

WMTS Registration Database

ASHE, Chicago, IL (Hosted by Comsearch, Ashburn, VA)

Introduction

Welcome to the WMTS Registration Database, ASHE's online interactive registration system, hosted by Comsearch. We have designed the registration process to help you quickly and easily register your WMTS telemetry, as shown here.



WMTS Quick Tour

Step 1: Go to www.wmtssearch.com



Step 2: Create an Account

You will first need to create an account. Select your own login and password, enter your contact information and enter the name and address for each healthcare facility that uses WMTS equipment. You can enter multiple facilities under your account. Select Add Another Facility to enter multiple facilities or select Submit to continue to the summary page.

	<u>tssupport@comsearch.com</u> or 1.800.318.1234.
ALL FIELDS WITH AN * ARE REQUIRED.	
Login and Password	
User Name:*	
Password:*	
	(Password must be exactly 8 characters and include at least 1 number and 1 letter)
Re-type Password:*	
Contact Information	
Name:*	
Department:*	
Address 1:*	
Address 2:	
City:*	
State:*	▼
ZIP Code:*	
Phone:*	
Email:*	
F	
Fax:	
Federal Government or VA Hospitals (if applicable)
Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospita	if applicable) al, please indicate which type of facility:
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospita N/A Army Navy HHS, including IHS	If applicable) al, please indicate which type of facility: ● VA ● Air Force ● Coast Guard
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospita N/A Army Navy HHS, including IHS Facility Information	if applicable) al, please indicate which type of facility:
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospitals N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as contain	If applicable) al, please indicate which type of facility: VA Air Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospitals N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name:*	if applicable) al, please indicate which type of facility: VA Air Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospitals N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name:* Address 1:*	if applicable) al, please indicate which type of facility: VA Air Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospitals N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name:* Address 1:* Address 2:	if applicable) al, please indicate which type of facility: VA Arr Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospit. N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name: Address 1: Address 2: City:*	if applicable) al, please indicate which type of facility: VA Arr Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospit: N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name:* Address 1:* Address 2: City:* State:*	if applicable) al, please indicate which type of facility: VA AIT Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospit: N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name:* Address 1:* Address 2: City:* State:* County:*	if applicable) al, please indicate which type of facility: VA AIR Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospit: N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name:* Address 1:* Address 2: City:* State:* County:* ZIP Code:*	if applicable) al, please indicate which type of facility: VA Air Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospit: N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name:* Address 1:* Address 2: City:* State:* County:* ZIP Code:*	if applicable) al, please indicate which type of facility: VA A ir Force Coast Guard ct address.
Fax: Federal Government or VA Hospitals (If you are registering a Federal Government or VA hospit: N/A Army Navy HHS, including IHS Facility Information Select this box if facility address is the same as conta Facility Name: Address 1: Address 2: City: State: County: ZIP Code: Subnti	if applicable) al, please indicate which type of facility: VA Air Force Coast Guard ct address.

Step 3: Transaction Summary

There is a one-time administrative fee of \$300 per facility. This screen will summarize the facilities that you entered and the total cost. Select Continue to Payment Information to enter your payment details.



Step 4: Payment Information

You will need to enter your billing information and select the Credit Card (CC) or Purchase Order (PO) payment type. If you select credit card, your credit card will be automatically charged with the amount when you select Submit.

Once you have completed the fields below, click the Submit Paymer	nt Information button to confirm payme	nt. You will receive a final transaction summary
as your receipt.		
PLEASE NOTE: Your deployment will not be saved if you do not subr	mit payment at this time.	
Name:	Liz Blackwell]
Address 1:	300 Pulteney St.]
Address 2:]
City:	Geneva]
State:	NEW YORK •	
ZIP Code:	14456	
Country:	United States 🔹	
Phone:	315-700-0000	
Email:	eblackwell@comsearch.com]
Mode of Payment:	Purchase Order V	
PO Number:	OM123456ET	(Please make PO out to Comsearch)
Issuer of PO:	Bank of America	
Total Price:	\$ 300.00	

Step 5: Purchase Order Certification

If your payment type is PO, you will need to send a copy of the PO to wmtssupport@comsearch.com within 2 business days.

Purchase Order Requirements
PLEASE READ THESE PURCHASE ORDER REQUIREMENTS CAREFULLY BEFORE PROCEEDING.
You must make your purchase order (PO) out to Comsearch and email or fax a copy of the PO to us within 2 business days. If we do not receive th within 2 business days, your deployment will be null and void and you will need to perform a new coordination.
E-mail: joanna.lynch@andrew.com
Fax number: 703-726-5599
I certify that I am authorized to submit purchase orders for the issuer specified on the previous screen.
I certify I do not certify
I certify I do not certify

Step 6: Transaction Receipt

A summary of your facility information and costs is provided. You can print this page for your records. This information will also be emailed to you.

IMPORTANT: You still need to register your telemetry devices. Select the Register Your Devices button to do that!

