and recommendations.
2. Implementation assistance and collaboration with project management to

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Item	Qty	Product Description	Offer Price
		address site specific clinical implementation requirements.	
		3. Customized configuration of system within Data Administration to support customer "future state" processes and unique workflows.	
		4. The consultant will collaborate with Varian training staff to support consistency of training approach to the agreed upon process implementation plan.	
		5. Pre-implementation site visit for final review of "future state" processes and verification of system and data administration configuration and change management support.	
		Customer Responsibilities:	
		1. Dedicated time from 3-5 key staff during on-site visit and remote meetings.	
		2. Use of meeting room for Varian staff during on-site visit.	
		3. Active participation of staff in all product training events.	
		4. Identify key clinical and management staff to communicate and lead process change within the organization.	
		Prerequisites:	
		1. Purchase of Varian Database System	
		If additional work is required beyond the scope of this proposal, additional Clinical Consulting hours can be purchased at price of \$395 per hour.	
		Services must be completed within 6 months of the initial consulting on site assessment visit.	

Section 4 Eclipse Treatment Planning System

4.01 1 Eclipse Server Licenses-Inspiration Eclipse Server Licenses-Inspiration Configuration

Description:
Site configuration for Eclipse integrated with ARIA.

- PRE-REQUISITES:
1. Server with VARIS Vision (ARIA).
 2. Local Area Network (1 Gb recommended, 100 Mb required)

- FEATURES:
1. DICOM 3.0 CT/MR Image Import Server License
 2. DICOM RT Server License
 3. Integrated Health Enterprise Radiation Oncology
 4. RTOG DICOM Export
 5. DICOM Print

CUSTOMER RESPONSIBILITY:
- A properly networked environment (for detailed information on network requirements, refer to the Oncology Systems Network Configuration Guidelines at

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Item	Qty	Product Description	Offer Price

http://www.varian.com/us/oncology/services_and_support/hardware_specifications/

4.02 1 Color Laser Printer

4.03 1 Planning for Varian Clinac

Description:

This includes a site LMC license for a Varian Clinac

FEATURE(S):

1. Leaf motion calculation software for multiple-static-segment delivery on a Varian Clinac.

LICENSE(S):

1. LMC for Varian Clinac

PRE-REQUISITE(S):

1. Latest software version must be installed on each Eclipse in the network
2. Interactive IMRT Planning and/or Electronic Surface Compensation

4.04 1 Eclipse IMX SFW - Primary

Eclipse IMX SFW - Primary

Description:

A software package for an Eclipse Integrated Treatment Planning optimized for IMRT planning.

FEATURE(S):

1. Base treatment planning software which includes multi-modality image support including PET contouring, image registration and blending, clinical protocols, advanced segmentation, virtual simulation, beam placement, plan evaluation, electronic plan approval, electronic chart and configurable printing of plan documentation.
2. 2D and 3D dose calculation on a distributed calculation framework including beam configuration, IRREG, 3D conformal and field in field planning using Anisotropic Analytical Algorithm (AAA) or pencil beam convolution, and electron calculation using Generalized Gaussian Pencil Beam
3. 2D BrachyVision for film based brachytherapy planning
4. IMRT Planning package including beam angle optimization, Interactive IMRT optimization, electronic surface compensation and planar compensation. Support either split carriages or large-field IMRT. Planning for frameless IMRS.
5. Virtual Simulation Laser Interface
6. Eclipse Beam Data available at www.my.varian.com.
7. IMRT Planning support available with a Varian TrueBeam includes leaf motion calculation algorithm integrated to the Eclipse Distributed Calculation Framework (DCF) to support both the sliding window (leaves move while radiation is ON) and multiple static segments (leaves move while radiation is paused and are static while radiation is ON). (This is available in v10.0 and with a Varian TrueBeam).

LICENSE(S):

One (1) set of license of the above features

PRE-REQUISITE(S):

1. An Eclipse Calculation Workstation must be on order with this package (this

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Item	Qty	Product Description	Offer Price

workstation must be purchased from Varian Medical Systems).

OTHER(S):

1. User and Configuration Manuals on CD (1 set)
2. One-year Initial software support per RAD2750A

4.05 1 INCL ED: Eclipse Administration

- Includes Tuition and Materials for ONE person.
- Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

The Eclipse Administration and Physics course provides training for primarily Physicists. Depending on the facility course may be applicable to Dosimetrists and others responsible for initial system configuration and routine administration of Eclipse.

The administration component of the course will focus on networking, system structure, management of user accounts and routine data backup. Physics part of the course will cover beam data requirements for the Eclipse treatment planning system. It will also include sections on photon and electron beam algorithms. A portion of the instruction time will be devoted to an overview of basic operation of Eclipse external beam planning workspace.

Prerequisites:

- New user, Medical Physicist Education

Length:

5 days

For detailed course information and on-line registration, visit the Varian website at <http://www.varian.com/index.html>.

4.06 1 INCL ED: Eclipse Operations

- Includes Tuition and Materials for ONE person..
- Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

The Eclipse Operations course provides an initial training for Dosimetrist, Physicists and others responsible for daily use of the treatment planning system in the clinical environment. The course will provide an overview of Eclipse structure, graphical user interface, different workspaces and tasks.

The focus will be on the import of CT data, image registration, structure segmentation, creation and edits of plans, fields and beam modifiers and evaluation of plans. Other topics include 2D planning using the digitizer and irregular field planning, simply brachytherapy and export to the record and verify

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Item	Qty	Product Description	Offer Price

system. 3rd party software is also covered.

Prerequisites:

- Experience with and knowledge of treatment planning
- Basic knowledge of computers and the Windows Operating system

Length & Location:

5 days

Varian Education Center, Las Vegas, NV

For detailed course information and on-line registration, visit the Varian website at <http://www.varian.com/index.html>.

4.07 1 INCL ED: Eclipse IMRT Admin Physics
INCLUDED EDUCATION: Eclipse IMRT Administration & Physics

- Includes Tuition and Materials for ONE person.
- Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals.
- Course is non-refundable and non-transferable.
- Offer is valid for 18 months after installation.

The course will cover IMRT planning with the Eclipse System and the delivery of IMRT using Varian dMLC. The Varian IMRT solution will be presented during the course, including the integration into the ARIA System. Course designed for the Physicist.

Part ONE will cover the use of the Eclipse IMRT software encompassing the full treatment planning process with typical clinical case demonstration. Topics include IMRT planning algorithms, interfacing with other devices, definition of optimization parameters, QA parameters, and system commissioning. Part of the training course is reserved for hands-on training to covers typical clinical cases. A guest speaker will present on the use of IMRT planning in the clinical environment, clinical outcomes of IMRT, and radiobiological considerations (DVH, partial DVH, dose volume constraints).

Part TWO covers delivery methods. Topics covered include a detailed description of the MLC hardware, the MLC and Clinac control systems for dynamic dose delivery, dMLC QA issues, and patient related QA procedures.

Prerequisites:

- Attendance of Eclipse Administration and Physics Course and/or Eclipse Operations Course;
- 2-3 month routine clinical use of Eclipse recommended

Length:

5 days

For detailed course information and on-line registration, visit the Varian website at <http://www.varian.com/index.html>. Course is approved for Category "A" ASRT and MDCB continuing education credits.

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Item	Qty	Product Description	Offer Price

4.08 1 INCL ED: Eclipse IMRT Ops
INCLUDED EDUCATION: Eclipse IMRT Operations

- Includes Tuition and Materials for ONE person.
- Customer is responsible for all travel expenses: airfare, hotel, rental car, meals and travel incidentals.
- Course is non-refundable and non-transferable.
- Offer is valid for 18 months after installation.

The Eclipse IMRT Operations course provides instruction on inverse treatment planning with the Eclipse System. Course is designed for the Physicist and Dosimetrist.

Course will cover the entire IMRT treatment planning process demonstrated on clinical cases such as prostate, breast and head and neck. Other topics covered are theory behind IMRT, contouring for IMRT, objectives and constraints, verification plan, data export and image registration. Majority of the course is reserved for hands-on application.

Prerequisites:

- Attendance in the Eclipse Operations course
- Recommend 2-3 month routine clinical use of Eclipse prior to course attendance.

Length & Location:

4 days

Varian Education Center, Las Vegas, NV

For detailed course information and on-line registration, visit the Varian website at <http://www.varian.com/index.html>. Course is approved for Category "A" ASRT and MDCB continuing education credits.

4.09 1 STD TRNG: Eclipse

Training is included with the purchase of Eclipse. Training plan details will be provided by the training management team as part of your product implementation process.

4.10 1 Eclipse IMX SFW - Additional

Description:

An additional software package for an Eclipse Integrated Treatment Planning optimized for IMRT planning.

FEATURE(S):

1. Base treatment planning software which includes multi-modality image support including PET contouring, image registration and blending, clinical protocols, advanced segmentation, virtual simulation, beam placement, plan evaluation, electronic plan approval, electronic chart and configurable printing of plan documentation.
2. 2D and 3D dose calculation on a distributed calculation framework including beam configuration, IRREG, 3D conformal and field in field planning using Anisotropic Analytical Algorithm (AAA) or pencil beam convolution, and electron calculation using Generalized Gaussian Pencil Beam

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Item	Qty	Product Description	Offer Price

3. 2D BrachyVision for film based brachytherapy planning
4. IMRT Planning package including beam angle optimization, Interactive IMRT optimization, electronic surface compensation and planar compensation. Support either split carriages or large-field IMRT. Planning for frameless IMRS.
5. Virtual Simulation Laser Interface
6. IMRT Planning support available with a Varian HET includes leaf motion calculation algorithm integrated to the Eclipse Distributed Calculation Framework (DCF) to support both the sliding window (leaves move while radiation is ON) and multiple static segments (leaves move while radiation is paused and are static while radiation is ON). (This is available in v10.0 or higher and with a Varian HET).

LICENSE(S):

One (1) set of license of the above features

PRE-REQUISITE(S):

1. An Eclipse Calculation Workstation must be on order with this package (this workstation must be purchased from Varian Medical Systems).

OTHER(S):

1. User and Configuration Manuals on CD (1 set)
2. One-year Initial software support per RAD2750A

4.11 1 Eclipse SV SFW - Additional

Description:

An additional software package for an Eclipse Integrated Treatment Planning optimized for the physician's desktop.

FEATURE(S):

1. Base treatment planning software which includes multi-modality image support including PET contouring, image registration and blending, clinical protocols, advanced segmentation, virtual simulation, beam placement, plan evaluation, electronic plan approval, electronic chart and configurable printing of plan documentation.
2. Virtual Simulation Laser Interface

LICENSE(S):

One (1) set of license of the above features

PRE-REQUISITE(S):

1. An Eclipse Calculation or Non-Calculation Workstation must be on order along with this package (this workstation must be purchased from Varian Medical Systems).

OTHER(S):

1. User and Configuration Manuals on CD (1 set)
2. One-year initial software support per RAD2750A

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Item	Qty	Product Description	Offer Price
4.12	1	Portal Dosimetry Package Portal Dosimetry Package Description: This Includes one (1) each of Dose Image Acquisition and Dosimetry Review licenses and an additional Eclipse Dose Calculation license. FEATURES: 1. Provides capability to perform pre-treatment IMRT QA. 2. Provides the ability to generate dose prediction images with the Eclipse planning system, to acquire dose images with the PortalVision electronic Imager, and the ability to view and evaluate the correlation between images. 3. Provides automatic calculation of dose images for RapidArc® radiotherapy technology or conformal-arc IMRT treatment fields, which become part of the verification plan for a treatment. (This is available in v10.0 or higher and Eclipse RapidArc Planning License is present.) LICENSE(S): 1. One (1) Portal Dosimetry license (Dose Image Acquisition at one PortalVision, and one Varian Dosimetry Review license) 2. One (1) Eclipse Portal Dose Calculation license PRE-REQUISITES: 1. Eclipse 3D Treatment Planning System (not including Eclipse SV) 2. PortalVision amorphous silicon imaging system 3. Compatible version of Varian Information Management system, or 4. Compatible version of Varian Image Management system 5. Dedicated Varian Image management server hardware.	
4.13	1	INCL ED: Portal Dosimetry - Includes Tuition and Materials for ONE person. - Customer is responsible for all travel expenses (airfare, hotel, rental car, meals and travel incidentals), unless otherwise stated. - Course is non-refundable and non-transferable. - Offer is valid for 18 months after installation. The Portal Dosimetry course will cover commissioning, calibration and operation of Portal Dosimetry system. Course intended for the Physicist. Topics covered include introduction to Portal Dosimetry system covering hardware and software, Portal Dosimetry calibration, acquisition of portal dose images for dynamic delivery, analysis of portal dose Images and recommended QA tests. Course curriculum includes practical exercises with live beam using aSi1000 Portal imager. Prerequisites: - User of Varian PortalVision system, basic knowledge of Vision system - Attendance in the Eclipse Administration and Physics course - Recommend attendance in the Eclipse IMRT Administration and Physics course - Clinical IMRT experience Length	

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Item	Qty	Product Description	Offer Price

2 Days

For detailed course information and on-line registration, visit the Varian website at <http://www.varian.com/index.html>.

4.14 1 Eclipse RapidArc Planning License 1st

DESCRIPTION: This includes one (1) Eclipse Dose Dynamic Arc module for RapidArc planning

FEATURE(S):

1. Eclipse Dose Dynamic Arc option for RapidArc planning supports dynamic arc treatments produced through volumetric dose optimization.
2. This option uses Dynamic MLC, variable dose rate, and variable gantry speed to generate intensity modulated dose distributions in optimized arcs.
3. Supports coplanar and non-coplanar arcs.
4. Supports full arcs, partial arcs and avoidance sectors.
5. Automated determination of number of arcs and number of isocenters for large targets. (This is available in v10.0 or higher.)
6. Simple collision detection rules. (This is available for v10.0 or higher.)
7. Automatic Normal Tissue Objective. (This is available for v10.0 or higher.)
8. Mean dose objective. (This is available for v10.0 or higher.)

LICENSE(S):

1. Eclipse Dose Dynamic Arc software option and license
2. Conformal Arc for dMLC

PRE-REQUISITE(S):

1. Eclipse version 8.6 or higher must be installed on all Eclipse workstations in the network
2. Interactive IMRT Planning on Eclipse workstations
3. Varian Linear Accelerator with RapidArc Delivery
4. Minimum hardware requirements as per http://www.varian.com/us/oncology/services_and_support/hardware_specifications/

4.15 1 INCL REMOTE TRNG: Eclipse RapidArc Upg

4.16 1 INCL ED: Rapid Arc Operations

- Includes Tuition and materials for ONE person.
- Attendees will be responsible for their own, airfare, hotel, rental car, meals and other travel incidentals.
- Training is non-refundable and non-transferable.
- Offer is valid for 18 months after installation of product.

The Rapid Arc course provides instruction on Rapid Arc planning.

The target audience for the class is anyone involved with treatment planning, specifically Dosimetrists.

The course will provide instruction in the treatment planning principles and knowledge to support planning in Rapid Arc. The lab portion will provide hands-on

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Item	Qty	Product Description	Offer Price
		Rapid Arc planning experience under the guidance of a Varian instructor. Prerequisites: -Must observe prerecorded Rapid Arc Operations Live Meeting prior to class attendance - Experience with and knowledge of Eclipse IMRT treatment planning - Basic knowledge of computers and the Windows Operating system Length & Location: 1 1/2 days Varian Education Center, Las Vegas, NV	
4.17	1	Eclipse Calculation Workstation Dell Precision Workstation with dual quad core processors, and flat panel monitor NOTE: Varian reserves the right to upgrade the hardware to the current model available at time of shipment.	
4.18	1	Eclipse Non-Calculation Workstation Dell OptiPlex Workstation with single processor, and flat panel monitor NOTE: Varian reserves the right to upgrade the hardware to the current model available at time of shipment.	
4.19	1	Small / Medium TPS Rack Server Package This hardware meets the recommended specification for v10.0 or higher. The Medium Rack TPS Server Package consists of the following: (2U) Rack Mount Chassis Varian currently provides state-of-the-art Intel® Multi-Core Xeon® Processors with this DELL® server. Redundancy is achieved with RAID 1 (OS & APP), RAID 5 (DB & DB LOG), and RAID 5 (DB Dumps and Image Directory). LTO external tape autoloader, tapes, and software are included for backup. ~ 2U Rack mount chassis Full Height Server Rack Varian currently provides the Dell™ PowerEdge™ 42U Server Rack with KVM switch, UPS, monitor, keyboard and mouse. NOTES: Varian reserves the right to upgrade this server's hardware to the then current model available at time of shipment. Varian will not be responsible for service or support for any customer purchased computer hardware or software. For a detailed description of our hardware recommendations, please refer to the Varian website: http://www.varian.com/hardware-specs.	

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Item	Qty	Product Description	Offer Price

Quotation Total \$	2,812,533.00

There may be radiological regulatory requirements applicable to possessing and/or operating radiation generating machines. Varian takes no responsibility regarding local radiation safety requirements. These requirements are the customer's responsibility.

Terms & Conditions of Sale

This offer is subject to credit approval and is exclusive of any applicable sales taxes or duties.

If Customer chooses to pay by credit card, a four percent (4%) service fee will be added.

FINANCING AVAILABLE: For lease and finance plans, call Tony Susen, Director - Varian Customer Finance, at (508) 668-4609.

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Terms and Conditions of Sale

1. Applicable Terms and Conditions

These Terms and Conditions of Sale, including any exhibits, schedules, addenda, and other attachments (collectively, the "Agreement"), shall govern Varian's furnishing of all products ("Products"), including hardware products manufactured by Varian ("Varian Hardware"), third party hardware products ("Non-Varian Hardware") (Varian Hardware and Non-Varian Hardware are collectively referred to as "Hardware Products"), application software products created or licensed by Varian under the Software Schedule or provided to Customer by Varian under the terms of the Support Schedule, if any ("Varian Software"), third party software products that are not part of a Varian Product ("Non-Varian Software") (Varian Software and Non-Varian Software are collectively referred to as "Software Products"), Varian warranty work and services provided under the Support Schedule and interface development and other customized service work provided under the Professional Services Schedule ("Varian Services"), and third party services ("Non-Varian Services") (Varian Services and Non-Varian Services are collectively referred to as "Services"), each identified in the applicable Varian quotation ("Quotation") issued to the customer identified in such Quotation ("Customer"). The Software Schedule, if applicable, shall govern all Software Products other than firmware and operating system software loaded on Varian Hardware. The Support Schedule, if applicable, shall govern all warranty work and non-warranty service. The Professional Services Schedule, if applicable, shall govern all medical oncology software interface development and other customized services. The Oncology Systems Schedule ("OS Schedule") shall apply to Oncology Systems division products; the BrachyTherapy Schedule ("BT Schedule") shall apply to BrachyTherapy products; the X-Ray Products Schedule ("XRP Schedule") shall apply to X-Ray Products division products; and the Security and Inspection Products Schedule ("SIP Schedule") shall apply to Security and Inspection division products. While Varian may acknowledge receipt of a purchase order issued by Customer by signing and returning it, any Customer terms and conditions in any specific order documentation, preprinted or otherwise, shall be inapplicable and shall not modify this Agreement.

2. Quotations and Prices

(a) A Quotation shall expire at the end of the period identified in the Quotation, or if none is stated in the Quotation, the Quotation shall expire sixty (60) days from the date of issuance. A Quotation to a non-U.S. customer shall be considered a solicitation for an offer to purchase. (b) Varian's prices exclude, and Customer shall be responsible for, all taxes or levies of whatever nature arising out of or in connection with this Agreement, including the sale, delivery, ownership, or use of the Products or performance of the Services, but excluding taxes based on Varian's net income. If Customer asserts that any transaction under this Agreement is tax exempt, Customer shall provide to Varian a tax or levy exemption certificate acceptable to the taxing or levying authority. (c) Varian's acceptance of any order and Varian's performance are expressly conditioned upon Customer's compliance with all applicable codes, regulations, and recommendations of competent health or radiation-protection authorities affecting Products or installation and use of the Products, including obtaining all required permits, and Varian's approval of Customer's credit. Customer acknowledges that Varian has notified Customer that there are regulatory requirements associated with possession and use of radiation-generating devices. Prior to installation of a radiation-generating device Customer must apply for and obtain approval for installation of the device from the appropriate local and/or state radiological regulatory agency and must provide Varian with a copy of the approval form to verify that the required authorization has been obtained prior to the transfer of the radiation-generating device. (d) Customer shall disclose the dollar value of any discounts or reductions in price for the Products and Services furnished by Varian in Customer's costs claimed or charges made to Medicare, Medicaid, and any other federal, state, or local program providing reimbursement to Customer.

3. Payment

The payment schedule and payment terms are set forth in the Quotation, provided, however, that if a Product is not installed within six (6) months after delivery to Customer and such delay is not due to the fault of Varian, then all remaining unpaid balances shall become immediately due regardless of the payment schedule in such Quotation or contract. Varian may charge interest for past due balances at a rate of the lesser of one percent (1%) per month or the maximum amount permitted by applicable law. For partial shipments, Products will be billed when shipped (for example, if Customer orders two linear accelerators on one Quotation to be installed on different dates, then Varian may bill as set forth in the Quotation when the first accelerator and accessories are installed). Varian may cancel or delay delivery of Products when Customer's payments are late under any orders with Varian. Varian shall retain a purchase money security interest in all Products and the proceeds thereof until Customer has made payment in full to Varian of all sums due, including late fees and collection costs. Customer agrees to execute any financing statements or other documents requested by Varian, which may be reasonably necessary to perfect such security interest.

4. Cancellations and Modifications

Deposits or down payments, if any, are non-refundable. No Product order accepted by Varian may be terminated, canceled, or modified by Customer except by prior mutual agreement in writing. Where Customer breaches this clause, Customer shall forfeit its deposit or down payment, or if no deposit or down payment was made, shall pay to Varian all damages reasonably incurred by Varian. This Section shall not limit, and Varian shall be entitled to pursue, any other remedies that it may have under the law or in equity. Termination of Service orders shall be governed by the Support Schedule.

5. Use Restrictions

Customer shall not decompile, disassemble, or reverse engineer any part of a Product except to the extent such prohibition is void under applicable law. Customer must ensure that anyone with authorized access to the Products will comply with the provisions of this Agreement.

The following shall apply to all Firmware and Operating Systems (as defined below) and Software Products licensed to Customer under this Agreement. Nothing in this Section shall prohibit Customer from allowing hospitals and healthcare workers affiliated with Customer from using the Products if they have the requisite training or experience to do so. Without the written consent of Varian, Customer may not (i) sublicense, sell, lease, rent, timeshare, distribute, or otherwise attempt to transfer its license to such software and/or Documentation to any other person or entity; or (ii) use the such software in a facility management or Service Bureau manner or permit third parties to access the such software over the internet or through an application service provider model. "Service Bureau" means an arrangement pursuant to which

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(i) third parties are permitted to access and use such software, directly or indirectly, by any means to process their own data or (ii) Customer uses such software to process the data of any third party. Except to the extent that these restrictions are void under applicable law, Customer shall not (i) copy, print, alter, or translate such software, (ii) circumvent any usage or other restrictions imposed by any license manager, (iii) create any derivative work based on such software, or (iv) use such software for application development purposes. Customer agrees that these provisions shall also apply to any copies of such software that Customer acquires from third parties. Customer agrees that it shall not use any part of such software apart from the hardware or software Product with which it was intended to operate.

6. Firmware and Operating Systems

The Product may contain internal system code that executes below the external user interface and which is integral to the operation of the Product ("Firmware"), as well as operating system software ("Operating Systems"). Varian or its licensors own all Firmware and Operating Systems. Except where such Firmware or Operating System is owned by a third party which licenses it directly to Customer, Varian hereby grants Customer, only for so long as Customer shall own the Product, a limited, personal, non-transferable, non-exclusive license to use the applicable Firmware and Operating System as part of the normal operation and maintenance of the Product.

7. Proprietary Notices, Trademarks, Logos, and Trade Names

Varian or Varian's suppliers or licensors own all right, title, and interest (including without limitation all intellectual property rights) in and to all drawings, designs, specifications, manuals, and software furnished by Varian to the Customer. Customer shall not remove, alter, or obscure any copyright, trademark, trade secret, government restricted rights, or other proprietary or confidentiality notices or legends from any copy of such materials and software that are (i) placed or embedded by Varian or its suppliers or licensors in the software, (ii) are displayed when the software is run, or (iii) are applied to the Products, their packaging, labels, or any other materials provided under this Agreement. All trademarks, logos, and trade names displayed on the Products and any related documentation are the property of Varian or third parties, and Customer shall not use them without the prior written consent of Varian or the third party that owns them.

8. Confidential Information

Each party ("Recipient") may be exposed to certain information of the other party ("Discloser") which is confidential to the Discloser and is valuable to Discloser and not generally known to the public ("Confidential Information"). Notwithstanding the foregoing, information shall not be Confidential Information unless, if disclosed in writing, it is conspicuously marked "Confidential" or bears some similar marking, or, if disclosed orally or by observation, its confidential nature is stated by the Discloser at the time of disclosure and confirmed in writing to the Recipient within fourteen (14) days after the disclosure. Except as expressly and unambiguously allowed in this Section, Recipient will hold Discloser's Confidential Information in confidence and will treat Discloser's Confidential Information with the same degree of care taken to protect its own similar confidential information but in no event with less than reasonable care. Recipient further agrees to limit disclosure of such information to those of its directors, employees, contractors, and agents who have a need for such information to effect the use permitted under this Agreement and who are bound under a written agreement to keep such information confidential. For purposes of this Agreement each party's standard director or employee agreement covering confidential information issues will satisfy this requirement with respect to such directors or employees. Recipient will not be required to protect or hold in confidence any information which: (1) becomes publicly known through no wrongful act or omission of Recipient; (2) was previously disclosed by Discloser to Recipient without indication of confidentiality; (3) becomes known to Recipient, without confidential restriction from a third party unless Recipient had or should have had knowledge of its confidentiality; (4) is approved by Discloser for disclosure without restriction in a written document which is signed by a duly authorized officer of the Discloser; or (5) is independently developed by Recipient without use of Discloser's Confidential Information. Disclosure of Confidential Information will not be precluded by this Section if such disclosure is: (a) necessary to establish rights under this Agreement (subject to Recipient's obligation at its expense to make a good faith attempt to obtain a protective order prior to such disclosure); or (b) required by law or regulation or in response to a valid order of a court or request of other governmental body of a country or political subdivision thereof, provided that Recipient notifies Discloser of such order on a timely basis and if possible prior to such disclosure. All Confidential Information, including copies made by Recipient, will remain the property of Discloser. The obligations of confidentiality imposed by this Agreement shall survive any termination of this Agreement. This Section shall not apply to any Confidential Information covered by a separate Business Associate Agreement between the parties.

9. Warranty

Warranty for Hardware Products: See the applicable OS Schedule, BT Schedule, XRP Schedule, or SIP Schedule.

Warranty Remedies: See the applicable OS Schedule, BT Schedule, XRP Schedule, or SIP Schedule.

Warranty for Software Products and Services: Warranties for Software Products, excluding Firmware and Operating Systems loaded on Varian Hardware, and Services, if any, shall be as set forth in the Software Schedule and Support Schedule, respectively.

