

4. EQUIPMENT OWNERSHIP INFORMATION

NOTE: Before you begin – the information below is required for each piece of equipment. If you have two or more of the same type of equipment, please copy this page for each, complete, and attach all pages to the first page of the Registration Form.

A. CT:

Owned Leased Shared Fixed Site Mobile (Full) Mobile (Part)

Number of Mobile/Shared Days in Use: _____ Days Per _____ (week,month,etc.)

Shared With and/or Leased By: _____

Date Acquired: _____ Name Brand: _____

Initial Cost: _____ Serial No.: _____

Expected Useful Life (Yrs): _____ Assigned No.: _____

Scanner Type: 4 Slice 16 Slice 40 Slice 64 Slice Other _____

B. Cyberknife/Gamma Knife:

(Check appropriate equipment) Cyberknife Gamma Knife

Owned Leased Shared Fixed Site

Shared With and/or Leased By: _____

Date Acquired: _____ Name Brand: _____

Initial Cost: _____ Serial No.: _____

Expected Useful Life (Yrs): _____ Assigned No.: _____

C. Linear Accelerator:

Owned Leased Shared Fixed Site

Shared With and/or Leased By: _____

Date Acquired: _____ Name Brand: _____

Initial Cost: _____ Serial No.: _____

Expected Useful Life (Yrs): _____ Assigned No.: _____

MeV: _____ Single Energy Dual Energy Photon Photon Electron

Special Types: SRS IMRT IGRT Other _____

D. Lithotripter:

Owned Leased Shared Fixed Site Mobile (Full) Mobile (Part)

Number of Mobile/Shared Days in Use: _____ Days Per _____ (week,month,etc.)

Shared With and/or Leased By: _____

Date Acquired: _____ Name Brand: _____

Initial Cost: _____ Serial No.: _____

Expected Useful Life (Yrs): _____ Assigned No.: _____

Stored in Closet Until Needed Transported Room to Room (Full Time Equipment Only)

E. MRI:

Owned Leased Shared Fixed Site Mobile (Full) Mobile (Part)

Number of Mobile/Shared Days in Use: _____ Days Per _____ (week,month,etc.)

Shared With and/or Leased By: _____

Date Acquired: _____ Name Brand: _____

Initial Cost: _____ Serial No.: _____

Expected Useful Life (Yrs): _____ Assigned No.: _____

Tesla Strength: 0.2 0.5 0.7 1.0 1.5 3.0 Other _____

Magnet Type: Breast Closed Extremity Open Short Bore Other _____

F. PET:

Owned Leased Shared Fixed Site Mobile (Full) Mobile (Part)

Number of Mobile/Shared Days in Use: _____ Days Per _____ (week,month,etc.)

Shared With and/or Leased By: _____

Date Acquired: _____ Name Brand: _____

Initial Cost: _____ Serial No.: _____

Expected Useful Life (Yrs): _____ Assigned No.: _____

Scanner Type: PET Only PET/CT Combination

I hereby certify that this information is true to the best of my knowledge, information and belief, and that supplemental written notification will be filed with the Tennessee Health Services and Development Agency in the event of any change in the information given in this report.

Signature

Date