



Capital Project Reporting Form (CPR-1)

Reporting Entity Identification and Contact

Facility:

Name: Oregon Health & Science University
Federal Tax ID#: 93-1176109
Address: 3181 SW Sam Jackson Park Rd
City: Portland **State:** OR **Zip Code:** 97239

Individual completing form:

Name: [REDACTED]
Title: [REDACTED]
Email: [REDACTED]
Phone: [REDACTED]
Fax #: N/A

If address is different than facility listed above, please provide:

Address:
City: **State:** **Zip Code:**

Capital Project Qualitative Information

1. Provide a brief description of the project.

Replacement of the end-of life CT Scanner Aquilion One 640 will continue to provide Diagnostic Imaging services to patients with state-of-the-art computed tomography, optimizing image reliability and quality while also improving efficiency of operations.

2. Proposed start date: 7/1/2026**3. Date of approval by board:** 6/17/2026**4. Expected completion date:** 10/31/2026**5. What is the expected project cost?** \$2,018,367**6. Describe the expected benefits to the community that your facility serves. Include both direct financial benefits such as charity care as well as qualitative benefits such as access to care and quality improvements. Attach additional pages if needed.**

Replacement of the Toshiba Canon 64 slice CT scanner with a Siemens Somatom Force CT scanner adds benefits to the OHSU population by replacing an aging system with new technology and capabilities. The existing Toshiba Canon scanner is limited due to changes in technology from when the system was first built and installed. The new Siemens Force scanner improves patient care and safety with dual energy

technology. Dual energy provides superior image quality and improved clinical outcomes. Patient care and safety is improved by reducing the amount of contrast media required, reducing the amount of radiation patients receive, minimizing motion artifacts while providing high resolution and upgraded image quality. Intelligent automation on the Force also improves standardization throughout the scan acquisition through image sending which will lead to increased throughput.

7. **In what ways may this project negatively impact the community that your facility serves? Include direct cost such as bonds as well as indirect impacts such as service interruptions. Attach additional pages if needed.**

No negative impacts are anticipated, and this project will not be funded with bond proceeds.

8. **How has your facility evaluated the need for this project within the community that you serve?**

This is the replacement of end-of-life equipment. Current volume supports replacement of this equipment.

9. **Are the medical services created by this project already available in the community that your facility serves?**

This project is not creating new medical services, as it is a replacement of end-of-life equipment.

Public Notice and Comment

1. **Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.**

<https://www.ohsu.edu/about/capital-reporting>

2. **Describe your facility's method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.**

OHSU is governed by a Board of Directors who considers community comments in their decisions.

Signature:*	Mike Olson, CPA
Date:	8/26/2026

**Entry of name connotes signature*

Please email the completed form to HDD.Admin@dhsosha.state.or.us

Hospital Reporting Program

Research and Data Unit

Health Analytics

500 Summer St. NE

Salem, OR 97301

HDD.Admin@dhsosha.state.or.us