Exclusions from Coverage: Any warranty claim, support claim, or liability is excluded where such claim or liability is not caused by Varian and arises out of (1) accident, theft, misuse, or neglect; (2) use of the Products outside of normal operating conditions, specifications, or environment or in a manner not authorized by Varian as set forth in the applicable Product documentation or written instructions from Varian; (3) lack of routine care or maintenance as indicated in any Varian operating or maintenance instructions, or maintenance by an unauthorized third party service provider; (4) user modification of any Product; (5) computer viruses and other changes to the operating system or environment which adversely affect the Product; (6) defects, problems, or failures created by third party products (except those comprising parts or components of Varian Products) or their interface with Varian Products; (7) acts of God, electrical power surges, or other causes external to the Products, or (8) latent defects discovered after the expiration of the applicable warranty period.

Third Party Product Terms and Warranties: Except as otherwise set forth in this Agreement, third party products that are integrated into Varian Products and not separately identified in the Quotation shall be covered by the warranty or support applicable to such Varian Product. All other third party products may be delivered to Customer with such third party supplier's usage guidelines and restrictions, software licenses, warranties, and/or other terms, if any, and Customer must agree to such guidelines, restrictions, licenses, warranties, and terms except as it negotiates directly with the manufacturer or authorized distributor of such products. In no event shall Varian have any liability with respect to such third party equipment, accessories, software, or warranties provided by such other suppliers, nor shall Varian have any liability for failure of such suppliers to perform on their warranties.

EXCLUSIONS OF IMPLIED WARRANTIES: THESE LIMITED WARRANTIES ARE EXPRESSLY IN LIEU OF AND EXCLUDES ALL OTHER EXPRESS OR IMPLIED WARRANTIES, REPRESENTATIONS, OR CONDITIONS, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE.

10. Intellectual Property Infringement

Varian shall defend, at its expense, any third party claim brought against Customer that the design or manufacture of any Varian Hardware or Varian Software furnished by Varian to Customer under this Agreement infringes any patents or other intellectual property rights of (1) the country where Customer takes delivery of the Product if such country is the United States, Canada, Japan, Switzerland, or any of the fifteen (15) original members of the European Union (namely, Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden, and the United Kingdom), or (2) the United States where Customer takes delivery of the Product in a country not listed earlier in (1) ("Claim"), and shall pay any settlement and any damages, costs, and attorneys' fees finally awarded against Customer arising out of a Claim. The foregoing is conditioned upon Customer (a) notifying Varian immediately in writing of the Claim; (b) giving Varian sole control of the defense, management, and settlement of the Claim, provided that Customer may participate in such defense at its own cost with counsel of its choice if it gives Varian such control; and, (c) upon request, at Varian's cost, reasonably cooperating with Varian in such defense. Varian shall not enter into any settlement imposing liability on Customer for which Customer is not indemnified without Customer's written consent. If (1) such Product's use is enjoined as a result of any Claim, or (2) in Varian's opinion, such Product is likely to become subject to a Claim, Varian may, at its expense and sole option, (a) modify the Product so that it becomes non-infringing; (b) procure for Customer the right to continue to use the Product; (c) substitute for the infringing Product another product having a functionality equivalent to the Product; or (d) accept return of the Product and refund its purchase price, less reasonable depreciation. Varian EXPRESSLY EXCLUDES from liability and Customer shall indemnify and hold Varian harmless from: (1) settlements and their related costs and expenses where Customer settles Claims without Varian's prior written consent; and (2) any Claims arising out of (a) use of the Product in a manner not authorized by Varian, as set forth in the applicable documentation for the Product or written instructions by Varian; (b) modification of the Product except modifications performed by Varian or pursuant to Varian's instructions; (c) combination of the Product with any other equipment, apparatus, software, processes, or materials not furnished by Varian except as requested or performed by Varian; (d) compliance by Varian with Customer's designs, specifications, or instructions; or (e) methods of use of a Product, unless the Product has no substantial non-infringing use; where such infringement would not have occurred but for such use, modification, combination, or compliance. This Section states Varian's entire liability for any claim based upon or related to any alleged infringement of any patent or other intellectual property rights.

11. Bodily Injury

With respect to bodily injury liability to third parties, each party shall be responsible in such proportion as reflects its relative fault for damages arising from or in any way related to the use or operation of any Product. Varian shall have no responsibility whatsoever for, and Customer shall indemnify, defend, and hold Varian harmless from, any and all damage or injury which arises from or relates to (1) any use, operation, or service of any Product by anyone other than Varian personnel prior to completion of applicable acceptance tests by Varian and the radiation survey by Customer, or (2) any use, operation, or service of any Product contrary to any written warning or instruction given by Varian with respect to such Product, including but not limited to unauthorized use and/or modification of any equipment, components, software, or accessories by any user, or their use on or with any explosive or incendiary materials, or (3) claims or damages associated with any non-Varian design, manufacture, or installation of any product or any custom design, manufacture, or installation by Varian that is performed pursuant to Customer's specifications, designs, or plans. This Section states each party's entire liability for bodily injury.

12. LIMITATIONS OF LIABILITY

IN NO EVENT SHALL VARIAN OR ITS SUPPLIERS OR LICENSORS OR CUSTOMER BE LIABLE UNDER CONTRACT, TORT, OR ANY OTHER LEGAL THEORY FOR INCIDENTAL, CONSEQUENTIAL, INDIRECT, PUNITIVE, OR SPECIAL LOSSES OR DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO LOST BUSINESS, LOST PROFITS, LOSS OF USE, OR LOSS OF OR DAMAGE TO DATA, HOWEVER CAUSED, WHETHER FORESEEABLE OR NOT, EVEN IF THE OTHER PARTY IS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. VARIAN AND ITS SUPPLIERS AND LICENSORS' AND CUSTOMER'S TOTAL LIABILITY IN DAMAGES OR OTHERWISE SHALL NOT EXCEED THE TOTAL AMOUNTS PAID OR PAYABLE UNDER THE AGREEMENT. THESE LIMITATIONS SHALL APPLY NOTWITHSTANDING THE FAILURE OF THE ESSENTIAL PURPOSE OF ANY LIMITED REMEDY. THE PARTIES ACKNOWLEDGE THAT THESE LIMITATIONS OF LIABILITY ARE MATERIAL PARTS OF THE BARGAIN BETWEEN THE PARTIES AND THAT PRICES FOR THE PRODUCTS WOULD BE HIGHER WITHOUT THEM. (1) Liability to third parties for bodily injury, including death, resulting from Varian Hardware or Varian Software, (2) liability for breach of confidentiality, and (3) obligations related to intellectual property shall not be affected by the liability limitations stated above in this Section.

13. Export Compliance

Customer acknowledges and agrees that the Products and related technology subject to this Agreement are subject to the export control laws and regulations of the United States, European Union, and Switzerland, and Customer agrees to comply with such laws and regulations. Customer agrees that it shall use its best efforts to ensure that the Products and related technology are not (1) sold, transferred or diverted to any U.S. or E.U. sanctioned or embargoed country (including, but not limited to, Cuba, Iran, Sudan and Syria), unless authorized by U.S. export license or regulation; (2) sold, transferred, or diverted to any person, firm, or other entity listed in the U.S. Department of Commerce Denied Persons List or Entity List, the U.S. Department of Treasury's Specially Designated Nationals List, the U.S. Department of State's Debarred Parties listing, or any E.U. or local country listing of sanctioned persons; (3) sold, transferred, or diverted to any nuclear weapons, nuclear power, nuclear research, chemical/biological weapons, or missile/rocket technology end-user or end-use; or (4) sold, transferred, or diverted in violation of any other applicable import/export laws, regulations, licenses, or government orders. Customer shall promptly advise Varian in writing of any known or suspected sale, transfer, or diversion in violation of the foregoing. Customer understands that Varian's performance under this Agreement is subject to Varian's receipt of all necessary licenses, permits, or approval from all relevant governments or their agencies for the import or export of the Products and that Varian shall be free from all liabilities for deficient performance under this Agreement if such deficiency is caused by the non-receipt or late receipt of such licenses, permits, or approval. The obligations of this Section as to these laws shall survive any termination of this Agreement.

14. Force Majeure

Neither party shall be liable for any delay in performance which is due to causes beyond its control. Performance shall be deemed suspended during the event causing such delay plus a reasonable period of time after such event, and the other party shall accept such delayed performance. Either party may terminate any Quotations not yet completed if such performance is delayed more than thirty (30) days under this Section.

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15. Disputes, Mediation, Arbitration, and Applicable Law

The parties shall endeavor to settle any dispute arising out of this Agreement, except those pertaining to intellectual property issues, by mediation under the Mediation Rules of the American Arbitration Association ("AAA"). The parties will attempt to agree on a mediator. Failing such agreement, the mediator will be appointed by the AAA Vice President in charge of Mediation. Any dispute arising out of or relating to this Agreement, including the breach, termination, or validity thereof, which has not been resolved by mediation as provided herein within thirty (30) days after appointment of a mediator or such time period as the parties may otherwise agree, shall be finally resolved by binding arbitration in accordance with the AAA Commercial Rules, by three (3) independent and impartial arbitrators, all of whom shall be appointed by AAA, provided, however, that if one party fails to participate in the mediation as agreed in this Section, the other party can commence arbitration prior to the expiration of the time periods set forth above. The arbitration shall be governed by the Federal Arbitration Act, 9 U.S.C. §§1 et seq., and judgment upon the award rendered by the arbitrators may be entered by any court having jurisdiction thereof. The place of arbitration shall be Palo Alto, California. The governing law of the substance of this Agreement shall be the commercial law of the state of California, and the United Nations Convention for the International Sale of Goods shall not apply. The procedural law shall be the law of the place where arbitration is conducted. Arbitral proceedings shall be conducted in English. The arbitration tribunal shall not award punitive damages. The expenses of the arbitration, including the arbitrator's fees, expert witness fees, and attorney's fees, may be apportioned between the parties in any manner deemed appropriate by the arbitrator; however, in the absence of any formal ruling by the arbitrator each party shall share equally in the payment of the arbitrator's fees and bear its own costs, expert witness fees, and attorney's fees. The arbitration award shall be final and binding, shall be the sole and exclusive remedy regarding any and all claims and counterclaims presented, and may not be reviewed by or appealed to any court except for enforcement. Nothing in this Agreement shall prohibit either party from seeking to prevent any unauthorized copying, disclosure, use, retention, or distribution of its Confidential Information or intellectual or other property by injunctive relief or otherwise in a court of law. Varian shall have the exclusive right to bring legal action for failure to pay for Products or Services furnished in the courts of Varian's corporate domicile or any other place.

16. Limitation of Claims

No claims, regardless of form, arising out of, or in any way connected with this Agreement or the Products or Services may be brought by Customer more than one year after the cause of action has accrued or performance under this Agreement has been completed or terminated, whichever is earlier.

17. Notices

Any notices required or permitted to be given pursuant to this Agreement shall be in writing, delivered (1) in person, (2) by international courier, (3) by first class certified mail, return receipt requested, or its international equivalent, or (4) by facsimile with confirmation of delivery and an extra copy mailed. All such notices shall be addressed to Varian at Legal Department, Varian Medical Systems, Inc., 3100 Hansen Way, M/S E-250, Palo Alto, CA 94304, fax 650-424-5998, and to Customer at the address and/or fax numbers set forth in the Quotation or to such other address as may be specified from time to time by notice in writing to the other party. Notice shall be deemed to have been given when received.

18. Headings

Headings used in this Agreement are for ease of reference only and will not be used to interpret any part of this Agreement.

19. Entire Agreement, Amendments, and Priority of Documents

This Agreement contains the complete and exclusive statement of the terms of agreement of the parties with respect to this subject matter, and supersedes all prior and contemporaneous understandings, representations, and warranties, written and oral. This Agreement may be amended or modified only in a writing signed by both parties. If a court or arbitrator holds any part of this Agreement to be illegal, unenforceable, or invalid in whole or in part for any reason, the validity or enforceability of the remaining provisions, or portions of them, will not be affected, and such provisions will be changed and interpreted so as to best accomplish the objectives of such provisions within the limits of applicable law or court decisions. In the event of a conflict, the documents shall be interpreted to give priority in the following order: (1) amendments or addenda to this Agreement, if any, with highest priority given to the most recent amendment or addendum, (2) Quotation, (3) the applicable OS Schedule, BT Schedule, XRP Schedule, or SIP Schedule; (4) Professional Services Schedule, if applicable; (5) Support Schedule, (6) Software Schedule, if applicable, and (7) Terms and Conditions of Sale excluding any schedules to it.

20. Waiver

No term or provision of this Agreement shall be deemed waived by either party, and no breach excused by either party, unless the waiver or consent shall be in writing signed by an authorized representative of the party granting such waiver or consent.

21. Assignment

Except as to rigging, neither party may assign its rights nor delegate its duties under this Agreement without the written consent of the other, and any attempted assignment without such consent will be void. However, either party may assign or otherwise transfer its rights or delegate its duties under this Agreement, in whole or in part and subject to the terms of this Agreement, to a subsidiary or affiliate, or a purchaser or transferee of substantially all of the assets used by such party in its business to which this Agreement relates or in the event of a merger, acquisition, corporate restructuring, or change in control upon written notice to the other party.

22. Relationship of the Parties

This Agreement does not create a relationship such as a partnership, franchise, joint venture, agency, master/servant, or employment relationship. Neither party may act in a manner, which expresses or implies a relationship other than that of independent contractor, nor bind the other party.

23. Counterparts

This Agreement may be executed in two counterparts, each of which will be an original and together which will constitute one and the same instrument.

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medical systems

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VARIAN MEDICAL SYSTEMS, INC.
3100 Hansen Way, Palo Alto, CA 94304
("Varian")

Oncology Systems Schedule to Terms and Conditions of Sale

This Oncology Systems Schedule ("OS Schedule") applies to Oncology Systems Products and is an attachment to the Varian Medical Systems Terms and Conditions of Sale and the other incorporated documents comprising the Agreement. The definitions set forth elsewhere in the Agreement shall apply to this Schedule.

1. Transportation and Risk of Loss

Except as otherwise provided in this Agreement or any applicable Quotations, all shipments are Ex Works (Incoterms 2000) Varian's plant with Varian selecting the transportation company. Title shall pass at the same time that risk of loss shifts. Unless otherwise expressly agreed in writing, Varian will ship linear accelerator, simulator Products, and any other Products that Varian determines such transportation is advisable, as well as any other items that it determines would be efficiently transported by inclusion with such Products, to Customer's site in "air ride" vans, and Varian shall insure to full value of Products shipped at Customer's expense or shall declare full value of the Products to the transportation company at time of shipment. Within three (3) days of delivery, Customer shall examine fully the packaging of the Product delivered for damage and make all applicable complaints and claims arising out of such delivery to the carrier in writing, and shall provide a copy to Varian.

2. Bill and Hold

If shipment is delayed due to unavailability of Customer facilities or any other cause, Customer may request and authorize Varian to hold the Product(s) in storage upon completion of manufacturing. Varian shall invoice Customer for, and Customer shall pay, eighty percent (80%) of the purchase price for such Product(s), which shall include any down payments or deposits. Varian will select a suitable storage facility and pay for the costs of storage and insurance for up to ninety (90) days. Title to the Product(s) shall pass when the Product(s) are placed into storage. The Product(s) shall be insured in Customer's name. If customer has not requested shipment of the Product(s) within such ninety (90)-day period, then Varian shall ship the Product(s) to the site designated in the applicable Quotation(s). When storage is required, the provisions of this Section shall prevail over any inconsistent provisions of this Agreement.

3. Architecture

Varian will have no approval or other responsibility for any matter affecting or related to the adequacy of Customer's operating permit, architectural design, the radiation protection walls and barriers, patient viewing devices, compliance with all facility personnel safety devices and related inspections, utility service design and location, and other details pertaining to Customer's site.

4. Installation

Except as otherwise agreed, Customer will provide labor and rigging services to unload the subbase frame and the Products from the transport vehicle and move them to their final positions for linear accelerator and simulator Products and any other Products for which such services are required. Customer will be responsible for the setting and grouting of the subbase frame and the connection of the Products to the utilities, and Varian will notify Customer approximately ninety (90) days prior to scheduled Products shipment to allow Customer to provide for and coordinate rigging services, unloading, and final positioning. Customer will be responsible for having the building, utilities, lighting, ventilation, air conditioning, mounting facilities, all necessary radiation shielding, and access to the room completed on the estimated delivery date and ready for installation of the Products. Where Varian supervises such work, Varian shall act solely as Customer's agent and shall have no responsibility or liability of any kind for such work. Where Varian is installing a Product for Customer, Customer will reimburse Varian at Varian's standard service rates for any extra time and/or travel by Varian made necessary by any delays not caused by Varian. Varian shall have no obligation to operate Products to complete installation or testing unless Customer has provided adequate radiation shielding protection and other site preparations for the safety and protection of Customer's and Varian's personnel and Products. Upon completion of installation, Varian's representatives will demonstrate proper Product operation by performing the applicable Varian Customer Acceptance Procedure ("VCAP"). Customer shall provide a representative who shall be present at all times during installation and be capable of assisting where necessary. When no representative is present or assistance from Customer is not available when required by Varian, Varian may discontinue installation and shall charge Customer for any additional costs incurred including Varian's standard service rates. If union action or influence requires union labor to complete any installation of Products, then such installation shall be completed at Customer's expense under the engineering supervision of Varian.

5. Acceptance of Hardware Product

For Non-Varian Hardware Varian shall invoice when such Product is shipped. For Varian Hardware, acceptance shall occur upon the earlier of (1) Customer's execution of Varian's acceptance form, which is the final step in the VCAP for each Product, (2) completion of the applicable VCAP, (3) use of any such Product by Customer, its agents, employees, or licensees, for any purpose other than testing after its receipt, or (4) six months after delivery of the Product. Prior to acceptance Varian may repair or, at its option, replace defective or nonconforming parts after receipt of notice of defect or nonconformity. After acceptance Customer's remedies shall be solely as provided in the warranty. After six (6) months after delivery of the Product Varian shall no longer be required to provide installation services.

6. Calibration and Radiation Surveys

For linear accelerator and simulator Products and treatment planning software, Customer shall be responsible for all Product calibration. The dose rate and integrated dose measured by the accelerator transmission ionization chamber and dosimetry electronics must be calibrated by a qualified radiological physicist prior to use of the Product for patient treatment. Customer shall be responsible for testing and calibrating the Product on a regular basis. Customer also shall be responsible for any radiation surveys required by applicable law or regulation or necessary to establish that radiation does not exceed safe levels. For simulator Products, Varian's obligation to calibrate shall be limited to that required by local law. In the United States calibration shall be limited to those certified components that are required under 21 C.F.R. 1020.30(d) (U.S. Code of Federal Regulations) to be calibrated by the installer where Varian is the installer. Customer shall be responsible for all other calibrations of simulator Products.

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7. Warranty

Warranty for Varian Hardware: Unless otherwise provided in this Agreement or the Quotation, Varian warrants that Varian Hardware and any Firmware and Operating System loaded on such Varian Hardware, except where such Firmware or Operating System is owned by a third party which licenses it directly to Customer, to be free from defects in material and workmanship and in substantial compliance with operational features of Varian's published specifications for the applicable Product at the time of sale ("Specifications"). This warranty shall begin upon completion of installation and continue for a period of one year from such date, but not to exceed two (2) years from date of shipment from Varian to Customer. In lieu of the foregoing periods, specific components of Varian Hardware may have different warranty periods, prorated replacement credits, and return policies, as stated on the applicable Varian warranty forms supplied by Varian to Customer with this Agreement. Weights and dimensions in the Specifications are approximations. Clerical and typographical errors are subject to correction. Occasionally, Varian may substitute remanufactured parts and components that meet the same quality standards as new materials and are covered by the same warranty. Parts for which Varian has provided replacements shall, at Varian's option, become the property of Varian.

Warranty Remedies: Customer's sole and exclusive remedy for any failure of Varian Hardware or Firmware or Operating System under this Section to perform shall be repair or, at Varian's option, replacement of such defective Products in whole or in part during Varian's normal business hours. If in Varian's sole opinion such repair or replacement is not feasible, or if such remedy fails of its essential purpose, Varian shall refund or credit a portion of any sums paid by Customer for the defective Product less reasonable depreciation. In-warranty repair or replacement parts are warranted only for the unexpired portion of the original warranty period.

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medical systems

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Software Schedule to Terms and Conditions of Sale

This Software Schedule ("Software Schedule") is an attachment to the Varian Medical Systems Terms and Conditions of Sale, and the definitions set forth in that document shall apply to this Software Schedule.

1. Additional Definitions

- 1.1 "Access" means use of Software Products installed on a workstation or use at a workstation through remote connection to a server via a single Local Area Network ("LAN") or a single Wide Area Network ("WAN"), but not from outside the designated LAN or WAN, except that remote administrative viewing of certain designated Software Products installed on a server will not be outside the scope of the permitted use.
- 1.2 "Documentation" means the user manual for Software Products which describes the software and provides information specific to that Software Product.

2. License Grant

Subject to and for so long as Customer is in compliance with the terms and conditions of this Agreement, Varian grants to Customer a limited, personal, non-exclusive, non-transferable license for:

- (a) server modules of Software Products, as follows:
 - (i) for server components of a server module of a Software Product, to install and use a single copy of the object code version of such server module on a single server (or single database server and single imaging server for imaging applications) and to Access the server modules from a workstation; and
 - (ii) for workstation components of a server module of a Software Product, if any, to install and use copies of the object code version of such workstation components on such workstations as necessary;
- (b) workstation applications of Software Products, as follows:
 - (i) for a workstation application of a Software Product intended for installation on a workstation for which no license manager is used or for which a fixed license manager is used, to install and use the object code version of such workstation application on the number of workstations for which licenses have been purchased;
 - (ii) for a workstation application of a Software Product pre-installed by Varian on a workstation (such as a console) prior to its delivery to Customer, to use the object code version of such workstation application on the workstation on which such application is installed;
 - (iii) for a workstation application of a Software Product intended for a floating license, to install the object code version of such workstation application on any number of workstations and to permit concurrent users up to the number of licenses purchased to use such workstation application;
 - (iv) for a workstation application of a Software Product intended for a site license, to install and use the object code version of such workstation application on any number of workstations at the Customer site(s) identified in the Quotation as to such Software Product; and
 - (v) for an RTP Exchange, to install and use the object code version of RTP Exchange on up to three (3) workstations per model of treatment planning system;

Each such license shall be valid until termination under this Agreement or expiration.

- (c) to copy the Software Products for back up and archival purposes only, except to the extent that such restriction on copying is void under applicable law; and
- (d) to use (but not make copies of) the Documentation to assist in Customer's use of the Software Products pursuant to the terms of this Agreement except that Customer may make an electronic copy on each workstation of the Documentation applicable to the Software Products installed or used on such workstation.

Software Products may be licensed as server modules or as workstation applications as may be indicated in the applicable Quotation or Documentation. Unless otherwise indicated, Maintenance Releases, Mandatory Safety Releases, Upgrades, and Purchase Options (as defined in the Support Schedule) are hereby licensed in the same way that their underlying Products are licensed under this Section. Customer shall not be entitled to receive or use any source code of the Software Products under this Agreement except as otherwise stated in this Agreement. Varian shall have the right to conduct and/or direct an independent accounting firm to conduct, during normal business hours, an audit of the appropriate records of Customer to verify Customer's compliance with the licenses granted under this Software Schedule.

3. Title

Title to all copies of the Software Products and Documentation will remain in Varian or its licensors. No license, right, title, or interest in the Software Products or Documentation, or any intellectual property of Varian or any Varian third party licensor, is granted to Customer except as expressly granted in this Software Schedule.

4. Integration

Customer acknowledges that the import of data into and the export of data out of certain Software Products require an interface between the Software Products and external programs or information systems, whether such programs or information systems are supplied by Varian or a third party.

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5. Acceptance

Where Varian will be installing the Software Product, Customer will make its site available to Varian personnel to install the Software Product no later than thirty (30) days after delivery of the applicable Software Product to Customer. Customer will have thirty (30) days from the installation date, or where Customer will perform the installation, thirty (30) days from delivery of the Software Product, to review the Software Product. Customer may reject Software Product only if it does not substantially conform to the Documentation. Customer's rejection must be in writing, must describe the non-conformity in detail, and must be provided to Varian within such thirty (30)-day period. Varian will have a reasonable period of time in which to correct or provide a workaround for any such non-conformity. Customer will be deemed to have accepted the Software Product after thirty (30) days from the installation date or delivery date, as applicable, unless Varian has received written notice of rejection within the thirty (30)-day period. Notwithstanding the foregoing, Customer's productive use of the Software Product in Customer's business will be deemed to be acceptance of the Software Product.

6. Support and Warranties

6.1 Support in Lieu of Warranty & Limited Warranty

Varian agrees as follows:

- (a) for Software Products licensed to Customer as a component of a new system, in lieu of any warranty Varian will provide Customer with technical support Services for a period of one year from the date of installation of the Software Product by Varian (or the date of delivery where the Software Product will be installed by Customer), or such other period set forth in the Quotation, under the terms of a Support Schedule, at no additional charge to Customer;
- (b) for Software Products licensed to Customer that adds a module to, upgrades, or increases the number of licenses purchased under a pre-existing configuration
 - (i) for which a Support Schedule or agreement is then in effect between Customer and Varian and is not scheduled to expire within thirty (30) days of the execution of this Agreement, upon expiration of the applicable warranty period for such additional licenses, Varian will provide Customer with technical support Services for the balance of the then-current one-year support period, at a pro-rated charge that will be calculated and invoiced based on the number of months remaining until the anniversary (or renewal) date for support on the pre-existing configuration, to Customer under the terms of the Support Schedule or agreement for such pre-existing configuration; and
 - (ii) for which a Support Schedule or agreement is then in effect between Customer and Varian but is scheduled to expire within thirty (30) days of the execution of this Agreement or for which no Support Schedule or agreement is then in effect between Customer and Varian, excluding BrachyTherapy products, Varian warrants, for a period of thirty (30) days from the date of installation of the Varian Software by Varian (or the date of delivery where the Varian Software will be installed by Customer), that the Software Product, will, when used in accordance with the Documentation, substantially conform to the Documentation. Where Customer reports a nonconformity to Varian during the warranty period, Varian will provide workarounds, patches, bug fixes, or other corrections or will replace the affected Software Products, at Varian's option, and such remedy will be Customer's sole and exclusive remedy for breach of this warranty. If in Varian's sole and exclusive opinion any such workaround, patch, bug fix, correction, or replacement is not commercially reasonable, or if any such remedy fails of its essential purpose, Varian shall negotiate with Customer with respect to a refund of any equitable portion of any sums paid by Customer for the Software Products.

Varian's provision of Mandatory Safety Releases, Maintenance Releases, and, if applicable, Upgrade Releases, under the warranty or support in lieu of warranty in this Section and pursuant to the Support Schedule shall not extend the original period for such warranty or support.