Transaction Receipt	
Your account has been billed for the following transaction. You will receive an e-mail that will serve as your order confirmation and purc	hase receipt.
Important Next Step! You need to register your device information next. Click on the button below to begin.	
Register Your Devices	
Transaction ID: 8008684	
Transaction Date: 7/21/15	
Billing Contact Name: Liz Blackwell	
Street Address 1 (billing): 300 Pulteney St.	
Street Address 2 (billing):	
City (billing): Geneva	
State (billing): NY	
ZIP Code (billing): 14456	
Phone (billing): 315-700-0000	
Email (billing): eblackwell@comsearch.com	
Facility / Hospital Name: Lizzy Bizzy ER	Price: \$300.00
Street Address 1: 300 Pulteney St.	
Street Address 2:	
City, State Zip Geneva, NY 14456	
Transaction ID: 8008684	
Transaction Date: 7/21/15	
	Total Price: \$300.00
Register Your Devices	
Thank you for using Comsearch's WMTS Frequency Coordination System!	

Step 7: Register Your Devices

Select the Add a New WMTS Deployment button.



Step 8: Select Your Facility Using the Facility Finder Button

Select the Facility Finder button and search for your hospital. Only facilities you registered will appear. Once you have selected the facility, click on the Select Facility link in the top right corner of the pop-up window.

Add a New WMTS Deployment		
Facility / Hospital Narie: Facility Finder		
Frequency Band (MHz):		
Clinical Unit:	[®] En eilite e Einstein	
Deployment Type: Permanent 🔍 Trial 🔾	Pacility Finder	
Latitude (NAD83):	N(+) • ⑦ c Please make your selection by clicking below	w on the first letter of the hospital/facility name.
Longitude (NAD83): • "	W(-)	"Select Eacility" link to close the window
Street Address 1:	Arter choosing your racincy, please click the	Select Facility fink to close the window.
Street Address 2 (optional):	NOTE: Due to the large volume of facilities	that appear in this list, the window may take time to load.
City:	(Select Facility
State:		· <u>Select Facility</u>
ZIP Code:	<u>0-9 A B C D E F G H I</u>	J K L M N O P Q R S T U V W X Y Z
County:	5	
Radius of Deployment (m): 💿 (Not	e: Min=50 / Max	
Highest Floor w/ Transmitter:	Lizzy Bizzy ER	Geneva, NY
Height of Deployment (m):	onal)	
Number of Transmitters/Access Points:		
Equipment Type: 💌 👩		
ERP (mW):		
Soarch Padius (km)	Min_10 / M-v_E0)	

Step 9: Enter Your Deployment Information

Select the frequency band from the drop down menu; only one per registration. Enter the coordinates where the equipment will be located. If you do not know the coordinates, you can contact the vendor or Comsearch for assistance. Enter the remaining fields, including the total number of transmitters (including access points).

Add a New WMTS Deployment	
Facility / Hospital Name: Lizzy Bizzy ER Facility Finder 🕜	
Frequency Band (MHz): 608.0 - 614.0 🔻 ⊘	
Clinical Unit: ICU	
Deployment Type: Permanent 🖲 🛛 Trial 🔘 👩	
Latitude (NAD83): 42 ° 51 ′ 34.5 ″ N(+) ▼ ⑦ Click	here if unknown.
Longitude (NAD83): 76 ° 59 ′ 7.4 ″ W(-) ▼ ⑦	
Street Address 1: 300 Pulteney St.	
Street Address 2 (optional):	
City: Geneva	
State: NY	
ZIP Code: 14456	
County: ONONDAGA	
Radius of Deployment (m): 1000 (Note: Min=50 / Max=1	000)
Highest Floor w/ Transmitter: 4	
Height of Deployment (m): (optional)	
Number of Transmitters/Access Points: 10 (?)	
Equipment Type: GE Medical Systems-ApexPro	▼ ⑦
ERP (mW): 5.0 ⑦	
Search Radius (km): 50 ⑦ (Note: Min=10 / Max=5	0)
Comments:	
Perform Search Reset	

Step 10: View Search Results

This screen displays any nearby facilities with WMTS deployments in the same frequency band, as well as other co-channel or adjacent channel communication systems, including TV stations, radio astronomy facilities and Part 90 telemetry devices. We recommend that you contact your vendor if you are concerned about the close proximity of these systems.

