

1. Do you currently have a Community Diagnostic Centre (CDC) in place? (Y/N) Y

2. If the answer to question 1 is yes:



d. Do you use any third-party providers for the provision of MRI or CT mobile scanning services and, if so, which providers and do they provide services for your CDC(s) as well (if applicable)?

|                               | <b>Provider name</b> | <b>Provide mobile MRI services (Y/N)</b> | <b>Provide mobile CT services (Y/N)</b> | <b>Provide mobile MRI or CT services within your CDC(s) (if applicable); (Y/N)</b> |
|-------------------------------|----------------------|--|---|--|
| <b>Provider 1</b>             | In Health Ltd        | N  | N                                       | Y  |
| <b>[Add more if required]</b> |                      |  |   |  |