6.2 Disclaimer

EXCEPT AS PROVIDED IN THIS AGREEMENT, VARIAN DISCLAIMS ALL EXPRESS OR IMPLIED WARRANTIES, REPRESENTATIONS, AND CONDITIONS (EITHER IN FACT OR BY OPERATION OF LAW) INCLUDING BUT NOT LIMITED TO IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NON-INFRINGEMENT OF THIRD PARTY RIGHTS. VARIAN MAKES NO WARRANTY THAT THE OPERATION OF ANY SOFTWARE PRODUCT WILL BE UNINTERRUPTED OR ERROR-FREE.

6.3 Limitations

Except as specifically stated in the Documentation, Varian does not make any representations or warranty regarding the compatibility of the Software Products with software or hardware not supplied by Varian. Varian will in its sole and exclusive discretion, use reasonable efforts to assist Customer with the use of Software Products with third party products. Such assistance is limited to telephone and service support regarding compatibility or interface questions. Varian does not make any representation or warranty regarding the clinical use of the Software Products and/or Varian beam data by Customer for the treatment of patients in performing any medical procedure. Customer acknowledges that the Software Products and Varian beam data are tools to assist Customer to determine the proper course of treatment that may be needed by a particular patient, and Customer assumes all risks associated with such treatment. Import, export, or distribution of any data or information Customer may develop or use in cooperation with the Software Products ("Data Related Activities") is Customer's sole responsibility, and Customer agrees to defend, indemnify, and hold Varian harmless from any and all claims by Customer and/or third parties, regardless of the nature of such claims, arising either directly or indirectly out of Data Related Activities. The foregoing sentence shall not be construed to limit Varian's obligation to provide warranty work or support under Section 6.1.

7. Government Rights

The Software Products and related materials under this Agreement are commercial computer software as that term is described in 48 C.F.R. 252.227-7014(a)(1). If acquired by or on behalf of a civilian agency, the U.S. Government acquires this commercial computer software and/or commercial computer software documentation subject to the terms of this Agreement as specified in 48 C.F.R. 12.212 (Computer Software) and 12.211 (Technical Data) of the Federal Acquisition Regulations ("FAR") and its successors. If acquired by or on behalf of any agency within the Department of Defense ("DOD"), the U.S. Government acquires this commercial computer software and/or commercial computer software documentation subject to the terms of this Agreement as specified in 48 C.F.R. 227.7202 3 of the DOD FAR Supplement ("DFAR") and its successors.

VARIAN
medical systems

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VARIAN MEDICAL SYSTEMS, INC.
3100 Hansen Way, Palo Alto, CA 94304
("Varian")

Support Schedule to Terms and Conditions of Sale

This Support Schedule ("Support Schedule") is an attachment to the Varian Medical Systems Terms and Conditions of Sale, and the definitions set forth in that document shall apply to this Support Schedule.

1. Additional Definitions

- 1.1 "Covered Product" means a Varian Product for which the parties have agreed in writing to provide Services under warranty or agreement referencing this Support Schedule.
- 1.2 "Maintenance Releases" means bug fixes, patches, and other error corrections to a software Covered Product designed to enable the software to conform to its documentation and that are made generally available by Varian at no additional cost to the licensees of such Covered Product while covered by warranty or an agreement to provide Services.
- 1.3 "Mandatory Safety Release" means updates, error corrections, or modifications to a software Covered Product that Varian will require licensees of such Covered Product to install and that are made available by Varian at no additional cost to licensees of such Covered Product.
- 1.4 "Purchase Options" means software applications or modules not included in the software Covered Product or releases of the software Covered Product that include new features or functionality and that are released and marketed by Varian as Purchase Options.
- 1.5 "Upgrade Release" means upgrades, enhancements, and improvements to the features or functionality of Software Product that are released and marketed by Varian as Upgrade Releases.

For purposes of this Support Schedule the terms "Covered Product" and "Software Product" shall include all Maintenance Releases and Mandatory Safety Releases, as well as Purchase Options and Upgrade Releases, if any, licensed by Varian to Customer.

2. Invoicing and Additional Payment Terms

- 2.1 Invoicing. Services fees for work not covered by warranty or support will be invoiced periodically in advance, as set forth in the Quotation. If Customer is paying for Services on a time and materials basis, labor charges and expenses, including travel expenses, will be invoiced as such Services are rendered or expenses are incurred, at the rates specified in the Quotation or as set forth in Form MGM 1582 (Labor Rates and Travel Charges).
- 2.2 Additional Payment Terms. All amounts invoiced shall be due and payable within thirty (30) days of the date of invoice. On delinquent accounts, Varian shall be entitled to withhold performance of any Services or distribution of any Maintenance Releases, Upgrade Releases, or Purchase Options, or discounts on the purchase of the same until all outstanding amounts are paid in full.

3. Mandatory Safety Releases

Varian shall provide Customer with and install Mandatory Safety Releases at no additional cost until the later of (1) the end of life of the Product specified in a notice by Varian, or (2) such later date as required by any regulatory agency.

4. Maintenance Releases

Varian shall provide Customer with and install Maintenance Releases for Covered Products at no additional cost. Varian may, at its election, install Maintenance releases remotely if applicable.

5. Upgrade Releases and Purchase Options

Varian shall offer Upgrade Releases and Purchase Options for Covered Products, along with associated installation and training, to Customer at the prices and upon the terms set forth in the Quotation.

6. Telephone Support

Varian shall provide telephone support Services for Covered Products at no additional cost through (1) help desk telephone support and (2) technical telephone support.

- 6.1 Help Desk Telephone Support. Varian shall provide application help desk support for Covered Products at no additional cost. Help desk hours will be Monday through Friday from 5:00 a.m. to 5:00 p.m. (Pacific time), except Varian official holidays. Calls requiring remote or on-site support or additional technical telephone support, and after hours calls, will be forwarded or may be made to service dispatch. A Varian service representative will respond by phone to Customer's request for service placed through the relevant application help desk or service dispatch during normal business hours. Current hours and phone numbers for application help desk(s) and service dispatch can be found at www.varian.com.

- 6.2 Technical Telephone Support. Varian shall provide technical telephone support for Covered Products at no additional cost on Monday through Friday from 7:00 a.m. to 7:00 p.m. (local time), except Varian official holidays.

7. Remote Diagnostic and Remedial Support

Where available and elected by Customer, Varian may provide diagnostic and remedial support Services for Covered Products remotely during Varian's regular business hours through SmartConnect or other remote access program at no additional cost. The parties shall turn to such remote support only where they are unable to resolve the outstanding issues through Help Desk Telephone Support and Technical Telephone Support.

8. On Site Support

Where an issue cannot be resolved by telephone or remote support Services, Varian shall provide on-site support Services for Covered Products during Varian's regular business hours. Where Varian can offer on-site support outside of Varian's regular business hours and such support is requested by Customer during such hours, Customer agrees to pay the difference between the hourly rates for "Normal Hours" and "Non-Normal Hours" set forth in Form 1582 (Labor Rates and Travel Charges).

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9. Periodic Maintenance Inspections

Varian shall provide Periodic Maintenance Inspections ("PMI's") for hardware Covered Products at mutually agreed upon times with the understanding that unless the parties make other arrangements, Customer shall be expected to give access to Varian to begin performing PMI's before 1:00 p.m. (local time) to enable the PMI's to be completed during Varian's regular business hours. Where Varian can offer to perform PMI's outside of Varian's regular business hours and Customer can give access to Varian to begin performing PMI's before 5:00 p.m. (local time), Customer agrees to pay the difference between the hourly rates for "Normal Hours" and "Non-Normal Hours" set forth in Form 1582 (Labor Rates and Travel Charges); provided, however, that such after hours PMI's shall be at no additional cost to Customers who have purchased certain higher level Service agreements.

10. Severity Levels and Response Times

"Severity Level 1" means an issue which prevents the performance of any mission critical program functions, and which cannot be circumvented or avoided on a temporary basis by Customer.

"Severity Level 2" means an issue which significantly impairs the performance of any mission critical program functions, and which cannot be circumvented or avoided on a temporary basis by Customer.

"Severity Level 3" means an issue which does not prevent or significantly impair the performance of any mission critical program functions, or where such prevention or impairment can be circumvented or avoided on a temporary basis by Customer.

"Severity Level 4" means a low impact issue or documentation issue.

Varian shall give preference to Customers with Covered Products. Varian shall respond to Severity Level 1 and 2 issues within thirty (30) minutes and Severity Level 3 and 4 issues by the next business day. Varian shall continue working Severity Level 1 and 2 issues until a solution or acceptable workaround is provided. For extended downtime of a Covered Product Varian's customer support manager shall notify Varian's senior service and sales management, including, when required, product and design engineers. Workarounds do not constitute a resolution of an issue but may result in the issue being reassigned to Severity Level 3. The permanent resolution of Severity Level 3 and Severity Level 4 issues may appear in future product releases. Varian issue resolution efforts may be suspended by agreement of Customer or during such period Customer assistance is required to continue effective work and is not available. Varian will provide contact persons to respond to the different severity level issues. Varian will notify Customer promptly if it is unable to resolve any issue.

11. Training

Varian shall make training available at the cost and upon terms indicated in the Quotation.

12. Customer Responsibilities

12.1 Authorized Representatives. Customer shall request Varian Services on a time and materials basis and order parts only through its authorized representatives and will provide a list of such authorized personnel upon request by Varian.

12.2 Access to Premises. Customer shall provide Varian with sufficient access to the Covered Products and Customer's premises and personnel to perform its obligations and to install all Mandatory Safety Releases, including access for both remote diagnostics and onsite Services.

12.3 Qualified Operator and Equipment. Customer shall arrange for a qualified operator to be present, when, in the opinion of the Varian Customer Support Representative, the situation requires two (2) persons for safety. To fulfill its Service responsibility, Varian will supply normal hand tools, test equipment, and other specialized fixtures. Customer shall provide other assistance and equipment reasonably required to perform Service responsibilities.

13. Failure to Maintain

Varian reserves the right to terminate Services and refund any payments for such Services to Customer immediately upon written notice to Customer for any Covered Product which in Varian's sole opinion, has not been properly maintained except where such Product has been under continuous support by Varian. If Varian has not had an opportunity to inspect a Covered Product prior to the issuance or signing of a Quotation, Varian shall have the right to inspect the Product to determine whether it meets a level of operation acceptable to Varian and, at its option, revoke the Quotation before its signing, or terminate the Agreement earlier in this Section after the Quotation is signed. Varian's agreement to provide Services for Covered Products may be further contingent upon the completion of repairs or maintenance indicated as required by such inspection.

14. Parts

14.1 Provision of Parts. Varian shall provide to Customer all parts required in connection with Support Services for Covered Products at no additional cost. Varian shall provide next flight out (NFO) and special freight handling for such parts at no additional cost. Parts provided pursuant to Services shall be included within the definition of "Products" for all purposes within Form 1652 except for the length of the warranty period. The Quotation may contain additional terms regarding parts depending on the support level selected by Customer. This Support Schedule shall not cover parts ordered for spare or stock.

14.2 Spare Parts Kit. During the support period for a Covered Product, Customer shall maintain a spare-parts kit including all of the spare parts listed in the Varian standard spare parts list for such Covered Product.

14.3 Parts Inventory. Spare parts that the Customer has on hand shall be available to the Varian Customer Support Representative. If the Covered Product is in warranty, the part will be replaced by Varian at no additional cost. If the Covered Product is not in warranty, it is the responsibility of the Customer to replenish the spare parts stock.

14.4 Parts Warranty. Varian warrants parts to be free from defects in material and workmanship for a period of the greater of ninety (90) days from the date of shipment to Customer or, if applicable, the unexpired portion of the original warranty period for the Product. All warranty repair or replacement of parts shall be limited to product malfunctions which are, as determined by Varian, due and traceable to defects in original material and workmanship. Components that carry separate warranties based upon use are not covered by this warranty. Parts that are expendable in normal use and service are not covered by this warranty. Parts for third party products, such as computer hardware provided with software products, are not covered by this warranty. Unused parts returned to Varian are subject to a restocking fee of fifteen percent (15%), and, if applicable, an additional retesting fee.

14.5 Parts Not Supplied by Varian. If Customer requests Varian to install parts not purchased from Varian, then: (i) Varian reserves the right to refuse to install any part that, in Varian's sole opinion, does not meet the minimum requirements or is from a non-certified vendor; (ii) if Varian agrees to install the part, no warranty, expressed or implied, is provided for the part or installation Services, nor does installation by Varian imply that Varian certifies such part or vendor from whom such part is obtained; (iii) labor to install the part will

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be provided on an hourly basis as set forth in Form MGM 1582 (Labor Rates and Travel Charges); and (iv) if additional damage is caused by such part, Varian assumes no responsibility for such damage. If the Varian Product is under any level Varian Service agreement, Varian will not be obligated to repair such damage under such Service agreement, and such repairs will be performed under Form MGM 1582. If such requests are frequent, Varian reserves the right to terminate the Service agreement.

15. Software Provided Pursuant to Services

Any firmware and operating systems provided by Varian pursuant to Services is provided pursuant to Form 1652, Section 8 ("Firmware and Operating Systems"), and any Varian Software provided pursuant to Services is provided pursuant to the terms set forth in the Software Schedule; provided, however, that Varian's provision of such software shall not extend existing warranty periods, if any, nor create any new ones.

16. Limitations and Exclusions

Exclusions from Services. The Services provided shall be limited to support of Covered Products. Products not covered include without limitation Customer's network, any hardware upon which a software Covered Product is loaded, any interfaces between Covered Products and other products (other than interfaces between Varian Products), and any products with which the Covered Products interface; however, these restrictions shall not apply to the extent that such network, hardware, interfaces, or products are included as Covered Products. In addition, Varian shall not be required to provide Services for any Products if, in Varian's reasonable opinion, they are required because of Customer's failure to install Mandatory Safety Releases or Maintenance Releases made available to Customer or because of causes other than defects or errors in the Covered Products.

Varian shall not be required to render Services at locations other than the Customer site(s) listed in the Quotation.

Customer is responsible for purchasing any additional hardware, network capacity, or other system components required to operate any Upgrade Releases or Purchase Options. Varian shall not be required to provide or support any Upgrade Release or Purchase Option under warranty or an agreement to provide Services if Customer has not obtained the required hardware, network capacity, or other system components.

Varian shall have no responsibility or liability for delays caused by Customer.

17. Termination

Either party may terminate any Services agreement for material breach upon thirty (30) days written notice to the other if such material breach has not been cured. Customer may terminate any Services agreement for any reason upon ninety (90) days written notice to Varian and receive a refund of any prepaid fees for Services not received or to be received, provided, however, that Customer shall be responsible for the costs of upgrades, updates, installation, and training provided by Varian to Customer under such agreement for the twelve (12) months prior to termination to the extent that they exceed the service fees paid or payable for such twelve (12)-month period.



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BrachyTherapy Schedule to Terms and Conditions of Sale

This BrachyTherapy Schedule ("BT Schedule") applies to BrachyTherapy Products and is an attachment to the Varian Medical Systems Terms and Conditions of Sale and the other incorporated documents comprising the Agreement. The definitions set forth elsewhere in the Agreement shall apply to this Schedule.

1. Transportation and Risk of Loss

Except as otherwise provided in this Agreement or any applicable Quotations, all shipments are Ex Works (Incoterms 2000) Varian's plant with Varian selecting the transportation company. Title shall pass at the same time that risk of loss shifts. Varian shall insure to full value of Products shipped at Customer's expense or shall declare full value of the Products to the transportation company at time of shipment. Within three (3) days of delivery, Customer shall examine fully the packaging of the Product delivered for damage and make all applicable complaints and claims arising out of such delivery to the carrier in writing, and shall provide a copy to Varian.

2. Architecture

Varian will have no approval or other responsibility for any matter affecting or related to the adequacy of Customer's operating permit, architectural design, the radiation protection walls and barriers, patient viewing devices, compliance with all facility personnel safety devices and related inspections, utility service design and location, and other details pertaining to Customer's site.

3. Installation

Customer will be responsible for having the building, utilities, lighting, ventilation, air conditioning, mounting facilities, all necessary radiation shielding, and access to the room completed on the estimated delivery date and ready for installation of the Product. Where Varian is installing a Product for Customer, Customer will reimburse Varian at Varian's standard service rates for any extra time and/or travel by Varian made necessary by any delays not caused by Varian. Varian shall have no obligation to operate Products to complete installation or testing unless Customer has provided adequate radiation shielding protection and other site preparations for the safety and protection of Customer's and Varian's personnel and Products. Upon completion of installation, Varian's representatives will demonstrate proper Product operation by performing the applicable Varian Customer Acceptance Procedure ("VCAP"). Customer shall provide a representative who shall be present at all times during installation and be capable of assisting where necessary. When no representative is present or assistance from Customer is not available when required by Varian, Varian may discontinue installation and shall charge Customer for any additional costs incurred including Varian's standard service rates.

4. Acceptance of Hardware Product

For Non-Varian Hardware Varian shall invoice when such Product is shipped. For Varian Hardware, acceptance shall occur upon the earlier of (1) Customer's execution of Varian's acceptance form, which is the final step in the VCAP for each Product, (2) completion of the applicable VCAP, (3) use of any such Product by Customer, its agents, employees, or licensees, for any purpose other than testing after its receipt, or (4) six months after delivery of the Product. Prior to acceptance Varian may repair or, at its option, replace defective or nonconforming parts after receipt of notice of defect or nonconformity. After acceptance Customer's remedies shall be solely as provided in the warranty. After six (6) months after delivery of the Product Varian shall no longer be required to provide installation services.

5. Calibration and Radiation Surveys

Customer shall be responsible for all Product calibration. The radioactive source must be calibrated by a qualified radiological physicist prior to use of the Product for patient treatment. Customer shall be responsible for testing and calibrating the Product on a regular basis. Customer also shall be responsible for any radiation surveys required by applicable law or regulation or necessary to establish that radiation does not exceed safe levels. Varian's obligation to calibrate shall be limited to that required by local law.

6. Warranty

Warranty for Varian Hardware: Unless otherwise provided in this Agreement or the Quotation, Varian warrants that Varian Hardware and any Firmware and Operating System loaded on such Varian Hardware, except where such Firmware or Operating System is owned by a third party which licenses it directly to Customer, to be free from defects in material and workmanship and in substantial compliance with operational features of Varian's published specifications for the applicable Product at the time of sale ("Specifications"). This warranty shall begin upon completion of installation and continue for a period of one year from such date, but not to exceed two (2) years from date of shipment from Varian to Customer. In lieu of the foregoing periods, specific components of Varian Hardware may have different warranty periods, prorated replacement credits, and return policies, as stated on the applicable Varian warranty forms supplied by Varian to Customer with this Agreement. Weights and dimensions in the Specifications are approximations. Clerical and typographical errors are subject to correction. Occasionally, Varian may substitute remanufactured parts and components that meet the same quality standards as new materials and are covered by the same warranty. Parts for which Varian has provided replacements shall, at Varian's option, become the property of Varian.

Warranty Remedies: Customer's sole and exclusive remedy for any failure of Varian Hardware or Firmware or Operating System under this Section to perform shall be repair or, at Varian's option, replacement of such defective Products in whole or in part during Varian's normal business hours. If in Varian's sole opinion such repair or replacement is not feasible, or if such remedy fails of its essential purpose, Varian shall refund or credit a portion of any sums paid by Customer for the defective Product less reasonable depreciation. In-warranty repair or replacement parts are warranted only for the unexpired portion of the original warranty period.

Professional Services Schedule to Terms and Conditions of Sale

This Professional Services Schedule ("Professional Services Schedule") is an attachment to the Varian Medical Systems Terms and Conditions of Sale, and the definitions set forth in that document shall apply to this Schedule.

1. Additional Definitions

- 1.1 "Change Order" shall mean any proposed change to the SOW requested by Customer and agreed to in writing by Varian.
- 1.2 "Professional Services" shall mean the services identified in each individual SOW, including, but not be limited to, analysis and performance of integration of Varian's standard software applications with Customer's information systems and business practices, development of interfaces between Varian's standard software applications and Customer's computer systems, customized training, and other services available from Varian.
- 1.3 "Schedule" shall mean any timetable or milestones for the Professional Services that is set forth in the SOW.
- 1.4 "SOW" shall mean a statement of work or work order agreement, either in the Quotation or as separately agreed upon by the Parties describing the Professional Services to be performed by Varian for Customer.

2. Term

The term for the Professional Services portion of this Agreement shall be from the signing of this Agreement until completion of the Professional Services or termination.

3. Professional Services

- 3.1 Generally. In consideration of Customer's timely payment, Varian shall perform the Professional Services set forth in each SOW attached to or referencing this Agreement.
- 3.2 Software. Where Varian provides Customer with other software under an SOW to this Schedule, including but not limited to interface engines and interfaces, then such software shall be governed by the Software Schedule. The interface engine, interface, or other software will be licensed under the Software Schedule in the same manner as the underlying application software which requires such interface engine, interface, or other software.
- 3.3 Actual and Potential Delays. Varian shall use commercially reasonable efforts to perform the Professional Services according to the Schedule. Whenever any event delays or threatens the timely performance of the Professional Services, Varian will make commercially reasonable efforts to notify Customer of such event and furnish all relevant details. If Varian is unable to meet the Schedule for any Professional Services, Varian and Customer shall meet in good faith to discuss possible solutions including revising the Schedule at no additional cost to Customer, provided that such revision does not add new Professional Services to the SOW.
- 3.4 Customer Hours, Holidays, and Site Rules. Varian's employees and agents shall reasonably observe the working hours, holiday schedule, and site rules of the Customer while working on Customer's premises, provided that Customer provides in advance a copy of such hours, schedule, and rules to Varian. Varian will provide Professional Services at flexible hours as agreed to in an SOW.
- 3.5 Office Space, Services, and Equipment. Customer shall provide, at no cost to Varian and subject to Customer's reasonable requirements, use of office space, services, and equipment (such as copiers, fax machines, modems, and Internet access) as Varian reasonably requires to perform the Professional Services at Customer's site.
- 3.6 Exclusions from Professional Services. Except to the extent expressly set forth in an SOW, Professional Services shall not include, and Varian will have no approval or other responsibility for, any matter affecting or related to the adequacy of Customer's operating permit, architectural design, the radiation protection walls and barriers, patient viewing devices, compliance with all facility personnel safety devices and related inspections, utility service design and location, Customer's obligations to comply with applicable laws, and other details pertaining to Customer's site.

4. Rates, Expenses, Invoices, and Payment

4.1 Rates.

4.1.1 Time and Materials Rates. Varian shall bill Customer for Professional Services at the time and materials rates set forth in Exhibit A to this Agreement. Varian shall bill for actual time expended and materials used in providing the Professional Services, and any preliminary estimate of time and materials provided by Varian to Customer for the Professional Services is for budgetary purposes only and shall not be binding on either party. Varian's standard work day is eight (8) hours. Varian shall bill Customer in units of billable hours, with minimum billable increments of eight (8) hours for Professional Services being performed at Customer's site or one hour for Professional Services being provided off-site. Where Varian can perform any portion of the Professional Services remotely rather than on Customer's site, Varian shall bill for such off-site Professional Services in accordance with the terms of this Agreement as if such Professional Services were performed at Customer's site.

4.1.2 Firm Fixed Price Rates. Varian may also provide Customer with some pre-packaged Professional Services or other specially negotiated Professional Services on a firm fixed price basis, provided that such Professional Services will be clearly identified as being offered on a fixed price basis. Where the parties agree upon a firm fixed price, the Professional Services included within such price shall be limited to those specifically identified as being covered by such price, and Customer agrees to make payments according to the Schedule, including any applicable milestones. Where Professional Services are not expressly identified as being covered by a firm fixed price, they shall be provided on a time and materials basis.

- 4.2 Expenses. Varian shall submit a monthly time and expense summary to Customer by letter, fax, e-mail, or in person for the Professional Services performed during the prior month. Varian may bill Customer for its reasonable expenses, including, but not limited to, travel, lodging, and meals, required to perform the Professional Services for Customer.

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4.3 **Invoices.** For Professional Services performed on a time and materials basis, Varian shall submit invoices to Customer for labor, materials, and expenses in providing the Professional Services in the immediately preceding month. For Professional Services performed on a firm fixed price basis, Varian shall submit invoices to Customer pursuant to the Schedule set forth in the SOW. Upon request by Customer, Varian shall provide receipts or other documentation supporting reimbursable expenses to Customer.

4.4 **Payment.** Except to the extent that a special payment arrangement has been agreed to by the parties in the Quotation or SOW, Customer shall pay each invoice within thirty (30) days from the date of the invoice.

5. Change Orders

If Customer desires a change to any SOW, then upon mutual agreement of the parties Varian shall issue a written Change Order in the form of a revised Quotation or revised SOW to Customer. If any Change Order causes a change to the cost of, the time required for, performance, or Schedule of the Professional Services, the appropriate modifications to the SOW shall be reflected in the Change Order.

6. Warranty

Varian warrants that its performance of the Professional Services will be performed in a professional and workman-like manner and substantially conform to the SOW. This warranty shall begin upon completion of the Professional Services and continue for a period of ninety (90) days from such date. In the event that Varian's performance of the Professional Services fails to conform to the SOW, Varian's sole obligation under this Agreement will be to promptly bring the Professional Services into conformity with the SOW at no additional cost to Customer. Where this is not possible, Varian shall be entitled to retain, and Customer shall be liable for payment of, a proportionate share of the total payments set forth in the SOW reflecting Varian's percentage of completion of the work in conformity with the SOW, and Varian shall grant Customer a refund of any additional compensation paid by Customer.

7. Insurance

During the terms of this Agreement Varian agrees to maintain at least the following insurance coverage and provide certificates of insurance evidencing such coverage to Customer upon request:

- 7.1 **Commercial General Liability** – including products/completed operations, broad form property damage, contractor's protective liability, blanket contractual, advertising injury, and personal injury liability. Minimum limits – \$1,000,000 per occurrence and \$2,000,000 general aggregate.
- 7.2 **Business Auto Liability** – including coverage for all owned, non-owned, and hired vehicles. Minimum limits – \$500,000 combined single limit per accident for bodily injury and property damage.
- 7.3 **Worker's Compensation Insurance and Employer's Liability Insurance** – including a waiver of subrogation on behalf of Customer, its shareholders, employees, and agents. Minimum limits – statutory limits and \$500,000 employer's liability applicable in jurisdictions of contract performance.

8. Intellectual Property

Except as expressly stated in this Agreement or an SOW, neither party is granted any right, title, or interest in the pre-existing intellectual property of the other. With the exception of any data created for Customer, Varian shall own all right, title, and interest in all inventions and discoveries newly developed in performing the Professional Services.

EXHIBIT A to Professional Services Schedule to Terms and Conditions of Sale

Varian Professional Services Rates

Title:

All Varian Professional Services Consultants

Rate:

US\$200.00 per hour



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VARIAN MEDICAL SYSTEMS, INC.
3100 Hansen Way, Palo Alto, CA 94304
("Varian")

Labor Rates and Travel Charges Attachment to Customer Support Terms and Conditions

Labor Rates:	Normal	Non-Normal
Customer Support Representative	\$300/hour	\$450/hour
Product Support Engineer	\$400/hour	\$600/hour
Product Specialist	\$400/hour	\$600/hour
Remote Support through SmartConnect™ Technology	\$300/hour (2-hour minimum)	
Help Desk Support	\$300/hour (30-minute minimum)	
Applications Support	\$3,000/day includes travel (2-day minimum)	

Any involvement of a Product Support Engineer or Product Specialist requires the presence of the local Customer Support Representative and will be invoiced accordingly, unless previous arrangements are made between the local District Customer Support Manager and Customer Representative.

"Normal" weekday hours are between 8 a.m. and 5 p.m. (Local Standard Time). "Non-Normal" weekday hours are after 5 p.m. and before 8 a.m., as well as any hours on Saturdays, Sundays, or Varian holidays.

During the warranty or extended warranty period for the covered product, Customer may request that Service be performed during Non-Normal working hours, and authorization to approve Customer's request lies solely with the respective Customer Support Manager. Where such requests are approved, Customer shall be responsible for paying for the overtime premium portion of the Non-Normal hours worked (for example, \$150/hour for a Customer Support Representative).

Labor charges are subject to a 2-hour minimum charge.

Help Desk charges are subject to a 30-minute minimum charge.

Applications Support charges are subject to a 2-day minimum charge.

Travel Charges:

When applicable, Varian reserves the right to charge travel expenses at a rate of \$240 per hour and other actual costs incurred.

If required Service extends beyond the first day and an overnight stay is required, Customer may be charged \$230 for each overnight stay that is required. This charge covers per diem, parking/tolls, and mileage costs after the first day.

All amounts discussed above are subject to change without notice.



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GE Healthcare

QUOTATION

Quotation Number: P4-C115510 V 1

Grand Strand Regional Medical Center
809 82nd Pkwy
Myrtle Beach SC 29572

Attn: Mr. Frankie Knight
Director of Radiology
809 82nd Pkwy
Myrtle Beach SC 29572

Date: 07-06-2011

Item No.	Qty	Description
	1	Optima CT580 RT - 16
1	1	The Optima CT580 RT** is an advanced CT simulator designed specifically for the needs of radiation oncology. The system provides the image quality needed for conformal therapy, IMRT and precision radiation therapy treatments. It also delivers the the optimized workflow needed for efficient throughput and integration with treatment planning systems. The Optima CT580 RT has numerous upgrade options to expand your oncology practice for the future, including 4D respiratory gating, higher tube power for obese patients, advanced applications and interventional CT procedures. And, of course, you can combine the Optima CT580 RT with GE's exclusive AdvantageSim MD radiation therapy simulation application* for advanced auto-segmentation, multi-modality (CT, PET/CT, MR), and 4D treatment planning. * Option ** Optima CT580 RT is a configuration of Optima CT580 System Components: • Gantry: Advanced slip ring design continuously rotates the generator, Performix(TM) Pro VCT 100 tube, Matrix II detector and Volara digital data acquisition system around the patient. - Aperture: 80 cm - Maximum SFOV: 50 cm - Maximum DFOV: 65 cm - Rotational Speeds: 360 degrees in (0.5, 0.6, 0.7-optional) 0.8, 0.9, 1.0, 2.0, 3.0 and 4.0 seconds - Tilt: +/- 30 degrees - Remote tilt from operator's console - Integrated breathing lights and countdown timer - Integrated start scan button with countdown timer to indicate when x-ray will turn on • X-ray Tube: Performix(TM) Pro VCT 100 metal-ceramic tube unit offers an optimized design for exams requiring a large number of scans without tube cooling such as 4D studies. Performix(TM) Pro VCT 100 tube allows 8.0 MHU of storage and capability of 53kW (100kW optional) at 140kV operation. - Wide range of technique (10mA to 440mA, 800mA optional in 5mA increments) gives flexibility to tailor protocols to specific patient needs, while optimizing patient dose. • High Voltage Generator: High Frequency on-board generator allows for continuous operation during scan. - 53 kw (100 kW-optional) Output Power - kV: 80, 100, 120, 140 kV - mA: 10 to 440 mA (800 mA-optional), 5 mA increments

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PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

R003904

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description
		Table: VT 1700 standard, 500 lb max; High Capacity Table, 650 lb max-Optional Internal Laser Lights: - Defined internal and external scan planes to +/- 1mm accuracy - Operate over full range of gantry tilt - Coronal light remains perpendicular to axial light as gantry tilts making visual readout easy from tableside or the operator console HiLight Matrix II Detector: The HiLight Matrix II detector was designed to deliver consistent image quality with its 21,888 individual elements: 1.25mm effective cell size in Z at ISO center - Outer 8 rows, 0.625mm effective cell size in Z at ISO center - Inner 16 rows. Volara Digital DAS(Data Acquisition System): The Volara digital DAS dramatically reduces noise and improves image quality, especially in low dose exams, large patient, or areas of the anatomy that are difficult to image such as shoulder and hips. - 12,288 available input channels - 1968Hz maximum sample rate - Effective analog to digital conversion range greater than 8,000,000:1 Operator Console: True-in-One compact and integrated industrial design console - Split tabletop - allows unrestricted patient viewing while supporting 2 19-inch color LCD monitors. Each work surface can be adjusted to accomodate operator preferences and a wide variety of site requirements. Xstream(TM) FX, the next evolution of GE's workflow platform is built on the LINUX operating system and can deliver the fast network transfer rates of 10fps as optional. The 19-inch monitors support scan and recon, as well as image display, processing, analysis and management. - Size: 48in wide X 40.5in deep X 49.5in high Image Networking: Exams can be selected and moved between the Optima CT580 RT System and any imaging system supporting the DICOM 3.0 protocol for network send, receive and pull/inquiry. - Standard Auto-configuring Ethernet - Direct Network Connection - Supports 1GB or 10/100 BaseT - Supported Protocols - DICOM 3.0 Network - Advantage Net - InSite Point-to-Point - TCP/IP (for System Administration) DICOM Conformance Standards: - DICOM 3.0 Storage Service Class - Service Class User (SCU) for image send - Service Class Provider (SCP) for receive - DICOM 3.0 Query/Retrieve Service Class - DICOM 3.0 MOD Media Service Class - DICOM 3.0 Storage Commitment Class Push - DICOM 3.0 Modality Worklist (incl: Performed Procedure Step) (through ConnectPro option) - DICOM 3.0 Print Scan Modes: The Optima CT580 RT system can perform virtually any clinical application due to its wide variety of scan modes. Helical scan mode offers continuous 360-degrees scanning with table incrementation and no interscan delay. Axial scan mode allows for up to 16 contiguous axial planes to be acquired simultaneously.



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PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description
		Helical Scans: Reference helical protocols allow for fast and efficient patient set up. Helical Multi-slice Modes: The net result is that in some cases, helical scans on the Optima CT580 RT are up to 7 times faster than conventional 4-slice CT systems. With the Optima CT580 RT and Pro option package, users can routinely use a 0.5 sec scan speed and 0.5625:1, 0.9375:1, 1.375:1, 1.75:1 helical pitches. This added performance, with equivalent image quality may allow you to: perform better thin-slice CT angiography exams, use thinner slices for most exams, and perform longer helical exams without tube cooling delays; The 16-slice helical acquisition modes provide table speeds from 5.625mm/rotation up to 35mm per rotation, enabling scan speeds that are up to 2.2 times faster than conventional 4-slice helical scanners. Prospective Multiple Thickness Reconstruction: For any helical scan modes, the operator can choose to reconstruct images prospectively in any of 6 nominal image thicknesses - 0.625*, 1.25, 2.5, 3.75, 5, 7.5, and 10 mm. The operator may also prospectively specify additional image sets to be reconstructed. The images can be reconstructed at any of the defined nominal image thicknesses available for a given table speed and scan mode. Direct MPR may also be prospectively specified which quickly enables the move from 2D review to prospective 3D image review of axial, sagittal, coronal and oblique planes automatically. Helical scan parameters: - Scan Speed: Full 360-degrees rotational scans in (0.5, 0.6, 0.7-optional) 0.8, 0.9, and 1.0. Axial Scans: Multi-slice axial acquisitions and short interscan delays significantly reduce potential misregistration between scans by increasing the number of scans in a single breath hold. Reference axial protocols allow for fast and efficient patient set up. Axial Multi-slice Modes: The Optima CT580 RT system acquires axial scans in sets of up to 16 contiguous images in one 360-degrees rotation. For each rotation of the gantry the system collects 16 rows of scan data. There are five reconstruction modes available for creating images from the multi-slice axial scan data. Axial Scan Parameters: - Scan Speed: Full 360-degrees rotational scans in (0.5, 0.6, 0.7-optional), 0.8, 0.9, 1.0, 2.0, 3.0 and 4.0 sec. Scan Techniques: - Same as Helical Scan Plane Geometry: - +/- 30 Degrees Angulation in .5 mm increments - Longitudinal Positioning in 0.01 mm per Slice Increment Interscan Delay (ISD): - Minimum ISD:Table Moves of 0-10mm:1.0 sec - Minimum ISD:Table Moves of > 10mm:1.3 sec

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PO Box 414, Milwaukee, WI 53201-0404
 General Electric Company
 General Electric Company, GE Medical Systems

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description
		Intergroup Delay (IGD): - Minimum IGD is the same as Minimum ISD Scan-to-Scan Cycle: - Minimum Scan-to-scan Cycle of 1 sec possible for 0.8 sec Scan Speed with Minimum ISD's - Scan with zero table increment, contiguous image location, or skipped image location Overlapped axial scans are not possible. Warranty: The published Company warranty in effect on the date of shipment shall apply. The Company reserves the right to make changes. All specifications are subject to change. Full System Warranty Coverage (Excluding X-Ray Tube) will be Provided for 12 Months from Date of Installation. The Less of 12 Months or 100,000 Scans Pro-Rate X-Ray Tube Warranty Coverage Included. Regulatory Compliance: This product is designed to comply with applicable standards under the radiation control for Health and Safety Act of 1968. Laser alignment devices contained within this product are appropriately labeled according to the requirements of the Center for Devices and Radiological Health. This product is a CE-compliant device satisfying regulations regarding Electro-Magnetic Compatibility (EMC), Electro-Magnetic Interference (EMI), and IEC-60601-1 and all applicable collateral and particular standards. Must add to quote; Table preference & Cable kit
2	1	English Keyboard (Black) for CT systems and system labels
3	1	Standard cable set for H Power systems
4	1	The VT 1700 table for LightSpeed VCT or LightSpeed RT systems enables Volume scanning. Key features of the VT 1700 table include: 500 lb weight capacity, 1700 mm scannable range, 175 mm/sec travel time, real-time Z-axis position feedback between gantry and table.
5	1	GE Oncology Workstation with SimMD The GE Healthcare Oncology Workstation is a Complete Volumetric Virtual Simulation System. The System includes an Advantage Workstation, AdvantageSim MD Simulation software, and Integrated Registration software for CT, MR, PET PET, SPECT and X-Ray Angiography (XA)*. The following components are included: AW VolumeShare5 with Two Flat Panel Monitors and 6 GB of RAM AW VolumeShare5 is a multi-modality image review, comparison and post processing



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PO Box 414, Milwaukee, WI 53201-0404
 General Electric Company
 General Electric Company, GE Medical Systems

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description
		workstation built with simplicity and power at its core. Powerful software is optimized to take advantage of state of the art 64 bit technology to ensure leading edge performance. AW Volumeshare 5 features include: Hardware: • Core Xeon 2.66 GHz CPU w/8MB • Share L2 Cache / 1333 MHz FSB • 6GB DDR-2 1333 ECC DIMM • 300GB SAS 15,000rpm Hard disk for OS and Apps • 600GB:SAS 15,000rpm Hard disks for Image Data • 19" NEC monitors Software: • Fast access to information you need through optional RIS integration & priors post fetch • Efficient workflow though dynamic load, end review and Key Image Notes features • Optional productivity package to pre-process exams and allow up to 8 simultaneous sessions • Support for external DICOM USB media and preference management tool to exchange preferences across users. Advantage Sim MD Multi-Modality/Multi Phase Includes: Advantage Sim MD Organ Segmentation Multi-Modality/Multi Phase Advantage Sim MD is Used to Prepare Geometric and Anatomical Data Relating to a Proposed External Beam Radiotherapy Treatment Prior to Dosimetry Planning. Anatomical Volumes can be Defined automatically or manually in three dimensions using a set of CT images acquired with the patient in the proposed treatment position. Definition of the anatomical volumes may be assisted by additional CT, MR, PET or SPECT studies that have been co-registered with the planning CT scan. Additionally, CT & PET data from a respiratory tracked examination may be used to allow the user define the target or treatment volume over a defined range of the respiratory cycle. The geometric parameters of a proposed treatment field are selected to allow non-dosimetric, interactive optimization of field coverage. Anatomical structures and geometric treatment fields are displayed on orthogonal plane CT images, or reformatted sagittal, coronal views structures are displayed with or without the digitally reconstructed radiograph.



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PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description
		Integration: Review multi-modality image data (CT, PET & MR) on one desktop by using up to eight view ports on two monitors and increase your speed and precision by contouring on all simultaneously. Incorporation of CT simulation with the following enhancements in one integrated environment for advanced clinical functionality and flexibility. • Multi-modality target definition from registered MR & PET image volumes • 4D CT & 4D PET respiratory review & analysis Organ Auto-Segmentation: Contour and organ in less than 5 seconds with Auto-segmentation features that automatically delineates critical organs and structures in 3D at the touch of a button. This improves speed and accuracy of organ segmentation for conventional treatment methods as well as newer 4D techniques. Currently supported organs include: • Lung • Spinal Cord • Liver • Kidney • Spleen • Eyes • Optic Nerve 3D contour interpolation: This allows the user to define a full volume contour with a minimum of 3 contours in orthogonal views. This may be particularly useful for bladder delineation. Ease of Use: The Package is Mouse Driven with a Windows User Interface. The Press of a Single Button Using Pre-Defined and Configurable Treatment Plan Templates Linked to Patient Anatomy Offers Many Functions. Protocol Specific Structure Names and Properties, Beam Geometry and Field Shape can be Loaded From a Palette of Templates. Pre-defined Sequences of Actions can Then be Applied Adding to the Ease of Use. Flexibility: Contouring and Field Definition Parameters can be Modified on the Fly to Allow Thresholds, Margins and Display Characteristics to be Tailored to a Given Patient Data Set. Efficiency:



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PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description
		The Package is Designed for Use Independently of a Treatment Planning System, Enabling the Physician to Define Volumes and Select Treatment Technique at a Dedicated Workstation. Any Plan can be Saved and Pushed to an RTP System as Standard DICOM RT Objects. DICOM RT Structure Set and RT Plan Objects can also be Received from DICOM RT Compliant Systems. Integrated Registration will be delivered on AW Volumeshare 5. Integrated Registration is designed to provide easy comparison of three-dimensional (3D) anatomical images from Computed Tomography (CT) MRI (Magnetic Resonance Imaging), PET (Positron Emission Tomography), Single Photon Emission Computed Tomography (SPECT) and X-Ray Angiography (XA)*. It allows registration and fusion between two volumetric acquisitions, which come from either the same or from different acquisition modalities. Integrated Registration is available on xw8600 and Z800. Current Fusion xw8600 users can easily upgrade to Integrated Registration through a software upgrade. Major features and enhancements are: • Ability to combine any two of the five modalities together • Automatic propagation of registration across series acquired in the same patient exam (i.e. same frame of reference) and to any series from any loaded exam that have been manually grouped together. • Full compatibility of the 3 different registration methods: automatic, manual and landmark that can be combined together to provide an optimal result. • 2D, 3D and hybrid 2D/3D Fusion capabilities • Ability to save registered data as new DICOM series or as Registered DICOM object (except from SPECT saving which is currently a limitation). • Ability to draw and save contours as RTSS DICOM objects. Summary of Operation: • User loads DICOM 3 CT and/or MR with an Integrated Registration protocol. • Registration is performed base on reference and moving series selection. • User reviews the quality of the registration with visualization tools and validates results. • Optional: user defines and saves the contours of structures of interest. • Registration results are saved. * For XA modality series, Integrated Registration currently supports only the 3D X-Ray Angiography (i.e., 3D X-Ray Angiography images stored as CT Image Storage DICOM objects) images acquired with GE Innova equipment and reconstructed with the Innova3DXR application. ** Requires Volume Viewer key



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PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description
6	1	Prospective and 4D Retrospective Respiratory Gating Package includes both Respiratory Gating modes. This package provides the capability to image the full range of structure motion due to respiration in 4D mode or anatomy of interest at a defined stage of the respiration cycle free breathing or breath-hold mode. Pre-requisite: Varian RPM option (not included)
7	1	CT LAP Laser Isocenter Marking System Consists of Three Moveable Solid State Red Crosshair Lasers on a Computerized Rail for Marking Patients. Includes Rail System, Computerized Keypad/Display Terminal; Isomark Software; Computer System and Installation. Room Preparation Must be Sufficient for the Mounting of the Lasers ..H Mounting Configuration includes 2 side wall mounted lasers and 1 ceiling mounted laser
8	1	Varian RPM with install
9	1	Diacor Radiation Therapy Planning Overlay For GE Healthcare Global Tables, Model 1700, 2000 and PET/CT The Radiation Therapy Planning Overlay, or "CT Overlay", provides a secure flat surface for CT Simulation applications, consistent with the treatment couch, for accurate and reproducible patient positioning. FEATURES/BENEFITS - o Carbon fiber construction with foam core provides durable, light-weight device with outstanding imaging properties - o Varian Exact Technology and Indexing Immobilization Patient Positioning system along entire length of the overlay - o Designed specifically for GE Healthcare's Global Table - o Easily locks and unlocks from the CT Table, providing easy transition between therapy and diagnostic procedures INCLUDED: - o Carbon Fiber CT Overlay with locking accessories - o Two Varian Exact Couch Indexing Bars - o One Varian Respiratory Gating Interface Plate and associated mounting hardware SPECIFICATIONS: Weight: 30 lbs. (13.61 kg) Length: 85.25 in. (217.17 cm) Width: 20.87 in. (53.0 cm) Height: 1.62 in. (4.12 cm)
10	1	1.5 Days Oncology Applications Training
11	1	TIP HPG Training Package



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PO Box 414, Milwaukee, WI 53201-0404
 General Electric Company
 General Electric Company, GE Medical Systems

GE Healthcare

QUOTATION

Quotation Number: P4-C115510 V 1

Item No.	Qty	Description

TiP Applications training package includes:

- 10 days onsite delivered in two 4 day onsite visits and two 1 day onsite visits
- 1 TiP headquarter class

This training program must be scheduled and completed within 24 months after the date of product delivery.

Quote Summary:

Total Quote Net Selling Price

\$779,396.05

(Quoted prices do not reflect state and local taxes if applicable)

If you would like to place an order for this equipment, a formal contract document will be prepared for your consideration. This quote is for budgetary use only; only a GE contract can become a binding order.



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PO Box 414, Milwaukee, WI 53201-0404
General Electric Company
General Electric Company, GE Medical Systems

R003912

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
DEPT: 193-ONCOLOGY
SPACE: 4707-ADMITTING SUPPORT EQUIPMENT

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Item	Description	Class	Vendor	Qty	Price	Extd Price
707319	#MDS806200D; WHEELCHAIR, EXCEL, 18", PERMANENT ARMS, ELEVATING LEG RESTS. COLOR: BLACK-BLK	M0	MEDLINE INDUSTRIES, Model #: MDS806200D	1	\$XXX.XX	\$XXX.XX
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0559

R003913

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 4708-ALCOVE

Item	Description	Class	Vendor	Qty	Price	Extd Price
707304	#0737-000-000; TRANSPORT STRETCHER, STD UNIT (#0737-000-000; \$2416.32) DUAL END BRAKE STEER CONTROLS (#0753-003-105; STD) 2 STAGE PERMANENT FOLD IV POLE HEAD END PUSH HANDLES (#0734-035-025; \$293.04) UPRIGHT O2 BOTTLE HOLDER (#1020-130-000; \$74.00) 3" STANDARD MATTRESS (#1059-326-001; STD) CHOOSE ACCENT COLOR: RED, GRAY OR BLUE.	M0	STRYKER MEDICAL CORP Model #: 0737/ 2 STAGE	1	\$XXX.XX	\$XXX.XX
714802	#MDS806300SLG; WHEELCHAIR EXCEL; 18"W, 250 LB CAPACITY, REMOVABLE DESK-LENGTH ARMS, SWINGAWAY DETACHABLE ELEVATING LEGRESTS; MAG WHEELS; CHART POCKET. ***COLOR: SILVER GRAY - SLG***	M0	MEDLINE INDUSTRIES, Model #: MDS806300SLG	2	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0560

R003914

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
 DEPT: 193-ONCOLOGY
 SPACE: 4709-ADMITTING OFFICE-PER CLERK

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Item	Description	Class	Vendor	Qty	Price	Extd Price
073499	#4535331DW, CRITERION HIGH BACK CHAIR PNEUMATIC HEIGHT ADJUSTABLE SEAT DEPTH, SOFT CASTERS, FABRIC: CANZONE STANDARD FINISH SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 4535331DW	1	\$XXX.XX	\$XXX.XX
121900	8LF18302F- FILE - 2 DRAWER, LATERAL, HANGING FRAME, W/LOCK, 30"W, PAINT:	M0	INTERIOR DESIGN Model #: 8LF18302F	2	\$XXX.XX	\$XXX.XX
121977	RATCL1860F-FILE-TOP FOR TWO FILES 60" X 18-1/8", PLASTIC LAMINATE;	M0	INTERIOR DESIGN Model #: RATCL1860F	1	\$XXX.XX	\$XXX.XX
705296	474-419M, CHAIR: SIDE CHAIR, 22-3/4" 20-1/2"D X 31"H; AH 25", SH 18-3/4", SLED BASE, ARM CHAIR W/OPEN BACK, SNODGRASS COLL., MONOCHROMATIC, PAINT FINISH: EPOXY COATED FABRIC: REGIS	M0	INTERIOR DESIGN Model #: 474-419M.	2	\$XXX.XX	\$XXX.XX
705884	DESK - TSAFSP3060F, TSAFRP2436M (RETURN) SINGLE PEDESTAL RIGHT, 60" X 30" X 29-3/8", RETURN LEFT, 37-1/2" X 19-3/4" X 26-7/32"H; PLASTIC LAMINATE: PAINT:	M0	INTERIOR DESIGN Model #: TSAFSP3060F(R)	1	\$XXX.XX	\$XXX.XX
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
 3 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

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R003915

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 4710-BLOCK/MOULD ROOM

Item	Description	Class	Vendor	Qty	Price	Extd Price
192450	#L5253-1A; HOOD PROTECTOR 5' LINED WITH BLOWER. COLOR: WHITE (USE ITEM #192451 FOR BASE)	M0	CARDINAL HEALTH (LAB) Model #: L5253-1A	1	\$XXX.XX	\$XXX.XX
510307	#SSUKIT0230; BENCH, WORK, 60 X 28 X 34 WITH HARDWOOD TOP	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0230	1	\$XXX.XX	\$XXX.XX
510481	#SSUKIT0257; WORK BENCH 48 X 28 X 34	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0257	1	\$XXX.XX	\$XXX.XX
616510	#042-216; TABLE TOP SHIELD	M0	RADIOLOGY SPECIALTY Model #: 042-216	1	\$XXX.XX	\$XXX.XX
713813	#3U653; WASTE-CAN; 23 GAL STEP-ON W/ WHEELS, 19 3/4" L X 32 1/2" H X 16 1/8" W. COLOR: RED (#3U653; \$93.60) AND RIGID LINER (#4KT51; \$32.84) FM-CALIFORNIA STATE FIRE MARSHALL APPROVED FOR FIRE SAFETY (MANF. RUBBERMAID #6146 & #624600GRAY)	M0	GRAINGER Model #: 3U653/4KT51	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totalling: \$XXX.XX

0562

R003916

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS

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GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

DEPT: 193-ONCOLOGY
SPACE: 4714-BUSINESS OFFICE MANAGER

Item	Description	Class	Vendor	Qty	Price	Extd Price
043891	#RBC15364A; BOOKCASE- 36" X 53" FINISH ANY STEELCASE PAINT:	M0	INTERIOR DESIGN Model #: RBC15364A	1	\$XXX.XX	\$XXX.XX
073499	#4535331DW, CRITERION HIGH BACK CHAIR PNEUMATIC HEIGHT ADJUSTABLE SEAT DEPTH, SOFT CASTERS, FABRIC: CANZONE STANDARD FINISH SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 4535331DW	1	\$XXX.XX	\$XXX.XX
121900	8LF18302F- FILE - 2 DRAWER, LATERAL, HANGING FRAME, W/LOCK, 30"W, PAINT:	M0	INTERIOR DESIGN Model #: 8LF18302F	2	\$XXX.XX	\$XXX.XX
121977	RATCL1860F-FILE-TOP FOR TWO FILES 60" X 18-1/8", PLASTIC LAMINATE;	M0	INTERIOR DESIGN Model #: RATCL1860F	1	\$XXX.XX	\$XXX.XX
705095	TSAFSP3060FTSRP - DESK-#1836M, PEDESTAL LEFT EXE RETURN RIGHT W/LOCK 60X 30 DESK- 37 1/2 X 19 3/4 X 29 3/4 HIGH RETURN, PLASTIC LAMINATE:	M0	INTERIOR DESIGN Model #: TSAFSP3060FTSRP	1	\$XXX.XX	\$XXX.XX
705326	#474419M - GUEST CHAIR SNODDGRASS, OPEN LOOP ARMS WITH OPEN BACK BASE: POLISHED CHROME, FABRIC: REGIS, SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 474419M	2	\$XXX.XX	\$XXX.XX
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX
J62710	2042, COAT HOOK, SINGLE -1"WX7 1/2" X4 1/2" FINISH: GLOSS BLACK ***PETER PEPPER***	M4	INTERIOR DESIGN Model #: 2042	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space:

\$XXX.XX

1 Occurances Of This Type Space Included In The Budget Totaling:

\$XXX.XX

0563

R003917

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 4715-CLEAN UTILITY/CLEAN LINEN

Item	Description	Class	Vendor	Qty	Price	Extd Price
203208	#50CI400A-S*; ICEMAKER/DISPENSER, COUNTERTOP 50 LBS STORAGE, 400 LBS/DAY PRODUCTION, AIR COOLED, 21"W X 23"D X 51.125"H, 115V/60/1, 13 AMPS. TO INCLUDE WATER STATION (#50CI400A; \$3,315.93) & SENSORSafe DISPENSING PKG (#SENSORSafe; \$104.86)	M0	FOLLETT CORPORATION Model #: 50CI400A-S*	1	\$XXX.XX	\$XXX.XX
476505	#29R W/LOCK; REFRIGERATOR, COMPACT U-LINE, 21"W X 23"D X 28.5"H; 3.5 CU. FT. CAPACITY; 90 LBS; 115V, 50/60HZ, 2.4 AMPERES SPECIFY HINGE: RIGHT OR LEFT SPECIFY COLOR: WHITE OR BLACK	M7	BARING INDUSTRIES, INC. Model #: 29R W/LOCK	1	\$XXX.XX	\$XXX.XX
510303	#SSUKIT0207; SHELVING, STORAGE STARTER, 36 X 18 X 75 WITH 6 SHELVES INCLUDING FOOT PLATES **MUST SELECT COLOR: GRAY OR TAN **	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0207	1	\$XXX.XX	\$XXX.XX
713782	#1FD42; CART; UTILITY, 500 LB LOAD CAPACITY, 2 TIER. COLOR: BLACK. (MANF. RUBBERMAID 4520-88 BLA)	M0	GRAINGER Model #: 1FD42	1	\$XXX.XX	\$XXX.XX
718528	#5M744; WASTE-CAN 28 QT RECTANGULAR FIRE RESISTANT (UNDERWRITES LABORATORY) 14.5" X 10.5" X 15.38"; COLOR GRAY; 1 EACH W/O LID(RUBBERMAID 2543) *PRODUCT SET UP TO ORDER IN INCREMENTS OF 1/EA PER KEVIN KOLFF, NAT. REP. ON 10/4/04	M0	GRAINGER Model #: 5M744	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0564

R003918

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
 DEPT: 193-ONCOLOGY
 SPACE: 4716-MANAGERS OFFICE

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Item	Description	Class	Vendor	Qty	Price	Extd Price
043891	#RBC15364A; BOOKCASE- 36" X 53" FINISH ANY STEELCASE PAINT:	M0	INTERIOR DESIGN Model #: RBC15364A	1	\$XXX.XX	\$XXX.XX
073499	#4535331DW, CRITERION HIGH BACK CHAIR PNEUMATIC HEIGHT ADJUSTABLE SEAT DEPTH, SOFT CASTERS, FABRIC: CANZONE STANDARD FINISH SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 4535331DW	1	\$XXX.XX	\$XXX.XX
121900	8LF18302F- FILE - 2 DRAWER, LATERAL, HANGING FRAME, W/LOCK, 30"W, PAINT:	M0	INTERIOR DESIGN Model #: 8LF18302F	2	\$XXX.XX	\$XXX.XX
121977	RATCL1860F-FILE-TOP FOR TWO FILES 60" X 18-1/8", PLASTIC LAMINATE;	M0	INTERIOR DESIGN Model #: RATCL1860F	1	\$XXX.XX	\$XXX.XX
705326	#474419M - GUEST CHAIR SNODDGRASS, OPEN LOOP ARMS WITH OPEN BACK BASE: POLISHED CHROME, FABRIC: REGIS, SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 474419M	2	\$XXX.XX	\$XXX.XX
705895	DESK-TSAFDP3060F, DOUBLE PEDESTAL, 60X30X2 3/8 W/CENTER DRAWER LOCK, FLUSH END PANELS W/REF SHELF PAINT: LAMINATE:	M0	INTERIOR DESIGN Model #: TSAFDP3060F	1	\$XXX.XX	\$XXX.XX
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX
362710	2042, COAT HOOK, SINGLE -1"WX7 1/2" X4 1/2" FINISH: GLOSS BLACK ***PETER PEPPER***	M4	INTERIOR DESIGN Model #: 2042	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
 1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0565

R003919

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 4718-THERAPY RM CLINAC ix IMRT & IGRT SYS 120 MLC

Item	Description	Class	Vendor	Qty	Price	Extd Price
020093	ARTWORK	M0	AMERICAN ART Model #: ARTWORK	2	\$XXX.XX	\$XXX.XX
175545	#MDS80529; HAMPER STAND CHROME, SQUARE WITH FOOT PEDAL OPERATED METAL LID (LID COLOR-WHITE), 18 5/8"W X 19 1/2"D X 37 3/4"H, 4 LID LABELS (BIOHAZARD, SOILED LINEN, INFECTIOUS LINEN, & TRASH)	M4	MEDLINE INDUSTRIES, Model #: MDS80529	1	\$XXX.XX	\$XXX.XX
325796	CLINAC IX W/ 120 LEAF MLC AND PORTAL IMAGING, OBI. IMRT SYSTEM WITH HIGH RESOLUTION MLC AND IGRT - ALL MODES (KV, FLUORO, CBCT) "DEM20080209-002" - ***MUST GET QUOTE"	M0	VARIAN MEDICAL SYSTEMS Model #: DEM20080209-002	1	\$XXX.XX	\$XXX.XX
325957	#019-016; LINEAR ACC. PERSONAL, RADIATION MONITOR (108200)	M0	RADIOLOGY SPECIALTY Model #: 019-016	1	\$XXX.XX	\$XXX.XX
713798	#5M875; WASTE-CAN; 8 GAL; STEP-ON; BEIGE FM-CALIFORNIA STATE FIRE MARSHALL APPROVED FOR FIRE SAFETY. RUBBERMAID # 6143, 15 3/4"W X 17 1/8"H X 16 1/4"L COLOR: BEIGE	M0	GRAINGER Model #: 5M875	1	\$XXX.XX	\$XXX.XX
717638	#SSUKIT0170; KICK BUCKET #PED1020SS SS, MOBILE (4) SWIVEL CASTERS 13 1/2"D X 14"H	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0170	1	\$XXX.XX	\$XXX.XX
717651	#SSUKIT0184; TABLE, INSTRUMENT, #PEDSG93SS WITHOUT SHELF, CASTERS 24"W X 48"L X 34"H	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0184	1	\$XXX.XX	\$XXX.XX
723964	IV STAND, "V" DOUBLE STYLE HOOK IV STAND, "V" DOUBLE STYLE HOOK W/HEAVY NO TIP WEIGHTED BASE, ADJUSTABLE 52"-94" W/POSITIVE LOCK; MOUNTED ON FIVE 3" DIAMETER EASY SWIVEL BALL CASTERS. (BLICKMAN)	M0	KERMA MEDICAL Model #: 08421415SS	1	\$XXX.XX	\$XXX.XX
723969	STOOL REVOLVING SS SEAT W/INSERT STOOL REVOLVING STAINLESS STEEL SEAT W/INSERT: 2" CONDUCTIVE CASTERS; HEIGHT ADJ. 21"-33" (BLICKMAN)	M0	KERMA MEDICAL Model #: 08427745SSC	1	\$XXX.XX	\$XXX.XX
724394	TRANSECTOR POWER CONDITIONER FOR VARIAN EQUIPMENT	M0	VARIAN MEDICAL SYSTEMS Model #: PW0102	1	\$XXX.XX	\$XXX.XX
724395	PATIENT INTERCOM	M0	VARIAN MEDICAL SYSTEMS Model #: ITC 1-1	1	\$XXX.XX	\$XXX.XX
724396	BLACK AND WHITE CCTV SYSTEM, 9"	M0	VARIAN MEDICAL SYSTEMS Model #: OT0101	1	\$XXX.XX	\$XXX.XX
724397	LAP APOLLO RED LASERS	M0	VARIAN MEDICAL SYSTEMS Model #: LA0111	1	\$XXX.XX	\$XXX.XX
724398	FILTRINE CHILLER	M0	VARIAN MEDICAL SYSTEMS Model #: PCP-750E-96A-WVP	1	\$XXX.XX	\$XXX.XX
725437	#3052002030; FOOTSTOOL WITH HANDLES	M0	KERMA MEDICAL Model #: 3052002030	1	\$XXX.XX	\$XXX.XX

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R003920

Date: 7/7/2011

HCA - The Healthcare Company

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DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

DEPT: 193-ONCOLOGY
SPACE: 4718-THERAPY RM CLINAC ix IMRT & IGRT SYS 120 MLC

Item	Description	Class	Vendor	Qty	Price	Extd Price
Total Budget For Each Occurance Of This Type Space:						\$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling:						\$XXX.XX

0567

R003921

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MVV

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DEPT: 193-ONCOLOGY
SPACE: 4728-DOSIMETRIST OFFICE

Item	Description	Class	Vendor	Qty	Price	Extd Price
043891	#RBC15364A; BOOKCASE- 36" X 53" FINISH ANY STEELCASE PAINT:	M0	INTERIOR DESIGN Model #: RBC15364A	1	\$XXX.XX	\$XXX.XX
073499	#4535331DW, CRITERION HIGH BACK CHAIR PNEUMATIC HEIGHT ADJUSTABLE SEAT DEPTH, SOFT CASTERS, FABRIC: CANZONE STANDARD FINISH SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 4535331DW	1	\$XXX.XX	\$XXX.XX
121900	8LF18302F- FILE - 2 DRAWER, LATERAL, HANGING FRAME, W/LOCK, 30"W, PAINT:	M0	INTERIOR DESIGN Model #: 8LF18302F	2	\$XXX.XX	\$XXX.XX
121977	RATCL1860F-FILE-TOP FOR TWO FILES 60" X 18-1/8", PLASTIC LAMINATE;	M0	INTERIOR DESIGN Model #: RATCL1860F	1	\$XXX.XX	\$XXX.XX
705326	#474419M - GUEST CHAIR SNODDGRASS, OPEN LOOP ARMS WITH OPEN BACK BASE: POLISHED CHROME, FABRIC: REGIS, SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 474419M	1	\$XXX.XX	\$XXX.XX
705895	DESK-TSAFDP3060F, DOUBLE PEDESTAL, 60X30X2 3/8 W/CENTER DRAWER LOCK, FLUSH END PANELS W/REF SHELF PAINT: LAMINATE:	M0	INTERIOR DESIGN Model #: TSAFDP3060F	1	\$XXX.XX	\$XXX.XX
713795	#2W367; WASTE-CAN; 28 QT; I.G. RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX
862710	2042, COAT HOOK, SINGLE -1"WX7 1/2" X4 1/2" FINISH: GLOSS BLACK ***PETER PEPPER***	M4	INTERIOR DESIGN Model #: 2042	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0568

R003922

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
 DEPT: 193-ONCOLOGY
 SPACE: 4730-CONFERENCE ROOM

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Item	Description	Class	Vendor	Qty	Price	Extd Price
073468	#472-410N; CHAIR- MAX STACKER, WITHOUT ARMS, HARD GLIDES, SELECT COATED FRAME COLOR: 7000 BLACK, 7005 COFFEE, 7011 GRAPHITE; *SELECT PLASTIC COLOR: 6205 BLACK, 6206 BURGUNDY, 6250 COFFEE, 6256 GRAPHITE, 6301 AEGAN, 6302 BALTIC, 6303 POMEGRANATE, 6336 JAZZ, SELECT POLYPROPYLENE COLOR FOR SEAT & BACK:	M0	INTERIOR DESIGN Model #: 472-410N	8	\$XXX.XX	\$XXX.XX
476500	#1175R; UNDERCOUNTER REFRIG. W/O U-LINE 34 1/8"H X 23 15/16" W X 23 3/16"D, 120V/60/1, COLOR: WHITE OR BLACK SELECT HINGE: RIGHT OR LEFT (REPLACES MODEL #75R)	M0	BARING INDUSTRIES, INC. Model #: 1175RW/OLOCK	1	\$XXX.XX	\$XXX.XX
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX
861402	CAQE48-SC, EGAN VISUAL WHITE WONDER SKETCHING BD COMBINED W/CORK DISPLAY PANEL ON DOORS & FLIPCHART ON LEFT DOOR W/PULL-DOWN PROJECTION SCREEN 48X45X3 CLOSED, 96X45X2 OPEN, FINISH: LAMINATE	M0	INTERIOR DESIGN Model #: CAQE48-SC	1	\$XXX.XX	\$XXX.XX
1738	TRE36096UREA - Symphony rectangular table Symphony 36x96 rectangular table, laminate top, flat vinyl edge, Kavi polished chrome T-	M0	INTERIOR DESIGN Model #: TRE36096UREA + BTKAV	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
 1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0569

R003923

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
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GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MV

 DEPT: 193-ONCOLOGY
 SPACE: 4741-EXAM/CHEMO-THERAPY

Item	Description	Class	Vendor	Qty	Price	Extd Price
073468	#472-410N; CHAIR- MAX STACKER, WITHOUT ARMS, HARD GLIDES, SELECT COATED FRAME COLOR: 7000 BLACK, 7005 COFFEE, 7011 GRAPHITE; *SELECT PLASTIC COLOR: 6205 BLACK, 6206 BURGUNDY, 6250 COFFEE, 6256 GRAPHITE, 6301 AEGAN, 6302 BALTIC, 6303 POMEGRANATE, 6336 JAZZ, SELECT POLYPROPYLENE COLOR FOR SEAT & BACK:	M0	INTERIOR DESIGN Model #: 472-410N	1	\$XXX.XX	\$XXX.XX
707331	#MDS9400; BLOOD PRESSURE UNIT, ANEROID, WALL MOUNT WITH NYLON ADULT CUFF	M0	MEDLINE INDUSTRIES, Model #: MDS9400	1	\$XXX.XX	\$XXX.XX
713782	#1FD42; CART; UTILITY, 500 LB LOAD CAPACITY, 2 TIER. COLOR; BLACK. (MANF. RUBBERMAID 4520-88 BLA)	M0	GRAINGER Model #: 1FD42	1	\$XXX.XX	\$XXX.XX
713798	#5M875; WASTE-CAN; 8 GAL; STEP-ON; BEIGE FM-CALIFORNIA STATE FIRE MARSHALL APPROVED FOR FIRE SAFETY. RUBBERMAID # 6143, 15 3/4"W X 17 1/8"H X 16 1/4"L. COLOR: BEIGE	M0	GRAINGER Model #: 5M875	1	\$XXX.XX	\$XXX.XX
714189	UTILITY TABLE STAINLESS STEEL SATURN UTILITY TABLE SS SATURN W/3 DRAWERS, BOTTOM SHELF, TO RAIL, CASTERS, 20"L X 16"W X 34"H (BLICKMAN)	M0	KERMA MEDICAL Model #: 08427857SS	1	\$XXX.XX	\$XXX.XX
15643	#8702; LAB STOOL, W/FOOTRING AND BACK; SOFT CASTERS; FLAT TOP ALUMINUM BASE W/BLACK TOE CAPS; "D" RING HEIGHT ADJUSTMENT 23" - 33" FROM FLOOR, **SELECT VINYL COLOR: ALABASTER, PALM, BUTTER, MOSS, PEARL, GRAPE, SHADOW, EMERALD, PUTTY, LAVENDER, DUSTY BLUE, SAGE, GRAY, BRICK DUST, BLUE, NAVY, TAUPE, PORT, WEDGEWOOD, BLACK OR WARM	M7	HASSOC MEDICAL Model #: 8702/SOFT C	1	\$XXX.XX	\$XXX.XX
717638	#SSUKIT0170; KICK BUCKET #PED1020SS SS, MOBILE (4) SWIVEL CASTERS 13 1/2"D X 14"H	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0170	1	\$XXX.XX	\$XXX.XX
722635	#7701-1264-921; AIR FLOWMETER, DIAMOND, 1-15 L/MIN AIR WITH O2 DISS FITTING, TUBING NIPPLE NUT & GLAND	M0	OHIO MEDICAL Model #: 7701-1264-921	1	\$XXX.XX	\$XXX.XX
722651	#7701-1260-921; O2 FLOWMETER, DIAMOND, (1-15 LPM) WITH O2 DISS FITTING, TUBING NIPPLE NUT & GLAND, (FM, O(ODS), DIA, N&G)	M4	OHIO MEDICAL Model #: 7701-1260-921	1	\$XXX.XX	\$XXX.XX
722684	#8701-1251-908; PUSH TO SET VACUUM REGULATOR, INTERMITTENT & CONTINUOUS WITH A OVERFLOW SAFETY TRAP, DIAMOND ADAPTER	M0	OHIO MEDICAL Model #: 8701-1251-908	1	\$XXX.XX	\$XXX.XX

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R003924

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
 DEPT: 193-ONCOLOGY
 SPACE: 4741-EXAM/CHEMO-THERAPY

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Item	Description	Class	Vendor	Qty	Price	Extd Price
723588	EXAM TABLE W/STIRRUPS BASE ONLY EXAM TABLE W/STIRRUPS BASE ONLY (#4443204001: \$785.58) AND SEAMLESS UPHOLSTERY TOP (#44430020870XXX: \$254.44) SPECIFY COLOR: PEBBLE, PERFECT PLUM, MOSS, NAVY, SHADOW, DUSTY BLUE CLAY (MIDMARK)	M0	KERMA MEDICAL Model #: 4443204001	1	\$XXX.XX	\$XXX.XX
725435	EXAM LIGHT GLEAMER FLOORSTAND 115V EXAM LIGHT GLEAMER FLOORSTAND 115V	M0	KERMA MEDICAL Model #: 1097GL30FL	1	\$XXX.XX	\$XXX.XX
725436	SCALE DOCTORS 400LBS CAP W/HEIGHT SCALE DOCTORS 400LBS CAPACITY WITH HEIGHT ROD	M0	KERMA MEDICAL Model #: 1915000439	1	\$XXX.XX	\$XXX.XX
725512	#67837671071M; W/A DIAG SET; INCLUDES: WALL TRANSFORMER W/O CLOCK ;11710 OPHTHALMOSCOPE W/HEAD; 23810 OTOSCOPE WITH HEAD	M0	KERMA MEDICAL Model #: 67837671071M	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space:	\$XXX.XX
12 Occurances Of This Type Space Included In The Budget Totalling:	\$XXX.XX

0571

R003925

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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SPACE: 4742-EXAM

Item	Description	Class	Vendor	Qty	Price	Extd Price
073468	#472-410N; CHAIR- MAX STACKER, WITHOUT ARMS, HARD GLIDES, SELECT COATED FRAME COLOR: 7000 BLACK, 7005 COFFEE, 7011 GRAPHITE; *SELECT PLASTIC COLOR: 6205 BLACK, 6206 BURGUNDY, 6250 COFFEE, 6256 GRAPHITE, 6301 AEGAN, 6302 BALTIC, 6303 POMEGRANATE, 6336 JAZZ, SELECT POLYPROPYLENE COLOR FOR SEAT & BACK:	M0	INTERIOR DESIGN Model #: 472-410N	1	\$XXX.XX	\$XXX.XX
707331	#MDS9400; BLOOD PRESSURE UNIT, ANEROID, WALL MOUNT WITH NYLON ADULT CUFF	M0	MEDLINE INDUSTRIES, Model #: MDS9400	2	\$XXX.XX	\$XXX.XX
713782	#1FD42; CART; UTILITY, 500 LB LOAD CAPACITY, 2 TIER. COLOR; BLACK. (MANF. RUBBERMAID 4520-88 BLA)	M0	GRAINGER Model #: 1FD42	1	\$XXX.XX	\$XXX.XX
713798	#5M875; WASTE-CAN; 8 GAL; STEP-ON; BEIGE FM-CALIFORNIA STATE FIRE MARSHALL APPROVED FOR FIRE SAFETY. RUBBERMAID # 6143, 15 3/4"W X 17 1/8"H X 16 1/4"L. COLOR: BEIGE	M0	GRAINGER Model #: 5M875	1	\$XXX.XX	\$XXX.XX
714189	UTILITY TABLE STAINLESS STEEL SATURN UTILITY TABLE SS SATURN W/3 DRAWERS, BOTTOM SHELF, TO RAIL, CASTERS, 20"L X 16"W X 34"H (BLICKMAN)	M0	KERMA MEDICAL Model #: 08427857SS	1	\$XXX.XX	\$XXX.XX
15643	#8702; LAB STOOL, W/FOOTRING AND BACK; SOFT CASTERS; FLAT TOP ALUMINUM BASE W/BLACK TOE CAPS; "D" RING HEIGHT ADJUSTMENT 23" - 33" FROM FLOOR, **SELECT VINYL COLOR: ALABASTER, PALM, BUTTER, MOSS, PEARL, GRAPE, SHADOW, EMERALD, PUTTY, LAVENDER, DUSTY BLUE, SAGE, GRAY, BRICK DUST, BLUE, NAVY, TAUPE, PORT, WEDGEWOOD, BLACK OR WARM	M7	HASSOC MEDICAL Model #: 8702/SOFT C	1	\$XXX.XX	\$XXX.XX
717638	#SSUKIT0170; KICK BUCKET #PED1020SS SS, MOBILE (4) SWIVEL CASTERS 13 1/2"D X 14"H	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0170	1	\$XXX.XX	\$XXX.XX
722635	#7701-1264-921; AIR FLOWMETER, DIAMOND, 1-15 L/MIN AIR WITH O2 DISS FITTING, TUBING NIPPLE NUT & GLAND	M0	OHIO MEDICAL Model #: 7701-1264-921	1	\$XXX.XX	\$XXX.XX
722651	#7701-1260-921; O2 FLOWMETER, DIAMOND, (1-15 LPM) WITH O2 DISS FITTING, TUBING NIPPLE NUT & GLAND, (FM, O(ODS), DIA, N&G)	M4	OHIO MEDICAL Model #: 7701-1260-921	1	\$XXX.XX	\$XXX.XX
722684	#8701-1251-908; PUSH TO SET VACUUM REGULATOR, INTERMITTENT & CONTINUOUS WITH A OVERFLOW SAFETY TRAP, DIAMOND ADAPTER	M0	OHIO MEDICAL Model #: 8701-1251-908	1	\$XXX.XX	\$XXX.XX

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R003926

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
 DEPT: 193-ONCOLOGY
 SPACE: 4742-EXAM

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Item	Description	Class	Vendor	Qty	Price	Extd Price
723568	EXAM TABLE W/STIRRUPS BASE ONLY EXAM TABLE W/STIRRUPS BASE ONLY (#4443204001: \$785.56) AND SEAMLESS UPHOLSTERY TOP (#44430020870XXX: \$254.44) SPECIFY COLOR: PEBBLE, PERFECT PLUM, MOSS, NAVY, SHADOW, DUSTY BLUE CLAY (MIDMARK)	M0	KERMA MEDICAL Model #: 4443204001	1	\$XXX.XX	\$XXX.XX
725435	EXAM LIGHT GLEAMER FLOORSTAND 115V EXAM LIGHT GLEAMER FLOORSTAND 115V	M0	KERMA MEDICAL Model #: 1097GL30FL	1	\$XXX.XX	\$XXX.XX
725436	SCALE DOCTORS 400LBS CAP W/HEGHT SCALE DOCTORS 400LBS CAPACITY WITH HEGHT ROD	M0	KERMA MEDICAL Model #: 1915000439	1	\$XXX.XX	\$XXX.XX
725512	#67837671071M; W/A DIAG SET; INCLUDES: WALL TRANSFORMER W/O CLOCK ;11710 OPHTHALMOSCOPE W/HEAD; 23810 OTOSCOPE WITH HEAD	M0	KERMA MEDICAL Model #: 67837671071M	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space:	\$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling:	\$XXX.XX

0573

R003927

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
DEPT: 193-ONCOLOGY
SPACE: 4744-FILES/FILM STORAGE

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Item	Description	Class	Vendor	Qty	Price	Extd Price
510303	#SSUKIT0207; SHELVING, STORAGE STARTER, 36 X 18 X 75 WITH 6 SHELVES INCLUDING FOOT PLATES **MUST SELECT COLOR: GRAY OR TAN **	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0207	4	\$XXX.XX	\$XXX.XX
510304	#SSUKIT0206; SHELVING, STORAGE STARTER 36 X 18 X 75 WITH 6 SHELVES, INCLUDING FOOT PLATES	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0206	10	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space:	\$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling:	\$XXX.XX

0574

R003928

Date: 7/7/2011

HCA - The Healthcare Company
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GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 4749-HOLDING (OUT-PATIENT)

Item	Description	Class	Vendor	Qty	Price	Extd Price
707304	#0737-000-000; TRANSPORT STRETCHER, STD UNIT (#0737-000-000; \$2416.32) DUAL END BRAKE STEER CONTROLS (#0753-003-105; STD) 2 STAGE PERMANENT FOLD IV POLE HEAD END PUSH HANDLES (#0734-035-025; \$293.04) UPRIGHT O2 BOTTLE HOLDER (#1020-130-000; \$74.00) 3" STANDARD MATTRESS (#1059-326-001; STD) CHOOSE ACCENT COLOR: RED, GRAY OR BLUE.	M0	STRYKER MEDICAL CORP Model #: 0737/ 2 STAGE	1	\$XXX.XX	\$XXX.XX
707331	#MDS9400; BLOOD PRESSURE UNIT, ANEROID, WALL MOUNT WITH NYLON ADULT CUFF	M0	MEDLINE INDUSTRIES, Model #: MDS9400	1	\$XXX.XX	\$XXX.XX
714802	#MDS806300SLG; WHEELCHAIR EXCEL; 18"W, 250 LB CAPACITY, REMOVABLE DESK-LENGTH ARMS, SWINGAWAY DETACHABLE ELEVATING LEGRESTS; MAG WHEELS; CHART POCKET. ***COLOR: SILVER GRAY - SLG***	M0	MEDLINE INDUSTRIES, Model #: MDS806300SLG	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
4 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0575

R003929

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
DEPT: 193-ONCOLOGY
SPACE: 4752-LINEN STORAGE

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Item	Description	Class	Vendor	Qty	Price	Extd Price
510434	#SSUKIT0008; LINEN CART, LARGE; 60 X 24 X 69, 5 SHELVES W/ COVER, DOLLY ON WHEELS, & SHELF GUARD	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0008	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0576

R003930

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTSPage: 19
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10000MWDEPT: 193-ONCOLOGY
SPACE: 4758-LOUNGE

Item	Description	Class	Vendor	Qty	Price	Extd Price
073468	#472-410N; CHAIR- MAX STACKER, WITHOUT ARMS, HARD GLIDES, SELECT COATED FRAME COLOR: 7000 BLACK, 7005 COFFEE, 7011 GRAPHITE; *SELECT PLASTIC COLOR: 6205 BLACK, 6206 BURGUNDY, 6250 COFFEE, 6256 GRAPHITE, 6301 AEGAN, 6302 BALTIC, 6303 POMEGRANATE, 6336 JAZZ, SELECT POLYPROPYLENE COLOR FOR SEAT & BACK:	M0	INTERIOR DESIGN Model #: 472-410N	4	\$XXX.XX	\$XXX.XX
430279	#JEM25DM; MICROWAVE OVEN DIMENSIONS: 11 3/16"H X 23 25/32"W X 12 9/32"D. 120V AMP 11.5/120V WATTS 1300/MHZ 2450. SELECT COLOR: BLACK (BB) OR WHITE (WW). **** IS ADA COMPLIANT ****	M0	GENERAL ELECTRIC CO Model #: JEM25DM	1	\$XXX.XX	\$XXX.XX
713800	#5M878; WASTE-CAN; STEP-ON 23 GAL (#5M878; \$93.19) BEIGE CONTAINER MOBILE. FM-CALIFORNIA STATE FIRE MARSHALL APPROVED FOR FIRE SAFETY, COLOR: BEIGE (RUBBERMAID 6146) RIGID LINER (#4KT51; \$32.84)	M0	GRAINGER Model #: 5M878/4KT51	2	\$XXX.XX	\$XXX.XX
718692	#GTS18KCP; REFRIGERATOR, TOP FREEZER WITH ICEMAKER, 66 5/8"H X 32 1/8"D X 29 1/2"W. 17.9 CU. FT. CAPACITY. 120V/ 60HZ/ 15AMPS. SELECT COLOR: WHITE, BLACK, OR BISQUE; HINGE: RIGHT; ***DOOR SWING CAN BE FIELD MODIFIED IF REQUIRED****	M0	GENERAL ELECTRIC CO Model #: GTS18KCP	1	\$XXX.XX	\$XXX.XX
727553	#CWTF15-3*; BUNN COFFEE BREWER, 12 CUP WITH 3 LOWER WARMERS, STAINLESS STEEL, DIMENSIONS: 17" H X 16.5" W X 17.7" D, 308 GAL./HR. 6.4 CU. FT., ELECTRICAL: REQUIRES 2-WIRES PLUS GROUND SERV. RATED 120V, SINGLE PHASE, 60HZ, 13.9 AMP, 1320 TANK HEAT WATTS, 1670 TOTAL WATTS; PLUMBING: 20-90 PSI (138-621 KPA). MACHINE SUPPLIED WITH 1/4" MALE FLARE FITTING. (FROM ROYAL CUP COFFEE FOR REFERENCE ONLY, HOSPITAL TO LEASE).	M0	ROYAL CUP COFFEE Model #: CWTF15-3*	1		
861500	#2424SQ/PL/SE SPEC FOUR POINTS TABLE STD LAM. 16" WOODEDGE	M0	INTERIOR DESIGN Model #: 2424SQ/PL/SE	2	\$XXX.XX	\$XXX.XX
861510	#4101M, COMPANION SINGLE SEAT, SPEC COMPANION CHAIR, ARMLESS, 1.75" FRAME, MID BACK, 4 POINTS TO THE FLOOR, GRADE 4 FABRIC	M0	INTERIOR DESIGN Model #: 4101M	4	\$XXX.XX	\$XXX.XX
861534	#4102M, SPEC TWO SEATER, COMPANION ARMLESS, 1.75" FRAME, GRADE 4 FABRIC	M0	INTERIOR DESIGN Model #: 4102M	1	\$XXX.XX	\$XXX.XX
869262	TSQ36036VNBP + BXFER36048 Square table 36x36 square laminate top, vinyl edge, TSQ36036VNBP, with BXFER36048 Ferro cast-iron x-base in black wrinkle. Symphony	M0	INTERIOR DESIGN Model #: TSQ36036VNBP + BXFER	1	\$XXX.XX	\$XXX.XX

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R003931

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
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DEPT: 193-ONCOLOGY
SPACE: 4758-LOUNGE

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Item	Description	Class	Vendor	Qty	Price	Extd Price
Total Budget For Each Occurance Of This Type Space:						\$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling:						\$XXX.XX

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R003932

Date: 7/7/2011

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DCEE PROJECTS
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GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

 DEPT: 193-ONCOLOGY
 SPACE: 4764-NURSES STATION

Item	Description	Class	Vendor	Qty	Price	Extd Price
061629	#7300-26; CARD POCKET, FORMS, DOUBLE-LIP POCKETS, COLOR TO BE SELECTED AT ORDER.	M4	CARSTENS Model #: 7300-26	1	\$XXX.XX	\$XXX.XX
073499	#4535331DW, CRITERION HIGH BACK CHAIR PNEUMATIC HEIGHT ADJUSTABLE SEAT DEPTH, SOFT CASTERS, FABRIC: CANZONE STANDARD FINISH SOIL RETARDANT	M0	INTERIOR DESIGN Model #: 4535331DW	3	\$XXX.XX	\$XXX.XX
073654	#630-02; CHART CADDYS CUSTOMLINE ROTO CHART CADDY, FLOOR MODEL W/4 LOCKING CARPET CASTERS, 30 CAPACITY, FOR TOP OPENING CHARTS	M0	CARSTENS Model #: 630-02	1	\$XXX.XX	\$XXX.XX
634221	**DISC. NO REPLACEMENT**#2180CX01EE; THERMOMETER, FAST ELECTRONIC TURBOTEMP PACKAGE INCLUDES THERMOMETER UNIT, THREE AA BATTERIES, ELECTRONIC SECURITY BASE, ORAL AND RECTAL PROBES AND PROBE COVER WALL BRACKET DISPENSER. DUAL PROBE UNIT. ONE YEAR WARRANTY	M0	CAREFUSION ALARIS Model #: 2180CX01EE	2	\$XXX.XX	\$XXX.XX
715617	#AE6975; SUCTION, S-SCORT DUET, INCLUDES BOTH BATTERY AND PLUG-IN OPERATION, MEETS AHA RECOMMENDATIONS - USE WITH ADULTS (>30 LPM AT TIP OF CATHETER) OR INFANTS/CHILDREN (80-120 MMHG). 10.5 LBS.	M0	ARMSTRONG MEDICAL IND. Model #: AE6975	1	\$XXX.XX	\$XXX.XX
718528	#5M744; WASTE-CAN 28 QT RECTANGULAR FIRE RESISTANT (UNDERWRITES LABORATORY) 14.5" X 10.5" X 15.38"; COLOR GRAY; 1 EACH W/O LID(RUBBERMAID 2543) *PRODUCT SET UP TO ORDER IN INCREMENTS OF 1/EA PER KEVIN KOLFF, NAT. REP. ON 10/4/04	M0	GRAINGER Model #: 5M744	2	\$XXX.XX	\$XXX.XX
721095	INTUBATION EQUIPMENT**NEED FORMAL QUOTE - BUDGET ONLY!** INCLUDES: LARYNGOSCOPE HANDLES, BLADES & MCGILL FORCEPTS. *** FOR BUDGETING ONLY - MUST GET QUOTE *** (RAUSCH OR WELCH ALLYN)	M0	KERMA MEDICAL Model #: INTUBATION	1	\$XXX.XX	\$XXX.XX
725502	#67830DS48A, POCKET ANEROID GAUGE BLOOD PRESSURE (\$102.00) W/#6783REUSE092BV, REUSABLE CHILD CUFF, BLOOD PRESSURE (\$31.33)	M0	KERMA MEDICAL Model #: 67830DS48A	1	\$XXX.XX	\$XXX.XX
725511	DIAGNOSTIC SET OTOSCOPE & DIAGNOSTIC SET OTOSCOPE & OPHTHALMASCOPE WITH CARRYING CASE	M0	KERMA MEDICAL Model #: 678397150M	1	\$XXX.XX	\$XXX.XX
725532	#6783508222; SPHYGOMOMANOMETER POCKET ANEROID SPHYGOMOMANOMETER POCKET ANEROID ADULT CUFF GRAY 2-TUBE	M0	KERMA MEDICAL Model #: 6783508222	1	\$XXX.XX	\$XXX.XX

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GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
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DEPT: 193-ONCOLOGY
SPACE: 4764-NURSES STATION

Item	Description	Class	Vendor	Qty	Price	Extd Price
726424	#SSUKIT1610 RED; ER CART ALUMINUM RED. INCLUDES: CARDIAC BACK BOARD (#PCB-1; \$69.30) & O2 TANK BRACKET (#AOB-1; \$63.00), IV POLES (#PIV-1; \$94.50); TUBULAR RAILING (#PSR-1; \$121.50). DIMENSIONS: 45 1/2"H X 25"D X 32 3/4"W (MANF. ARMSTRONG; #PAR 30; \$1,345.50) - RED	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT1610 R	1	\$XXX.XX	\$XXX.XX
727016	#70507-000081; LIFEPAK 20E DEFIBRILLATOR WITH PACING AND SP02 (MASIMO), \$10,348.65; CAT #11130-000037, STANDARD ADULT DETACHABLE HARD PADDLES; \$381.71, CAT #11171-000017, ADULT SPO2 SENSOR REUSABLE \$232.20; CAT #11260-000016, QUIK-COMBO ACCESSORY POUCH \$36.16	M0	PHYSIO CONTROL Model #: 70507-000081.	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0580

R003934

Date: 7/7/2011

HCA - The Healthcare CompanyPage: 23
01:58 PM**DCEE PROJECTS****GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW**

DEPT: 193-ONCOLOGY

SPACE: 4775-SIMULATOR - CT - G.E.

Item	Description	Class	Vendor	Qty	Price	Extd Price
000081	#S7803CY ONCOLOGY WORKSTATION ONCOLOGY WORKSTATION WITH FULL SIM MD S7803CY, ADDITIONAL LCD MONITOR M80281FR, CT/PET FUSION B79971FR	M0	GE HEALTHCARE Model #: S7803CY	1	\$XXX.XX	\$XXX.XX
018551	#EVL-XX; APRON, LEAD 24" WIDE X40" LONG.5MM, LIGHT WEIGHT LEAD - ADJUSTABLE. (**NOTE: THIS IS AN EXTRA LARGE APRON**)	M0	RADIOLOGY SPECIALTY Model #: EVL-XX	2	\$XXX.XX	\$XXX.XX
020093	ARTWORK	M0	AMERICAN ART Model #: ARTWORK	2	\$XXX.XX	\$XXX.XX
162500	#HGP; GLOVES, LEAD, .5MM -15 INCHES W/7" FLARE #15;	M0	RADIOLOGY SPECIALTY Model #: HGP	1	\$XXX.XX	\$XXX.XX
175545	#MDS80529; HAMPER STAND CHROME, SQUARE WITH FOOT PEDAL OPERATED METAL LID (LID COLOR--WHITE), 18 5/8"W X 19 1/2"D X 37 3/4"H, 4 LID LABELS (BIOHAZARD, SOILED LINEN, INFECTIOUS LINEN, & TRASH)	M4	MEDLINE INDUSTRIES, Model #: MDS80529	1	\$XXX.XX	\$XXX.XX
469960	#AGR-110; RACK, APRON & GLOVE, ALL STEEL CONSTRUCTION, WALL MOUNTED, 16" AND 18" MOUNTING HOLES TO MATCH MOST STUD DESIGNS, GLOVE HOLDERS LOCATED BOTH ENDS, DESIGNED FOR 1 APRON, 30" WIDE ARCHED BAR, SHIPPING WEIGHT 10 LBS., COLOR: BEIGE	M4	RADIOLOGY SPECIALTY Model #: AGR-110	1	\$XXX.XX	\$XXX.XX
554101	#BSH-65; STEP STOOL, W/SINGLE HANDLE	M0	RADIOLOGY SPECIALTY Model #: BSH-65	1	\$XXX.XX	\$XXX.XX
715642	#9702; PHYSICIAN'S STOOL (SOFT CASTERS), NO BACK, FLAT TOP ALUMINUM BASE W/BLACK TOE CAPS; "D" RING HEIGHT ADJUSTMENT 17" - 22" FROM FLOOR. **SELECT VINYL COLOR: ALABASTER, PALM, BUTTER, MOSS, PEARL, GRAPE, SHADOW, EMERALD, PUTTY, LAVENDER, DUSTY BLUE, SAGE, GRAY, BRICK DUST, BLUE, NAVY, TAUPE, PORT, WEDGEWOOD, BLACK OR WARM GRAY.	M7	HASSOC MEDICAL Model #: 9702/SOFT C	1	\$XXX.XX	\$XXX.XX
717638	#SSUKIT0170; KICK BUCKET #PED1020SS SS, MOBILE (4) SWIVEL CASTERS 13 1/2"D X 14"H	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0170	1	\$XXX.XX	\$XXX.XX
717651	#SSUKIT0184; TABLE, INSTRUMENT, #PEDSG93SS WITHOUT SHELF, CASTERS 24"W X 48"L X 34"H	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0184	1	\$XXX.XX	\$XXX.XX

0581

R003935

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
DEPT: 193-ONCOLOGY
SPACE: 4775-SIMULATOR - CT - G.E.

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Item	Description	Class	Vendor	Qty	Price	Extd Price
722806	#S7716ET, LIGHTSPEED XTRA (16) LIGHTSPEED XTRA 16 100KW PERFORMIX 8MHU TUBE XTREAM FX CONSOLE VOLUME VIEWER B7540LD, PARTIAL SYSTEM UPS B7999ZA, PERFUSION 3 B7700PY, AVA B7868LA, 1700 TABLE, SMART STEP B7864SM, NO AW INCLUDED *****MUST OBTAIN QUOTE FROM MILTON MUELLER*****	M0	GE HEALTHCARE Model #: S7716ET	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0582

R003936

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
 DEPT: 193-ONCOLOGY
 SPACE: 4777-SOILED UTILITY

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Item	Description	Class	Vendor	Qty	Price	Extd Price
175545	#MDS80529; HAMPER STAND CHROME, SQUARE WITH FOOT PEDAL OPERATED METAL LID (LID COLOR-WHITE), 18 5/8"W X 19 1/2"D X 37 3/4"H, 4 LID LABELS (BIOHAZARD, SOILED LINEN, INFECTIOUS LINEN, & TRASH)	M4	MEDLINE INDUSTRIES, Model #: MDS80529	1	\$XXX.XX	\$XXX.XX
713779	#5Z207; RUBBERMAID CART SOILED LINEN (\$329.66) W/2 SWIVEL 2 RIG CASTERS, OVERALL DIMENSIONS: 33 13/16"W X 48 7/64"L X 37"H, 20 CU. FT. CAPACITY, 144 GAL 4619 GRAY WITH 4617 LID #5Z210 (\$123.56)	M0	GRAINGER Model #: 5Z207/5Z210	1	\$XXX.XX	\$XXX.XX
718528	#5M744; WASTE-CAN 28 QT RECTANGULAR FIRE RESISTANT (UNDERWRITES LABORATORY) 14.5" X 10.5" X 15.38"; COLOR GRAY; 1 EACH W/O LID(RUBBERMAID 2543) *PRODUCT SET UP TO ORDER IN INCREMENTS OF 1/EA PER KEVIN KOLFF, NAT. REP. ON 10/4/04	M0	GRAINGER Model #: 5M744	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
 1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0583

R003937

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 4778-STORAGE

Item	Description	Class	Vendor	Qty	Price	Extd Price
510303	#SSUKIT0207; SHELVING, STORAGE STARTER, 36 X 18 X 75 WITH 6 SHELVES INCLUDING FOOT PLATES **MUST SELECT COLOR: GRAY OR TAN **	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0207	1	\$XXX.XX	\$XXX.XX
510304	#SSUKIT0206; SHELVING, STORAGE STARTER 36 X 18 X 75 WITH 6 SHELVES, INCLUDING FOOT PLATES	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0206	3	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totalling: \$XXX.XX

0584

R003938

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
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DEPT: 193-ONCOLOGY
SPACE: 4779-TOILET

Item	Description	Class	Vendor	Qty	Price	Extd Price
718528	#5M744; WASTE-CAN 28 QT RECTANGULAR FIRE RESISTANT (UNDERWRITES LABORATORY) 14.5" X 10.5" X 15.38"; COLOR GRAY; 1 EACH W/O LID/(RUBBERMAID 2543) *PRODUCT SET UP TO ORDER IN INCREMENTS OF 1/EA PER KEVIN KOLFF, NAT. REP. ON 10/4/04	M0	GRAINGER Model #: 5M744	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
7 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0585

R003939

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
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DEPT: 193-ONCOLOGY
SPACE: 4782-TREAT PLAN ECLIPSE VARIS/VISION

Item	Description	Class	Vendor	Qty	Price	Extd Price
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX
715954	VARIS/VISION AND EXLIPSE - TYPICAL. TREATMENT PLANNING AND INFORMATION/IMAGE MANAGEMENT SYSTEMS FOR LARGER DEPARTMENT.	M0	VARIAN MEDICAL SYSTEMS Model #: DEM20060212-002	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0586

R003940

Date: 7/7/2011

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DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 4784-WAITING

Item	Description	Class	Vendor	Qty	Price	Extd Price
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX
861500	#2424SQ/PL/SE SPEC FOUR POINTS TABLE STD LAM. 16" WOODEDGE	M0	INTERIOR DESIGN Model #: 2424SQ/PL/SE	3	\$XXX.XX	\$XXX.XX
861535	#2301SCS, SPEC FULL RING LOUNGE CHAIR 1 1/2" FRAME, 16" SEAT HEIGHT, GRADE 4	M0	INTERIOR DESIGN Model #: 2301CS	6	\$XXX.XX	\$XXX.XX
861537	#2302CS SPEC FULL RING 2 SEATER, ARMS AT END ONLY, 16" SEAT HEIGHT, GRADE 4 FABRIC, SPECTONE FRAME	M0	INTERIOR DESIGN Model #: 2302CS	2	\$XXX.XX	\$XXX.XX
862701	482, MAGAZINE RACK - FOUR SLOT MAGAZINE RACK, 14" X 34" X 5" SIDE PANEL FINISH; K-NAT. OAK, KS-MED OAK, MM-MED. MAHOG, W-WALNUT, FRONT: ANY P.P. COLOR ***PETER	M0	INTERIOR DESIGN Model #: 482	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space:	\$XXX.XX
4 Occurances Of This Type Space Included In The Budget Totaling:	\$XXX.XX

0587

R003941

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 9078-POINT OF USE SERVICE

Item	Description	Class	Vendor	Qty	Price	Extd Price
715332	#SSUKIT0276; DOUBLE SIDED LOUVERED RACK W/CASTERS 36X30X66/W CASTERS & BINS	M0	STORAGE SYSTEMS, INC. Model #: SSUKIT0276	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0588

R003942

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
DEPT: 193-ONCOLOGY
SPACE: 9869-MEDS

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Item	Description	Class	Vendor	Qty	Price	Extd Price
718171	#REF5-00-SP00; REFRIGERATOR, WITH LOCK AND KEY, SS INTERIOR/EXTERIOR, 4.8 CU. FT., 115 V, 60HZ, 1PH, 8.0 AMPS, MAX FUSE 15 AMPS, HOSPITAL GRADE CORD & PLUG - NEMA 5-15, 33 DEGREES F - 40 DEGREES F (1 DEGREE C - 5 DEGREES C) REVERSIBLE DOOR SWING/HANDLE, 34HX23.75WX25.5D, NSF, UL & CUL LISTED.	M0	FOLLETT CORPORATION Model #: REF5-00-SP00	1	\$XXX.XX	\$XXX.XX
718528	#5M744; WASTE-CAN 28 QT RECTANGULAR FIRE RESISTANT (UNDERWRITES LABORATORY) 14.5" X 10.5" X 15.38"; COLOR GRAY; 1 EACH W/O LID(RUBBERMAID 2543) *PRODUCT SET UP TO ORDER IN INCREMENTS OF 1/EA PER KEVIN KOLFF, NAT. REP. ON 10/4/04	M0	GRAINGER Model #: 5M744	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

0589

R003943

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 9870-MEDS IV PREP W/ HOOD

Item	Description	Class	Vendor	Qty	Price	Extd Price
073476	#4537300S, CRITERION MIDBACK STOOL PNEUMATIC HEIGHT VINYL UPHOLSTRY STANDARD FINISH	M0	INTERIOR DESIGN Model #: 4537300S	1	\$XXX.XX	\$XXX.XX
192724	#NU-425-200; HOOD, VERTICAL FLOW 2 FEET W/36" STAND - 50"H X 28 1/2"W X 24"D, THIMBLE EXHAUST TRANSITION 928 - 202 115V/60/1/15 AMPS, SELECT BASE HEIGHT: 30" OR 36" - REQUIRES EXTERNAL EXHAUST - CONTRACTOR TO PROVIDE EXHAUST BLOWER, DUCTWORK & ALL FITTINGS	M0	NU-AIRE C/O MEDREP Model #: NU 425-200	1	\$XXX.XX	\$XXX.XX
476500	#1175R; UNDERCOUNTER REFRIG. W/O U-LINE 34 1/8"H X 23 15/16" W X 23 3/16"D, 120V/60/1, COLOR: WHITE OR BLACK SELECT HINGE: RIGHT OR LEFT (REPLACES MODEL #75R)	M0	BARING INDUSTRIES, INC. Model #: 1175RW/OLOCK	1	\$XXX.XX	\$XXX.XX
713782	#1FD42; CART; UTILITY, 500 LB LOAD CAPACITY, 2 TIER. COLOR: BLACK. (MANF. RUBBERMAID 4520-88 BLA)	M0	GRAINGER Model #: 1FD42	1	\$XXX.XX	\$XXX.XX
713798	#5M875; WASTE-CAN; 8 GAL; STEP-ON; BEIGE FM-CALIFORNIA STATE FIRE MARSHALL APPROVED FOR FIRE SAFETY. RUBBERMAID # 6143, 15 3/4"W X 17 1/8"H X 16 1/4"L. COLOR: BEIGE	M0	GRAINGER Model #: 5M875	1	\$XXX.XX	\$XXX.XX
725974	#FZR5; -20C FREEZER, UNDERCOUNTER, EXTERNAL TEMP DISPLAY, LOCK & KEY, STAINLESS STEEL INTERIOR/EXTERIOR, 4.2 CUFT, 115 V, 60HZ, 1PH, 8.0 AMPS, MAX.FUSE 15 AMPS, HOSPITAL GRADE CORD & PLUG; NEMA 5-15, TEMP RANGE OF -30C TO -15C, REVERSIBLE DOOR SWING/HANDLE, 34"H X 23.75"W X 25.5"D, NSF, UL & CUL LISTED	M0	FOLLETT CORPORATION Model #: FZR5	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

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R003944

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
 SPACE: 9871-NOURISHMENT

Item	Description	Class	Vendor	Qty	Price	Extd Price
203210	#25CI400A-S*; ICEMAKER/DISPENSER, 21"W X 48"H X 23"D, COUNTERTOP, AIR COOLED, 25 LBS STORAGE, 400 LBS/DAY PRODUCTION, TO INCL WATER STATION (#25CI400A; \$3,094.44) AND SENSORSafe DISPENSING (#SENSORSafe; \$104.86)	M0	FOLLETT CORPORATION Model #: 25CI400A-S*	1	\$XXX.XX	\$XXX.XX
430279	#JEM25DM; MICROWAVE OVEN DIMENSIONS: 11 3/16"H X 23 25/32"W X 12 9/32"D. 120V AMP 11.5/120V WATTS 1300/MHZ 2450. SELECT COLOR: BLACK (BB) OR WHITE (WW). **** IS ADA COMPLIANT ****	M0	GENERAL ELECTRIC CO Model #: JEM25DM	1	\$XXX.XX	\$XXX.XX
713795	#2W367; WASTE-CAN; 28 QT; LG, RECTANGULAR FIRE RESISTANT (UL) 14.5"X10.5"X15.29"H COLOR: BEIGE. (MANF. RUBBERMAID 254300BEIG)	M0	GRAINGER Model #: 2W367	1	\$XXX.XX	\$XXX.XX
714519	#00130229; WATER FILTER SYSTEM (ACCESSORY FOR ICEMAKER DISPENSERS). PREFILTER PRIMARY FILTER PRESSURE GAUGE AND WALL	M0	FOLLETT CORPORATION Model #: 00130229	1	\$XXX.XX	\$XXX.XX
720028	#GTH17JBC; REFRIGERATOR, TOP SPILL PROOF ADJ. GLASS SHELVES. WITHOUT ICEMAKER. 16.6 CU. FT. CAPACITY. 64 3/4"H X 31"D X 28"W. 120V/ 60HZ/ 15AMPS; ENERGY STAR, HINGE CAN BE FIELD MODIFIED. SELECT COLOR: WHITE GTH17JBC WW OR BLACK GTH17JBC BB *DOOR SWING CAN BE FIELD MODIFIED IF REQUIRED* ****IF ICEMAKER KIT #IM4A IS NEEDED, ADD ITEM #718322****	M0	GENERAL ELECTRIC CO Model #: GTH17JBC	1	\$XXX.XX	\$XXX.XX
727553	#CWTF15-3*; BUNN COFFEE BREWER, 12 CUP WITH 3 LOWER WARMERS, STAINLESS STEEL, DIMENSIONS: 17" H X 16.5" W X 17.7" D, 308 GAL/HR. 6.4 CU. FT., ELECTRICAL: REQUIRES 2-WIRES PLUS GROUND SERV. RATED 120V, SINGLE PHASE, 60HZ, 13.9 AMP, 1320 TANK HEAT WATTS, 1670 TOTAL WATTS; PLUMBING: 20-90 PSI (138-621 KPA). MACHINE SUPPLIED WITH 1/4" MALE FLARE FITTING. (FROM ROYAL CUP COFFEE FOR REFERENCE ONLY, HOSPITAL TO LEASE).	M0	ROYAL CUP COFFEE Model #: CWTF15-3*	1		

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
 1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

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R003945

Date: 7/7/2011

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GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
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DEPT: 193-ONCOLOGY
SPACE: 9872-JANITOR

Item	Description	Class	Vendor	Qty	Price	Extd Price
062021	#F36-08R; FOLDING CABINET STAINLESS STEEL; COMPLETE WITH 2 FOUR GALLON STAINLESS STEEL HALF OVAL PAILS, 12-16 OZ; STAINLESS STEEL MOP WRINGER, STAINLESS STEEL LOCKABLE DOOR; ANTIBACTERIAL ZIPPER BAG AND STAINLESS STEEL TRASH LID	M0	ROYCE ROLLS RINGER CO. Model #: F36-08R	1	\$XXX.XX	\$XXX.XX

Total Budget For Each Occurance Of This Type Space: \$XXX.XX
1 Occurances Of This Type Space Included In The Budget Totaling: \$XXX.XX

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R003946

Date: 7/7/2011

HCA - The Healthcare Company
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GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW
DEPT: 193-ONCOLOGY
SPACE: 9872-JANITOR

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Item	Description	Class	Vendor	Qty	Price	Extd Price

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R003947

Date: 7/7/2011

HCA - The Healthcare Company
DCEE PROJECTS
GENERAL EQUIPMENT LIST FOR PROJECT A03810 - Grand Strand Lin Acc All New
10000MW

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DEPT: 193-ONCOLOGY
SPACE: 9872-JANITOR

Item	Description	Class	Vendor	Qty	Price	Extd Price

0594

R003948

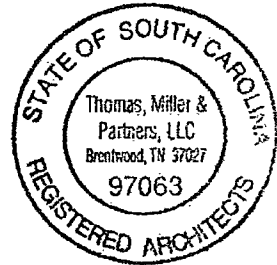
tm p Thomas, Miller & Partners, PLLC
Architecture Interiors Planning Sustainable Design

5210 Maryland Way, Suite 200
Brentwood, Tennessee 37027-5065
615.377.9773
www.tmpartners.com

August 25, 2011

Via Hand Delivery

Beverly A. Brandt, Chief
Bureau of Health Facilities and
Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204



Project: Addition of a Linear Accelerator and CT Simulator
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina
TMP No. A05810

Subject: Construction Cost Estimate

Dear Ms. Brandt:

I worked in conjunction with the HCA Development Team to develop the schematic drawings and to estimate the construction related costs for the above referenced project. The construction cost estimate for Grand Strand's addition is as follows:

Development:	\$100,000
Site Development:	\$600,000
Testing and Construction Misc.:	\$50,000
Construction:	\$2,340,630
Contingency (8%):	\$283,250
A/E Fees (7.06%):	\$249,956
Building Fees:	\$29,580
Linear Acc. Vault:	<u>\$600,000</u>
TOTAL:	\$4,253,416

Sincerely,

Marc S. Rowland, AIA ACHA
Principal-in-Charge

copy: Jason Whinham, HCA Management Services; Brent Bachman, HCA Management Services; Adam Rudd, GSRMC; A05810 gf

p:\2010\A05810\owner\2011-08-25 con cost letter.docx

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R003949

Sullivan Consulting Group, Inc.

2090 Bethany Way · Alpharetta, Georgia 30004 · (770) 753-4222 · Fax: (770) 753-4223

August 22, 2011

Ms. Beverly Brandt
Director
South Carolina Department of Health and Environmental Control
Bureau of Health Facilities and Service Development
2600 Bull Street
Columbia, South Carolina 29201

**RE: Construction for the establishment of a new radiation therapy service in a center attached to the main hospital.
Grand Strand Regional Medical Center
Myrtle Beach, South Carolina**

Dear Ms. Brandt:

On behalf of Grand Strand Regional Medical Center ("GSRMC"), I am responding to your request for additional information dated August 16, 2011 regarding the above-captioned project. Specifically, I will respond to questions 5, 6, and 8 of your letter.

5. For B-11, please indicate how many patients and treatments are projected to be redirected from Carolina Regional Cancer Center to Grand Strand Regional Medical Center.

As discussed in the Application on p. 33, virtually all of the radiotherapy patients that GSRMC projects to serve would otherwise have been referred to Carolina Regional Cancer Center because that is where the oncologists supporting GSRMC currently send these patients. The impact on the Ford Cancer Center at Georgetown Memorial Hospital is anticipated to be negligible because of the distance and the fact that GSRMC medical staff members make few referrals to that facility now.

Given the projected growth of 194 new radiation therapy patients in the three-county service area between 2010 and 2015 (presented on p. 30 of the Application) and the fact that GSRMC projects to serve 223 patients in 2015, the net decrease in CRCC's utilization will be small. Assuming that CCRC were to lose 29 radiotherapy patients in 2015, this would result in a loss of 609 treatments. Based on CCRC's 2010 treatments, with a potential reduction of 609 treatments resulting from the opening of GSRMC's program, CCRC would still operate at over 100% of its capacity. As a result, both existing programs in the service area should continue to operate at a utilization rate well above 80% after the GSRMC program becomes operational.

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R003950

6. For B-11, please provide projected patient volumes by zip code from the proposed primary and secondary service areas (in South Carolina only).

The Application presented projections of utilization for GSRMC's radiotherapy program based on counties in recognition of the regional nature of these services. There is no detailed data from existing providers about radiotherapy patients served by ZIP Code, and GSRMC has not historically provided radiotherapy services. As a result, ZIP Code-level projections cannot be performed as readily for radiotherapy services as for other services such as acute care hospital care. With these caveats, GSRMC presents in Attachment 1 to this letter a ZIP Code-specific projection of radiotherapy utilization for the first three years of operation of its program.

These projections are summarized in the exhibits presented in Attachment 1. The steps in this projection are summarized below.

- **ZIP Code Service Area** – GSRMC expects to serve patients from throughout the three-county planning area identified in the Health Plan. To determine the area from which GSRMC would likely draw the largest portion of its radiotherapy patients, the starting point was to look at the ZIP Code of residence for cancer patients served by GSRMC in 2010. Considering only the raw number of patients served does not give effect to the population of each ZIP Code. In addition, there is no data available on the total number of cancer patients in any particular ZIP Code. To address these considerations, a "draw rate" was calculated for all of the ZIP Codes from which GSRMC served 3 or more cancer patients. A draw rate is simply the rate of patients served per 1,000 population in a ZIP Code, which allows consideration of the size of the population in addition to the number of patients. The top ten ZIP Codes in terms of draw rate were considered to be the primary area from which GSRMC would draw its radiotherapy patients, and the next 9 highest ZIP Codes were termed the secondary area. Exhibit 1 presents the defined service area and the calculated draw rates. Exhibit 3 provides a map depicting this area.
- **Population Projections** – Because the projections were ZIP Code specific, age-specific population data were obtained from Claritas for 2010 and 2015. The intervening years were interpolated based on the average annual rate of change in each ZIP Code over the five-year period. These population projections are summarized in Exhibit 2.
- **Projected Cancer Patients** – The next step was to project the number of new cancer cases in each service area ZIP Code. These rates are available only at the county level from the South Carolina Cancer Registry. These rates were presented on p. 24 of the Application. It was assumed that the cancer-incidence rate in a ZIP Code would be the same as the county in which it was located. For the three North Carolina ZIP Codes included in the service area, the Horry County rate was applied. These incidence rates by ZIP Code are reflected on Exhibit 4 and the projected number of new cancer patients in Exhibit 5.
- **Projected Radiotherapy Patients** – The number of cancer patients requiring radiotherapy was assumed to be 55%, which is the same assumption employed in the Application. The projected number of radiotherapy patients by ZIP Code is presented in Exhibit 6.

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- **Projected GSRMC Radiotherapy Patients** – As discussed in the Application, GSRMC's proposed radiotherapy program has strong support from its medical staff, including the largest medical oncology group in Horry County. As a consequence, GSRMC expects referrals to its radiotherapy program to be sufficient to ensure that the linear accelerator will be well utilized once it opens. Exhibit 7 projects the assumed market shares by ZIP Code in the service area. In the primary area, GSRMC's market share is expected to grow from 20% in 2013 to 25% in 2015. In the secondary area, the market shares are expected to increase from 1% in 2013 to 3% in 2015. These market shares, presented in Exhibit 7, are conservative and achievable by GSRMC.
- **Projected GSRMC Radiotherapy Patients by ZIP Code** – Based on the foregoing assumptions, Exhibit 8 provides GSRMC's projected radiotherapy patients by ZIP Code as requested by the Department.
- **GSRMC Total Projected Utilization** – Exhibit 9 provides the projection of total treatments by GSRMC in its first three years of operation. It was assumed that in-migration from outside the ZIP Code service area would be 10%. The number of treatments per patient was assumed to be 21 per patient, as discussed in the Application. Based on these assumptions, GSRMC's radiotherapy program would achieve a utilization rate of 93.8% in 2015.

8. For the Certificate of Need Standards for Radiotherapy, item B on page 21, and page 31, please provide further justification for the proposed capacity of 5000 treatments annually. Please provide the proposed number of IMRT/IGRT treatments vs. conventional treatments.

The South Carolina Health Plan defines capacity for linear accelerators providing IMRT or IGRT in the following standard:

2. ***Linear accelerators providing IMRT or IGRT have a capacity of 5,000 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.***

Because GSRMC proposes to offer both IMRT and IGRT services, the capacity of its proposed linear accelerator was assumed to be 5,000 treatments annually. IMRT and IGRT are relatively recent modalities, and the use of these technologies instead of conventional radiotherapy continues to grow. To assess the likely percentage of patients that would receive IMRT or IGRT, GSRMC considered CRCC's experience since it will be serving a similar patient population. CRCC stated in the Additional Information it submitted on June 28, 2011 regarding its CON application to establish a new radiotherapy facility in Conway:

The number of IMRT versus conventional treatment modalities is influenced by and fluctuate with the diagnosis mix being treated. IGRT can be used with both types of treatment modalities, as medically indicated. The treatment modality depends on the diagnosis mix. Over the past 12 months, 70% were treated with IMRT and 30% received conventional treatment; IGRT, which can be performed on both, was 72%.

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The Georgia Department of Community Health collects detailed utilization information from all radiotherapy providers in that state, and the following table summarizes the distribution on treatment modalities on conventional linear accelerators in 2010. There was significant variation among Georgia providers with the percentage of IMRT treatments ranging from 0% to 93%.

**Georgia Radiotherapy Visits by Modality
2010**

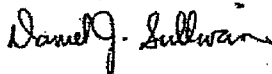
Modality	Visits	% of Total
Simple Treatments	5,875	1.4%
Intermediate Treatments	1,626	0.4%
Complex Treatments	236,594	55.6%
IMRT Treatments	179,960	42.3%
SRS Treatments	1,281	0.3%
Total	425,336	100.0%

*Source: Georgia Department of Community Health,
Annual Survey*

Based on these considerations, GSRMC assumes that approximately 60% of its treatments will be IMRT and at least 50% will also receive IGRT. Given that the majority of its patients are expected to receive one or both of these specialized treatments, a capacity of 5,000 treatments is reasonable for its proposed linear accelerator.

We trust that the above information is fully responsive to these questions.

Sincerely,



Daniel J. Sullivan
President

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Attachment 1:

**GSRMC Projected Radiotherapy Utilization by
ZIP Code**

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R003954

Exhibit 1
Grand Strand Regional Medical Center
ZIP Code Service Area for Cancer Patients

ZIP Code	County	2010 Cases	2010 Population	2010 Draw Rate*
29572	Horry	38	10,351	3.67
29566	Horry	41	15,317	2.68
29577	Horry	78	29,584	2.64
28467	Calabash, NC	18	7,651	2.35
29576	Horry/Georgetown	34	14,828	2.29
29582	Horry	39	20,345	1.92
29575	Horry	35	18,329	1.91
29579 (1)	Horry	43	22,990	1.87
29588 (2)	Horry	62	34,383	1.80
29568	Horry	14	10,713	1.31
28468	Sunset Beach, NC	4	4,878	0.82
29526	Horry	25	38,227	0.65
29569	Horry	10	16,205	0.62
28469	Ocean Isle Beach, NC	3	5,846	0.51
29527	Horry	10	22,298	0.45
29554	Williamsburg/G'town/Florence	3	9,286	0.32
28463	Tabor City, NC	2	7,625	0.26
29440 (3)	Georgetown	7	29,708	0.24
29585	Georgetown	3	14,143	0.21

(1) Includes ZIP Code 29578

(2) Includes ZIP Code 29587

(3) Includes ZIP Code 29442

Sources: GSRMC internal data and Claritas

0601

Exhibit 2
Grand Strand Regional Medical Center
GSRMC ZIP Code Service Area Population

ZIP Code	County	Ages: Under 45					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	4,582	4,580	4,578	4,576	4,574	4,572
28467	Calabash, NC	2,770	2,839	2,911	2,984	3,058	3,135
28468	Sunset Beach, NC	1,801	1,856	1,914	1,973	2,033	2,096
28469	Ocean Isle Beach, NC	2,709	2,778	2,849	2,922	2,997	3,074
29440	Georgetown	18,120	18,154	18,188	18,222	18,257	18,291
29526	Horry	23,295	23,795	24,307	24,829	25,362	25,907
29527	Horry	14,063	14,357	14,657	14,964	15,277	15,596
29554	Williamsburg/G'town/Florence	5,515	5,463	5,412	5,362	5,312	5,262
29566	Horry	7,266	7,452	7,643	7,839	8,040	8,246
29568	Horry	6,675	6,861	7,052	7,249	7,451	7,659
29569	Horry	10,156	10,356	10,560	10,768	10,981	11,197
29572	Horry	4,704	4,787	4,872	4,958	5,046	5,135
29575	Horry	7,931	8,066	8,204	8,343	8,485	8,630
29576	Horry/Georgetown	6,147	6,238	6,330	6,424	6,519	6,616
29577	Horry	17,552	17,818	18,087	18,361	18,639	18,921
29579	Horry	15,646	15,950	16,261	16,577	16,899	17,228
29582	Horry	9,367	9,573	9,783	9,999	10,218	10,443
29585	Georgetown	5,964	6,079	6,197	6,317	6,439	6,564
29588	Horry	20,875	21,294	21,722	22,158	22,603	23,057

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Exhibit 2 (Continued)
Grand Strand Regional Medical Center
GSRMC ZIP Code Service Area Population

ZIP Code	County	Ages: 45 to 64					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	1,890	1,876	1,863	1,850	1,836	1,823
28467	Calabash, NC	1,672	1,687	1,702	1,718	1,733	1,749
28468	Sunset Beach, NC	1,554	1,563	1,572	1,581	1,591	1,600
28469	Ocean Isle Beach, NC	1,658	1,683	1,709	1,735	1,762	1,789
29440	Georgetown	7,185	7,132	7,080	7,028	6,977	6,926
29526	Horry	8,993	9,173	9,357	9,545	9,737	9,932
29527	Horry	5,163	5,281	5,401	5,525	5,651	5,780
29554	Williamsburg/G'town/Florence	2,463	2,431	2,400	2,369	2,339	2,309
29566	Horry	4,481	4,545	4,610	4,676	4,743	4,811
29568	Horry	2,528	2,579	2,631	2,684	2,739	2,794
29569	Horry	3,771	3,829	3,889	3,949	4,010	4,072
29572	Horry	2,874	2,940	3,007	3,076	3,146	3,218
29575	Horry	5,288	5,316	5,343	5,371	5,399	5,427
29576	Horry/Georgetown	4,440	4,485	4,530	4,576	4,622	4,669
29577	Horry	7,253	7,506	7,768	8,040	8,320	8,611
29579	Horry	4,958	5,168	5,386	5,614	5,852	6,099
29582	Horry	6,362	6,488	6,617	6,748	6,882	7,019
29585	Georgetown	4,719	4,733	4,747	4,761	4,775	4,789
29588	Horry	8,782	9,074	9,377	9,689	10,012	10,345

0603

R003957

Exhibit 2 (Continued)
Grand Strand Regional Medical Center
GSRMC ZIP Code Service Area Population

ZIP Code	County	Ages: 65+					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	1,153	1,176	1,198	1,222	1,246	1,270
28467	Calabash, NC	3,209	3,368	3,534	3,709	3,892	4,085
28468	Sunset Beach, NC	1,523	1,601	1,682	1,768	1,858	1,953
28469	Ocean Isle Beach, NC	1,479	1,558	1,640	1,728	1,819	1,916
29440	Georgetown	4,403	4,477	4,552	4,629	4,707	4,786
29526	Horry	5,939	6,191	6,454	6,728	7,014	7,312
29527	Horry	3,072	3,186	3,304	3,427	3,554	3,686
29554	Williamsburg/G'town/Florence	1,308	1,330	1,352	1,374	1,397	1,420
29566	Horry	3,570	3,741	3,920	4,107	4,303	4,509
29568	Horry	1,510	1,583	1,660	1,741	1,825	1,914
29569	Horry	2,278	2,359	2,444	2,531	2,621	2,715
29572	Horry	2,773	2,889	3,011	3,137	3,269	3,406
29575	Horry	5,110	5,319	5,537	5,763	5,999	6,244
29576	Horry/Georgetown	4,241	4,416	4,599	4,789	4,987	5,193
29577	Horry	4,779	4,966	5,161	5,363	5,574	5,792
29579	Horry	2,386	2,502	2,625	2,753	2,887	3,028
29582	Horry	4,616	4,851	5,097	5,356	5,629	5,915
29585	Georgetown	3,460	3,602	3,750	3,903	4,063	4,230
29588	Horry	4,726	4,967	5,220	5,486	5,766	6,060

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Exhibit 2 (Continued)
Grand Strand Regional Medical Center
GSRMC ZIP Code Service Area Population

ZIP Code	County	Total Population					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	7,625	7,632	7,639	7,647	7,656	7,665
28467	Calabash, NC	7,651	7,894	8,147	8,410	8,684	8,969
28468	Sunset Beach, NC	4,878	5,020	5,168	5,322	5,482	5,649
28469	Ocean Isle Beach, NC	5,846	6,019	6,199	6,385	6,579	6,779
29440	Georgetown	29,708	29,764	29,821	29,880	29,941	30,003
29526	Horry	38,227	39,160	40,118	41,102	42,113	43,151
29527	Horry	22,298	22,824	23,363	23,915	24,482	25,062
29554	Williamsburg/G'town/Florence	9,286	9,225	9,164	9,105	9,048	8,991
29566	Horry	15,317	15,738	16,173	16,622	17,086	17,566
29568	Horry	10,713	11,024	11,344	11,674	12,015	12,367
29569	Horry	16,205	16,545	16,893	17,248	17,612	17,984
29572	Horry	10,351	10,616	10,890	11,171	11,461	11,759
29575	Horry	18,329	18,701	19,083	19,477	19,883	20,301
29576	Horry/Georgetown	14,828	15,139	15,460	15,789	16,129	16,478
29577	Horry	29,584	30,290	31,017	31,764	32,533	33,324
29579	Horry	22,990	23,620	24,271	24,944	25,638	26,355
29582	Horry	20,345	20,912	21,498	22,103	22,730	23,377
29585	Georgetown	14,143	14,414	14,694	14,981	15,278	15,583
29588	Horry	34,383	35,336	36,319	37,333	38,381	39,462

Source: Claritas

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R003959

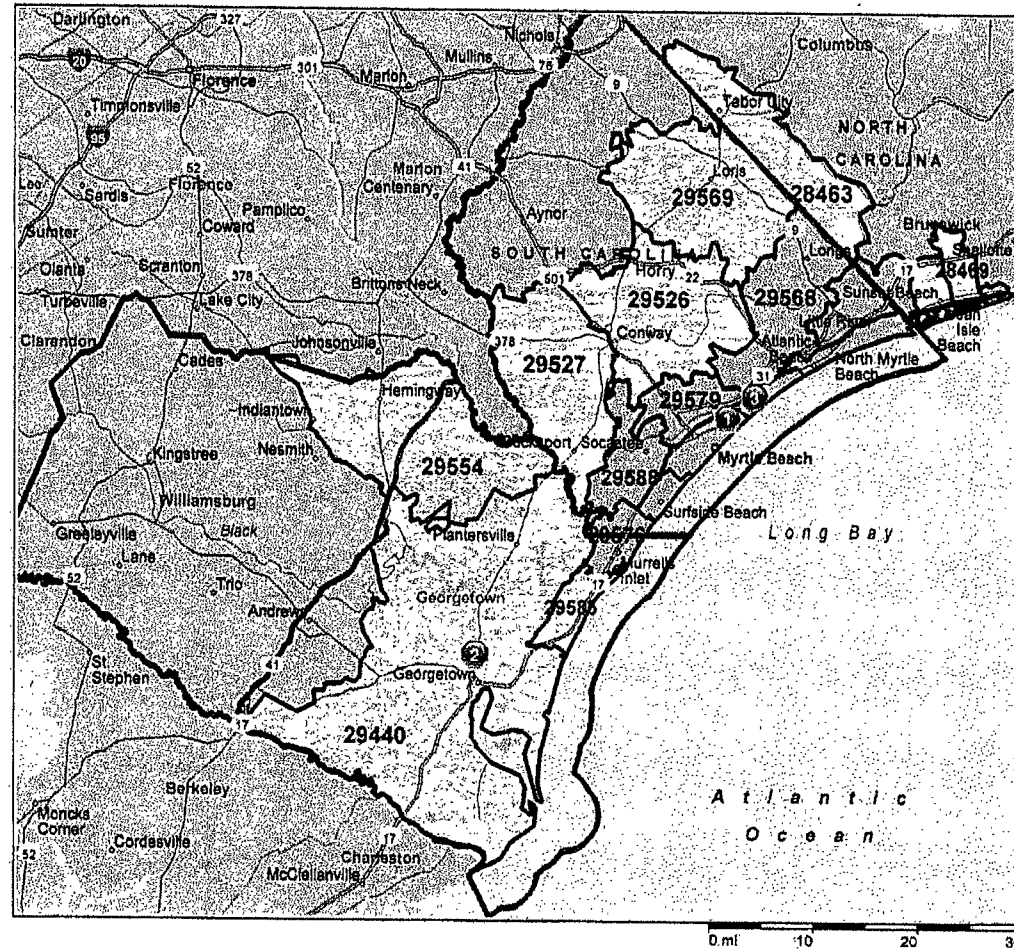
Exhibit 3
GSRMC Zip Code Service Area for Cancer Patients

Legend:

-  Secondary Service Area
-  Primary Service Area

Facilities

-  Carolina Regional Radiation Center
-  Ford Cancer Center at GMC
-  Grand Strand Regional Medical Center



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Exhibit 4
Grand Strand Regional Medical Center
Cancer Incidence Rates per 100,000 in GSRMC ZIP Code Service Area

ZIP Code	County	Ages: Under 45					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	65.6	65.6	65.6	65.6	65.6	65.6
28467	Calabash, NC	65.6	65.6	65.6	65.6	65.6	65.6
28468	Sunset Beach, NC	65.6	65.6	65.6	65.6	65.6	65.6
28469	Ocean Isle Beach, NC	65.6	65.6	65.6	65.6	65.6	65.6
29440	Georgetown	83.8	83.8	83.8	83.8	83.8	83.8
29526	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29527	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29554	Williamsburg/G'town/Florence	69.8	69.8	69.8	69.8	69.8	69.8
29566	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29568	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29569	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29572	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29575	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29576	Horry/Georgetown	65.6	65.6	65.6	65.6	65.6	65.6
29577	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29579	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29582	Horry	65.6	65.6	65.6	65.6	65.6	65.6
29585	Georgetown	83.8	83.8	83.8	83.8	83.8	83.8
29588	Horry	65.6	65.6	65.6	65.6	65.6	65.6

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R003961

Exhibit 4 (Continued)
Grand Strand Regional Medical Center
Cancer Incidence Rates per 100,000 in GSRMC ZIP Code Service Area

ZIP Code	County	Ages: 45 to 64					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	775.0	775.0	775.0	775.0	775.0	775.0
28467	Calabash, NC	775.0	775.0	775.0	775.0	775.0	775.0
28468	Sunset Beach, NC	775.0	775.0	775.0	775.0	775.0	775.0
28469	Ocean Isle Beach, NC	775.0	775.0	775.0	775.0	775.0	775.0
29440	Georgetown	915.6	915.6	915.6	915.6	915.6	915.6
29526	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29527	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29554	Williamsburg/G'town/Florence	912.4	912.4	912.4	912.4	912.4	912.4
29566	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29568	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29569	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29572	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29575	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29576	Horry/Georgetown	775.0	775.0	775.0	775.0	775.0	775.0
29577	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29579	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29582	Horry	775.0	775.0	775.0	775.0	775.0	775.0
29585	Georgetown	915.6	915.6	915.6	915.6	915.6	915.6
29588	Horry	775.0	775.0	775.0	775.0	775.0	775.0

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R003962

Exhibit 4 (Continued)
Grand Strand Regional Medical Center
Cancer Incidence Rates per 100,000 in GSRMC ZIP Code Service Area

ZIP Code	County	Ages: 65+					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
28467	Calabash, NC	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
28468	Sunset Beach, NC	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
28469	Ocean Isle Beach, NC	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29440	Georgetown	2,436.2	2,436.2	2,436.2	2,436.2	2,436.2	2,436.2
29526	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29527	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29554	Williamsburg/G'town/Florence	1,893.5	1,893.5	1,893.5	1,893.5	1,893.5	1,893.5
29566	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29568	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29569	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29572	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29575	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29576	Horry/Georgetown	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29577	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29579	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29582	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8
29585	Georgetown	2,436.2	2,436.2	2,436.2	2,436.2	2,436.2	2,436.2
29588	Horry	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8	1,874.8

*Source: State Cancer Registry and the CDC's National Program of Cancer Registries
Cancer Surveillance System (NPCR-CSS) November 2009/January 2010 data
submission. State rates include rates from metropolitan areas funded by SEER.*

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R003963

Exhibit 5
Grand Strand Regional Medical Center
Projected New Cancer Cases in GSRMC ZIP Code Service Area

ZIP Code	County	Cancer Cases Under 45					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	3	3	3	3	3	3
28467	Calabash, NC	2	2	2	2	2	2
28468	Sunset Beach, NC	1	1	1	1	1	1
28469	Ocean Isle Beach, NC	2	2	2	2	2	2
29440	Georgetown	15	15	15	15	15	15
29526	Horry	15	16	16	16	17	17
29527	Horry	9	9	10	10	10	10
29554	Williamsburg/G'town/Florence	4	4	4	4	4	4
29566	Horry	5	5	5	5	5	5
29568	Horry	4	5	5	5	5	5
29569	Horry	7	7	7	7	7	7
29572	Horry	3	3	3	3	3	3
29575	Horry	5	5	5	5	6	6
29576	Horry/Georgetown	4	4	4	4	4	4
29577	Horry	12	12	12	12	12	12
29579	Horry	10	10	11	11	11	11
29582	Horry	6	6	6	7	7	7
29585	Georgetown	5	5	5	5	5	6
29588	Horry	14	14	14	15	15	15
Total		118	120	122	124	126	129

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R003964

Exhibit 5 (Continued)
Grand Strand Regional Medical Center
Projected New Cancer Cases in GSRMC ZIP Code Service Area

ZIP Code	County	Cancer Cases 45 to 64					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	15	15	14	14	14	14
28467	Calabash, NC	13	13	13	13	13	14
28468	Sunset Beach, NC	12	12	12	12	12	12
28469	Ocean Isle Beach, NC	13	13	13	13	14	14
29440	Georgetown	66	65	65	64	64	63
29526	Horry	70	71	73	74	75	77
29527	Horry	40	41	42	43	44	45
29554	Williamsburg/G'town/Florence	22	22	22	22	21	21
29566	Horry	35	35	36	36	37	37
29568	Horry	20	20	20	21	21	22
29569	Horry	29	30	30	31	31	32
29572	Horry	22	23	23	24	24	25
29575	Horry	41	41	41	42	42	42
29576	Horry/Georgetown	34	35	35	35	36	36
29577	Horry	56	58	60	62	64	67
29579	Horry	38	40	42	44	45	47
29582	Horry	49	50	51	52	53	54
29585	Georgetown	43	43	43	44	44	44
29588	Horry	68	70	73	75	78	80
Total		634	645	657	668	680	692

Exhibit 5 (Continued)
Grand Strand Regional Medical Center
Projected New Cancer Cases in GSRMC ZIP Code Service Area

ZIP Code	County	Cancer Cases 65+					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	22	22	22	23	23	24
28467	Calabash, NC	60	63	66	70	73	77
28468	Sunset Beach, NC	29	30	32	33	35	37
28469	Ocean Isle Beach, NC	28	29	31	32	34	36
29440	Georgetown	107	109	111	113	115	117
29526	Horry	111	116	121	126	132	137
29527	Horry	58	60	62	64	67	69
29554	Williamsburg/G'town/Florence	25	25	26	26	26	27
29566	Horry	67	70	73	77	81	85
29568	Horry	28	30	31	33	34	36
29569	Horry	43	44	46	47	49	51
29572	Horry	52	54	56	59	61	64
29575	Horry	96	100	104	108	112	117
29576	Horry/Georgetown	80	83	86	90	93	97
29577	Horry	90	93	97	101	104	109
29579	Horry	45	47	49	52	54	57
29582	Horry	87	91	96	100	106	111
29585	Georgetown	84	88	91	95	99	103
29588	Horry	89	93	98	103	108	114
Total		1,060	1,103	1,147	1,193	1,242	1,292

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R003966

Exhibit 5 (Continued)
Grand Strand Regional Medical Center
Projected New Cancer Cases in GSRMC ZIP Code Service Area

ZIP Code	County	Cancer Cases Total					
		2010	2011	2012	2013	2014	2015
28463	Tabor City, NC	39	40	40	40	41	41
28467	Calabash, NC	75	78	81	85	88	92
28468	Sunset Beach, NC	42	43	45	47	49	50
28469	Ocean Isle Beach, NC	42	44	46	48	50	52
29440	Georgetown	188	190	191	192	194	195
29526	Horry	196	203	209	216	224	231
29527	Horry	107	110	113	117	120	124
29554	Williamsburg/G'town/Florence	51	51	51	51	51	52
29566	Horry	106	110	114	118	123	127
29568	Horry	52	54	56	58	60	63
29569	Horry	79	81	83	85	87	90
29572	Horry	77	80	83	86	89	92
29575	Horry	142	146	151	155	160	165
29576	Horry/Georgetown	118	122	125	129	134	138
29577	Horry	157	163	169	175	181	188
29579	Horry	93	97	102	106	111	115
29582	Horry	142	148	153	159	166	172
29585	Georgetown	132	136	140	144	148	152
29588	Horry	170	177	185	192	201	209
Total		1,813	1,868	1,926	1,986	2,048	2,113

Sources: Exhibits 1 and 4

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R003967

Exhibit 6
Projected New Cancer Cases Requiring Radiotherapy Services (55%)
GSRMC ZIP Code Service Area

ZIP Code	County	2013	2014	2015
Primary ZIP Codes				
28467	Calabash, NC	47	49	51
29566	Horry	65	67	70
29568	Horry	32	33	34
29572	Horry	47	49	51
29575	Horry	85	88	91
29576	Horry/Georgetown	71	73	76
29577	Horry	96	100	103
29579	Horry	58	61	63
29588	Horry	88	91	95
29582	Horry	88	91	95
Total Primary		677	702	729
Secondary ZIP Codes				
28463	Tabor City, NC	22	22	23
28468	Sunset Beach, NC	26	27	28
28469	Ocean Isle Beach, NC	26	27	28
29526	Horry	119	123	127
29527	Horry	64	66	68
29554	Williamsburg/G'town/Florence	28	28	28
29569	Horry	47	48	49
29585	Georgetown	79	81	84
29440	Georgetown	106	107	107
Total Secondary		517	529	542
Total Area		1,194	1,231	1,271

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R003968

Exhibit 7

Projected Market Share of Patients Requiring Radiotherapy Services

GSRMC Radiotherapy ZIP Code Service Area

ZIP Code	County	2013	2014	2015
Primary ZIP Codes				
28467	Calabash, NC	20%	23%	25%
29566	Horry	20%	23%	25%
29568	Horry	20%	23%	25%
29572	Horry	20%	23%	25%
29575	Horry	20%	23%	25%
29576	Horry/Georgetown	20%	23%	25%
29577	Horry	20%	23%	25%
29579	Horry	20%	23%	25%
29588	Horry	20%	23%	25%
29582	Horry	20%	23%	25%
Total Primary		20%	23%	25%
Secondary ZIP Codes				
28463	Tabor City, NC	1%	2%	3%
28468	Sunset Beach, NC	1%	2%	3%
28469	Ocean Isle Beach, NC	1%	2%	3%
29526	Horry	1%	2%	3%
29527	Horry	1%	2%	3%
29554	Williamsburg/G'town/Florence	1%	2%	3%
29569	Horry	1%	2%	3%
29585	Georgetown	1%	2%	3%
29440	Georgetown	1%	2%	3%
Total Secondary		1%	2%	3%
Total Area		12%	14%	16%

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R003969

Exhibit 8
Projected GSRMC Radiotherapy Patients
GSRMC Radiotherapy ZIP Code Service Area

ZIP Code	County	2013	2014	2015
Primary ZIP Codes				
28467	Calabash, NC	9	11	13
29566	Horry	13	15	18
29568	Horry	6	8	9
29572	Horry	9	11	13
29575	Horry	17	20	23
29576	Horry/Georgetown	14	17	19
29577	Horry	19	23	26
29579	Horry	12	14	16
29588	Horry	18	21	24
29582	Horry	18	21	24
Total Primary		135	161	185
Secondary ZIP Codes				
28463	Tabor City, NC	-	-	1
28468	Sunset Beach, NC	-	1	1
28469	Ocean Isle Beach, NC	-	1	1
29526	Horry	1	2	4
29527	Horry	1	1	2
29554	Williamsburg/G'town/Florence	-	1	1
29569	Horry	-	1	1
29585	Georgetown	1	2	3
29440	Georgetown	1	2	3
Total Secondary		5	11	16
Total Area		140	172	201

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Exhibit 9
GSRMC Radiotherapy Program
Summary of Projected Utilization

	2013	2014	2015
Projected Service Area Patients Requiring Radiotherapy			
Primary ZIP Codes	677	702	729
Secondary ZIP Codes	517	529	542
Projected GSRMC Radiotherapy Market Share			
Primary ZIP Codes	20%	23%	25%
Secondary ZIP Codes	1%	2%	3%
GSRMC Projected Radiotherapy Patients - Horry County			
Primary ZIP Codes	135	161	185
Secondary ZIP Codes	5	11	16
Total Projected GSRMC Radiotherapy Patients - Service Area	140	172	201
Percent In-migration	10%	10%	10%
Total Projected GSRMC Radiotherapy Patients	156	191	223
Expected Treatments per Patient	21	21	21
GSRMC Projected Radiotherapy Treatments	3,267	4,013	4,690
GSRMC Capacity (Treatments)	5,000	5,000	5,000
GSRMC Utilization Rate	65.3%	80.3%	93.8%

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R003971

**Grand Strand Regional Medical Center
Linear Accelerator Project
Five Year Budget - Facility Only**

	2011	2012	2013	2014	2015
Inpatient Revenues	\$ 692,380	\$ 747,770	\$ 807,592	\$ 941,975	\$ 1,098,720
Outpatient Revenues	\$ 327,253	\$ 353,433	\$ 381,708	\$ 445,224	\$ 519,309
Total Patient Revenue	\$ 1,019,633	\$ 1,101,204	\$ 1,189,300	\$ 1,387,199	\$ 1,618,029
Other Revenue	\$ 10,013	\$ 10,313	\$ 10,623	\$ 10,941	\$ 11,270
Total Gross Revenues	\$ 1,029,646	\$ 1,111,517	\$ 1,199,923	\$ 1,398,141	\$ 1,629,299
Contractual Adjustments	\$ 483,525	\$ 529,857	\$ 580,189	\$ 696,276	\$ 832,590
HMO/PPO Discounts	\$ 192,746	\$ 215,999	\$ 239,251	\$ 289,163	\$ 349,313
Self-Pay	\$ 45,525	\$ 51,017	\$ 56,509	\$ 68,298	\$ 82,506
Charity	\$ 33,333	\$ 36,477	\$ 39,621	\$ 46,600	\$ 54,824
Total Deductions	\$ 755,129	\$ 833,350	\$ 915,570	\$ 1,100,338	\$ 1,319,234
Total Net Revenue	\$ 274,517	\$ 278,167	\$ 284,353	\$ 297,803	\$ 310,065
Salaries & Wages	\$ 58,094	\$ 58,726	\$ 59,951	\$ 63,211	\$ 66,202
Benefits	\$ 15,210	\$ 15,375	\$ 15,696	\$ 16,550	\$ 17,333
Contract Labor	\$ 2,948	\$ 2,980	\$ 3,042	\$ 3,208	\$ 3,359
Supplies	\$ 45,753	\$ 46,250	\$ 47,215	\$ 49,783	\$ 52,139
Professional Fees	\$ 8,036	\$ 8,123	\$ 8,293	\$ 8,744	\$ 9,158
Contracted Physicist	\$ -	\$ -	\$ -	\$ -	\$ -
Other Contract Services	\$ 15,630	\$ 15,800	\$ 16,130	\$ 17,007	\$ 17,811
Repairs/Maintenance	\$ 5,223	\$ 5,280	\$ 5,390	\$ 5,683	\$ 5,952
Rents & Leases	\$ 2,996	\$ 3,029	\$ 3,092	\$ 3,260	\$ 3,414
Utilities	\$ 2,769	\$ 2,799	\$ 2,858	\$ 3,013	\$ 3,155
Insurance	\$ 2,490	\$ 2,517	\$ 2,570	\$ 2,709	\$ 2,838
Bad Debt	\$ 32,050	\$ 32,398	\$ 33,074	\$ 34,873	\$ 36,523
Non-Income Taxes	\$ 6,431	\$ 6,501	\$ 6,637	\$ 6,997	\$ 7,329
Other Operating Expenses	\$ 3,962	\$ 4,005	\$ 4,089	\$ 4,311	\$ 4,515
Total Operating Expenses	\$ 201,592	\$ 203,784	\$ 208,035	\$ 219,349	\$ 229,728
EBDITA	\$ 72,925	\$ 74,384	\$ 76,317	\$ 78,454	\$ 80,337
Less: Depreciation & Amortization	\$ 8,734	\$ 8,996	\$ 9,266	\$ 9,544	\$ 9,830
Management Fees/Interest Expense/(Income)	\$ 3,986	\$ 4,039	\$ 4,129	\$ 4,324	\$ 4,502
Total Capital & Other	\$ 12,720	\$ 13,035	\$ 13,395	\$ 13,868	\$ 14,332
Pre Tax Income	\$ 60,205	\$ 61,348	\$ 62,923	\$ 64,586	\$ 66,005
Less: Income Taxes	\$ 22,878	\$ 23,312	\$ 23,911	\$ 24,543	\$ 25,082
Net Income	\$ 37,327	\$ 38,036	\$ 39,012	\$ 40,044	\$ 40,923

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R003972

**Grand Strand Regional Medical Center
Linear Accelerator Project
Three Year Budget - Linear Accelerator Only**

	2013	2014	2015
Outpatient Linear Accelerator Treatments	3234	4011	4620
Outpatient Diagnostic Tests (Lab)	462	573	660
CT Scans	154	191	220
Inpatient Revenues	\$ -	\$ -	\$ -
Outpatient Revenues	\$ 8,402	\$ 11,255	\$ 14,001
Total Patient Revenue	\$ 8,402	\$ 11,255	\$ 14,001
Other Revenue	\$ -	\$ -	\$ -
Total Gross Revenues	\$ 8,402	\$ 11,255	\$ 14,001
Contractual Adjustments	\$ 4,276	\$ 5,786	\$ 7,265
HMO/PPO Discounts	\$ 1,432	\$ 1,980	\$ 2,538
Self-Pay	\$ 144	\$ 193	\$ 241
Charity	\$ 112	\$ 151	\$ 189
Total Deductions	\$ 5,964	\$ 8,110	\$ 10,233
Total Net Revenue	\$ 2,438	\$ 3,145	\$ 3,768
Salaries & Wages	\$ 452	\$ 538	\$ 580
Benefits	\$ 118	\$ 140	\$ 151
Contract Labor	\$ -	\$ -	\$ -
Supplies	\$ 207	\$ 267	\$ 320
Professional Fees	\$ -	\$ -	\$ -
Contracted Physicist	\$ 175	\$ 180	\$ 186
Other Contract Services	\$ 140	\$ 173	\$ 202
Repairs/Maintenance	\$ 44	\$ 110	\$ 132
Rents & Leases	\$ 36	\$ 44	\$ 50
Utilities	\$ 71	\$ 74	\$ 78
Insurance	\$ 27	\$ 35	\$ 41
Bad Debt	\$ 73	\$ 94	\$ 113
Non-Income Taxes	\$ 69	\$ 70	\$ 70
Other Operating Expenses	\$ 515	\$ 51	\$ 536
Total Operating Expenses	\$ 1,927	\$ 1,776	\$ 2,459
EBDITA	\$ 511	\$ 1,369	\$ 1,309
Less: Depreciation & Amortization	\$ 430	\$ 430	\$ 430
Management Fees/Interest Expense/(Income)	\$ 35	\$ 46	\$ 55
Total Capital & Other Costs	\$ 465	\$ 476	\$ 485
Pre Tax Income	\$ 46	\$ 893	\$ 824
Less: Income Taxes	\$ 17	\$ 339	\$ 313
Net Income	\$ 28	\$ 554	\$ 511

0619

**Grand Strand Regional Medical Center
Linear Accelerator Project
Five Year Budget - Linear Accelerator & Facility Combined**

	2011	2012	2013	2014	2015
Inpatient Revenues	\$ 692,380	\$ 747,770	\$ 807,592	\$ 941,975	\$ 1,098,720
Outpatient Revenues	\$ 327,253	\$ 353,433	\$ 390,110	\$ 456,479	\$ 533,310
Total Patient Revenue	\$ 1,019,633	\$ 1,101,204	\$ 1,197,702	\$ 1,398,454	\$ 1,632,030
Other Revenue	\$ 10,013	\$ 10,313	\$ 10,623	\$ 10,941	\$ 11,270
Total Gross Revenues	\$ 1,029,646	\$ 1,111,517	\$ 1,208,325	\$ 1,409,396	\$ 1,643,300
Contractual Adjustments	\$ 483,525	\$ 529,857	\$ 584,465	\$ 702,062	\$ 839,855
HMO/PPO Discounts	\$ 192,746	\$ 215,999	\$ 240,683	\$ 291,143	\$ 351,851
Self-Pay	\$ 45,525	\$ 51,017	\$ 56,653	\$ 68,492	\$ 82,748
Charity	\$ 33,333	\$ 36,477	\$ 39,733	\$ 46,751	\$ 55,013
Total Deductions	\$ 755,129	\$ 833,350	\$ 921,534	\$ 1,108,448	\$ 1,329,467
Total Net Revenue	\$ 274,517	\$ 278,167	\$ 286,791	\$ 300,948	\$ 313,833
Salaries & Wages	\$ 58,094	\$ 58,726	\$ 60,403	\$ 63,749	\$ 66,782
Benefits	\$ 15,210	\$ 15,375	\$ 15,814	\$ 16,690	\$ 17,484
Contract Labor	\$ 2,948	\$ 2,980	\$ 3,042	\$ 3,208	\$ 3,359
Supplies	\$ 45,753	\$ 46,250	\$ 47,422	\$ 50,050	\$ 52,459
Professional Fees	\$ 8,036	\$ 8,123	\$ 8,293	\$ 8,744	\$ 9,158
Contracted Physicist	\$ -	\$ -	\$ 175	\$ 180	\$ 186
Other Contract Services	\$ 15,630	\$ 15,800	\$ 16,270	\$ 17,179	\$ 18,014
Repairs/Maintenance	\$ 5,223	\$ 5,280	\$ 5,434	\$ 5,793	\$ 6,084
Rents & Leases	\$ 2,996	\$ 3,029	\$ 3,128	\$ 3,304	\$ 3,464
Utilities	\$ 2,769	\$ 2,799	\$ 2,929	\$ 3,087	\$ 3,233
Insurance	\$ 2,490	\$ 2,517	\$ 2,597	\$ 2,744	\$ 2,879
Bad Debt	\$ 32,050	\$ 32,398	\$ 33,147	\$ 34,967	\$ 36,636
Non-Income Taxes	\$ 6,431	\$ 6,501	\$ 6,706	\$ 7,067	\$ 7,399
Other Operating Expenses	\$ 3,962	\$ 4,005	\$ 4,604	\$ 4,362	\$ 5,051
Total Operating Expenses	\$ 201,592	\$ 203,784	\$ 209,962	\$ 221,125	\$ 232,187
EBDITA	\$ 72,925	\$ 74,384	\$ 76,828	\$ 79,823	\$ 81,646
Less: Depreciation & Amortization	\$ 8,734	\$ 8,996	\$ 9,696	\$ 9,974	\$ 10,260
Management Fees/Interest Expense/(Income)	\$ 3,986	\$ 4,039	\$ 4,164	\$ 4,370	\$ 4,557
Total Capital & Other	\$ 12,720	\$ 13,035	\$ 13,860	\$ 14,344	\$ 14,817
Pre Tax Income	\$ 60,205	\$ 61,348	\$ 62,968	\$ 65,480	\$ 66,829
Less: Income Taxes	\$ 22,878	\$ 23,312	\$ 23,928	\$ 24,882	\$ 25,395
Net Income	\$ 37,327	\$ 38,036	\$ 39,040	\$ 40,597	\$ 41,434

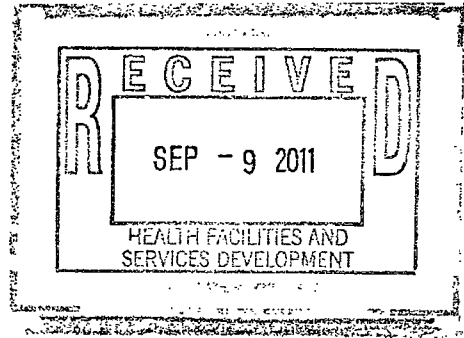
0620

R003974

TOP	DISCUSSION / CONCLUSION:	RECOMMENDATIONS / ACTION:	FOLLOW-UP
REDACTED			
CEO Report: Doug White, CEO	REDACTED		
Board Resolution - Linear accelerator	Presented and discussed proposed resolution to submit a certificate of need application for a linear accelerator.	Resolution approved.	Will continue to report as needed.
REDACTED			

R003975

0621



Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Robert E. Holtenbaek
Printed Name

Robert E. Holtenbaek
Signature

0622

R003976

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Suzanne L. Podoba
Printed Name

Suzanne L. Podoba
Signature

0623

R003977

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Ann O. Laughinghouse
Printed Name

Ann O. Laughinghouse
Signature

0624

R003978

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

JOAN A. LATWAITIS

Printed Name

Joan A. Latwaits

Signature

0625

R003979

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Maureen K. Dwyer
Printed Name

Maureen K. Dwyer
Signature

0626

R003980

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

B.K. FLEMING
Printed Name

B.K. Fleming
Signature

0627

R003981

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

ESIN ARANAS
Printed Name
[Signature]
Signature

0628

R003982

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Evelyn W. Goin
Printed Name

Evelyn W. Goin
Signature

0629

R003983

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

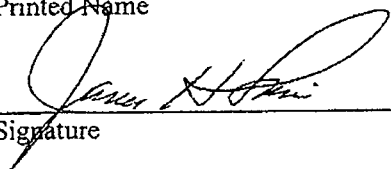
Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

James H. Finin
Printed Name

Signature

0630

R003984

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Elizabeth Little
Printed Name

Elizabeth Little
Signature

0631

R003985

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

LINDA TURNER

Printed Name

Linda Turner

Signature

0632

R003986

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

PATRICIA SMITH
Printed Name

Patricia Smith
Signature

0633

R003987

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Hector Diaz
Printed Name

Hector Diaz
Signature

0634

R003988

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

JAMES W. EAGAN

Printed Name

James W. Eagan

Signature

0635

R003989

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Laura Eagan
Printed Name

Laura Eagan
Signature

0636

R003990

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

MARTHA M. KIETTYKA
Printed Name

Martha M. Kiettyka
Signature

0637

R003991

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Norma G. Bonhotel
Printed Name

Norma G. Bonhotel
Signature

0638

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center' Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship-tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

Rose Diaz
Printed Name

Rose Diaz
Signature

0639

R003993

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

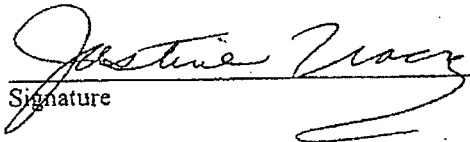
Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

JUSTINE TRACY
Printed Name


Signature

0640

R003994

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Dear Ms. Brandt:

Please let this letter serve as my unconditional support for Grand Strand Regional Medical Center's Certificate of Need application to establish radiation therapy center with a state of the art linear accelerator on its campus in Myrtle Beach, South Carolina.

Grand Strand is the flagship tertiary care center for Horry County and the addition of this service will complement the comprehensive medical and surgical services currently offered at Grand Strand. Given Grand Strand's central location, the addition of this important service will improve access to care and provide an alternative for patients living in Horry County who need radiation therapy services.

I thank you for your consideration of my support for Grand Strand's project.

Sincerely,

JoAnn Dougherty
Printed Name

JoAnn Dougherty
Signature

0641

R003995



C. Earl Hunter, Commissioner

Promoting and protecting the health of the public and the environment.

September 12, 2011

Doug White, CEO
Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC 29572

- RE: Request for "Affected Person" status for:
Purchase and installation of a linear accelerator to be located within a newly constructed
free-standing radiation therapy center
North Strand Radiation Oncology Center
Little River, South Carolina
and
RE: Purchase and installation of a linear accelerator for a new cancer treatment center to be
established in an existing medical office building located in Conway, SC.
Carolina Regional Cancer Center, LLC – Conway
Conway, South Carolina

Dear Mr. White:

This letter acknowledges the receipt of your requests of August 16, 2011, to be considered an "affected person" in regards to the above referenced applicable Certificate of Need Applications in Horry County. We will provide you with notifications regarding these applications in accordance with 24A S.C. Code Ann. Regs. 61-15 §305.1, Certification of Need for Health Facilities and Services (Supp. 2010) and S.C. Code Ann. §§ 44-7-210 (A) and (C) (2002 and Supp. 2010). These notifications will consist of the "Complete" letter and the "Decision" letter. Should you have any questions, please contact me at (803) 545-4200.

Sincerely,

Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development

cc: Patricia Price, Regional Administrator, CRCC
E. Wade Mullins, III, Esquire, Bruner Powell
Arnold Green, President, Loris Health Services, Inc
Don Meyer, Moore & Van Allen
Will Thomas, Esquire, Parker Poe

0642

Life is a gift. Live it well.*

Grand Strand
Regional Medical Center

August 16, 2011

Via Hand Delivery

Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Dept.
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

AUG 17 2011

**Re: North Strand Radiation Oncology Center, LLC's CON Application for the Purchase and Installation of a Linear Accelerator to be Located Within a Newly Constructed Freestanding Radiation Therapy Center
Horry County, South Carolina**

Dear Ms. Brandt:

Pursuant to S.C. Code Ann. §44-7-130(1) and S.C. Reg. 61-15, Grand Strand Regional Medical Center ("GSRMC") hereby requests that GSRMC be considered an affected person in connection with North Strand Radiation Oncology Center, LLC's ("NSROC") CON application for the purchase and installation of a linear accelerator to be located within a newly constructed freestanding radiation therapy center in Horry County, South Carolina.

In addition, please accept this letter as notice that GSRMC opposes the above-referenced CON application.

Consistent with your April 15, 2011 Memorandum to the Regulated Community, we are also formally requesting to be notified of all correspondence between the Department and the Applicant, NSROC, including but not limited to notifications of project review criteria, project review meetings and hearings, as well as the Department's staff decision regarding the referenced application.

Should you have any questions, please do not hesitate to contact me.

With best regards, I am

Sincerely,



Doug White
Chief Executive Officer

0643

Life is a gift. Live it well.*

Grand Strand
Regional Medical Center

August 16, 2011

AUG 17 2011

Via Hand Delivery

Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Dept.
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204

Re: Carolina Regional Cancer Center LLC-Conway's CON Application for the Purchase and Installation of a Linear Accelerator for a New Cancer Treatment Center to be Established in an Existing MOB in Conway, South Carolina Horry County, South Carolina

Dear Ms. Brandt:

Pursuant to S.C. Code Ann. §44-7-130(1) and S.C. Reg. 61-15, Grand Strand Regional Medical Center ("GSRMC") hereby requests that GSRMC be considered an affected person in connection with Carolina Regional Cancer Center, LLC-Conway's ("CRCC") CON application for the purchase and installation of a linear accelerator for a new cancer treatment center to be established in an existing MOB located in Conway, South Carolina.

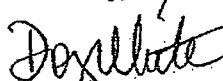
In addition, please accept this letter as notice that GSRMC opposes the above-referenced CON application.

Consistent with your April 15, 2011 Memorandum to the Regulated Community, GSRMC is formally requesting to be notified of all correspondence between the Department and the Applicant, CRCC, including but not limited to notifications that the application has been deemed complete, notifications of project review criteria, project review meetings and hearings, as well as the Department's staff decision regarding the referenced application.

Should you have any questions, please do not hesitate to contact me.

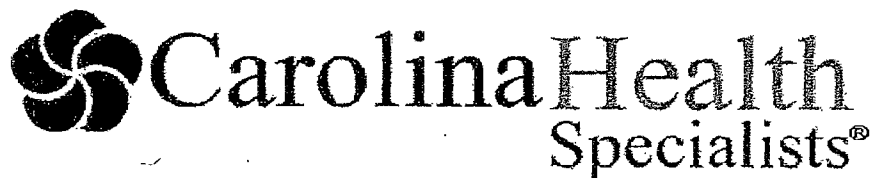
With best regards, I am

Sincerely,



Doug White
Chief Executive Officer

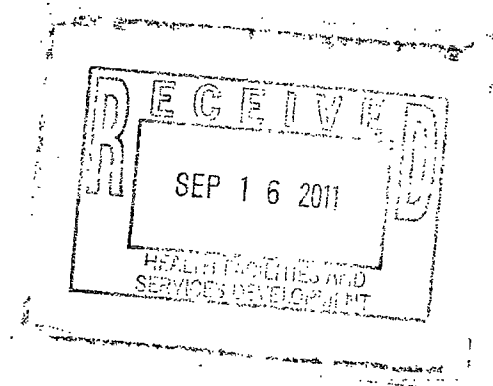
0644



Administration Office
4615 Oleander Drive
Myrtle Beach, SC 29577
Phone: (843) 497-5929
Fax (843) 497-9940

April 19, 2011

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201



Dear Ms. Brandt:

I support the certificate of need application of Grand Strand Regional Medical Center (GSRMC) for the addition of a linear accelerator and CT simulator near its main campus in Horry County, South Carolina. As a physician practicing in Horry County, I would routinely refer patients that might benefit from radiation therapy services to this proposed facility. I believe that GSRMC's proposed linear accelerator and CT simulator project will increase patient access to critical radiation therapy services and will better serve the needs of our community and my patients.

I fully support Grand Strand's proposed linear accelerator and CT simulator project. I urge the Department of Health Facilities and Services to approve this application. If you have any questions, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

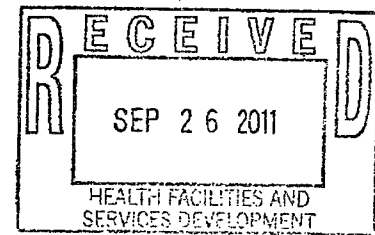
Daniel McNabb, M.D.

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Committed to Patient Care and Community Service

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Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities
and Services Development
South Carolina DHEC
1777 St. Julian Place, Suite 201
Columbia, SC 29204



Dear Ms. Brandt:

As an H2U member, I fully support Grand Strand Regional Medical Center's application for a Certificate of Need to establish a radiation therapy facility on its hospital campus. Grand Strand has positioned itself as a full service provider for the residents and visitors of Horry, Georgetown and surrounding counties. As the market leader, Grand Strand and its medical staff members have become the providers of choice for the latest in medical care advances.

I have been informed that the existing radiation therapy facilities in the service area are operating at levels well above capacity as defined in the State Health Plan. Because the service area generally, and Horry County in particular, continues to experience significant growth and a continual influx of visitors and seasonal residents, I can think of no better location for a new radiation therapy center than on the campus of Grand Strand, which is this region's full service tertiary care center. Moreover, with the addition of this service at Grand Strand inpatients with cancer who are in need of radiation therapy will no longer need to be transported off campus for this critical care.

Grand Strand is not only a high quality provider of tertiary care services, the hospital also gives back to the community in the form of free care to our residents who can least afford to pay for it. In the past three years alone, Grand Strand has provided over \$75 million in charity care. Additionally, Grand Strand, as a for-profit provider and good steward of the community, provides significant revenue to Horry County in the form of property taxes, which last year was over \$1million. It is important that we support the business and industry that provides the revenue necessary to fund the infrastructure and important governmental functions in the community.

For the reasons set forth above, I would ask your Department to approve Grand Strand's CON application.

Sincerely,

Chyllis Beccarelle
Ronald Janelli

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