Facility / Hospital Name: Lizzy Bizzy	ER
Clinical Unit: ICU	
Latitude (NAD83): 42 51 34.5	5 N
Longitude (NAD83): 76 59 7.4	W
County ST: ONONDAG	A NY
3 - 614 MHz Existing WMTS Deployments	
Facility: Blackwell Memorial	Distance (km): 0.0
Latitude (NAD83): 42 51 34.5 N	Status: Certified
Europiculae (NAD83): 76 59 7.4 W	Number of Hansmitters, 10
Frequency Range (MHz): 612.5 - 614.0	Original Certificate Date: 5/10/13
County, ST: ONTARIO, NY	Distance (Inc) + 0102
Facility: Geneva General Hospital	Distance (km): 1.8183
Longitude (NAD83); 76 59 17.0 W	Number of Transmitters: 12
Frequency Range (MHz): 608.0 - 609.5, 609.5 - 611.0	Original Certificate Date: 8/18/05
County, ST: Ontario, NY	
Facility: Newark Wayne Community Hospital	Distance (km): 15.874
Latitude (NAD83): 43 0 6.87 N	Status: Installed
Frequency Range (MHz): 608.0 - 609.5	Original Certificate Date: 6/29/05
County, ST: Wayne, NY	
Facility: Clifton Springs Hospital & Clinic	Distance (km): 16.5156
Latitude (NAD83): 42 57 33.0 N	Status: Installed
Longitude (NAD83): 77 8 8.0 W	Number of Transmitters: 12
County ST: Ontario NY	Original Certificate Date: 12/21/05
Facility: Cayuga Medical Center at Ithaca	Distance (km): 56.8505
Latitude (NAD83): 42 28 8.0 N	Status: Installed
Longitude (NAD83): 76 32 15.0 W	Number of Transmitters: 18
Frequency Range (MHz): 608.0 - 609.5	Original Certificate Date: 8/27/04
County, ST: Tompkins, NY Eacility: Rochester General Hospital	Distance (km): 62 201
Latitude (NAD83): 43 11 19.68 N	Status: Installed
Longitude (NAD83): 77 36 14.4 W	Number of Transmitters: 16
Frequency Range (MHz): 608.0 - 609.5, 609.5 - 611.0, 611.0 - 612.5, 612.5 - 614.0	Original Certificate Date: 10/3/05
County, ST: Monroe, NY	
Facility: Rochester General Hospital	Distance (km): 62.291
Latitude (NAD83): 43 11 19.68 N	Status: Installed
Longitude (NAD83): 77 36 14.4 W	Number of Transmitters: 8
Frequency Range (MHz): 612.5 - 614.0	Original Certificate Date: 10/28/05
County, ST: Monroe, NY	Distance (Intro): C0 0101
Facility: Robert Packer Hospital	Status: Installed
Longitude (NAD83): 76 25 50.0 W	Number of Transmitters: 5
Frequency Range (MHz): 608.0 - 609.5, 609.5 - 611.0, 611.0 - 612.5	Original Certificate Date: 8/18/03
County, ST: Bradford, PA	
lio Astronomy Facilities Requiring Coordination	
sting Adjacent Channel TV Facilities	
Facility: WAWW-LP	Distance (km): 57.7156
Latitude (NAD83): 43 8 7.0 N	Status: Licensed
Channel:	
Facility: WHSH-LP	Distance (km): 57.7156
Latitude (NAD83): 43 8 7.0 N	Status: Licensed
Longitude (NAD83): 77 35 7.0 W	
Channel:	

Step 11: Frequency Selection

Select the frequency ranges that will be used by your WMTS devices and list the specific frequencies in use in the text box provided. You can also enter a range in the text box such as 608–614, 1395–1400, or 1427–1429.5 MHz.

Potential Conflicts. <u>View definitions</u>	for each category.		
Available Frequencies			
Frequency Range (MHz) 🕐	Existing WMTS Deployments 🕐	Radio Astronomy Coordination Req'd 🕐	Existing TV Facilities 🕐
NONE			
Potential Conflicts			
Frequency Range (MHz) 🕐	Existing WMTS Deployments 🕐	Radio Astronomy Coordination Req'd 🕐	Existing TV Facilities 🕐
608.0 - 609.5	YES		YES
609.5 - 611.0	YES		YES
611.0 - 612.5	YES		YES
612.5 - 614.0	YES		YES
Specific Frequencies in inter center frequencies or frequen Example: 1427.9,1429.5) irequencies or Frequency Rang	Use (required) icy range (in MHz) used by your WMTS en ie:	quipment—only numbers, dashes, periods and com	mas allowed.

Step 12: Transaction Summary

This screen will summarize the device information that you entered and the total cost based on number of transmitters (see page 16 for pricing). Select Continue to Payment Information to enter your payment details.

Transaction Summary The table below shows a summary of your request and its associated cost. Please review this information	on before you continue.
Facility / Hospital Name: Lizzy Bizzy ER	Price: \$ 300.00
Clinical Unit: ICU	
Deployment Type: Permanent	
Latitude (NAD83): 42 51 34.5 N	
Longitude (NAD83): 76 59 7.4 W	
Street Address 1: 300 Pulteney St.	
Street Address 2:	
City: Geneva	
State: NY	
ZIP Code: 14456	
County: ONONDAGA	
Radius of Deployment: 1000.0	
Highest Floor w/ Transmitters: 4	
Height of Deployment (m):	
Number of Transmitters: 10	
Equipment Manufacturer: GE Medical Systems	
Equipment Model: ApexPro	
ERP (mW): 5.0	
Frequency Range (MHz): 608.0 - 609.5, 609.5 -	611.0, 611.0 - 612.5, 612.5 - 614.0
Specific Frequencies in Use: 609,610,611,612	
	Total Price: \$ 300.00
Continue to Payment Information Edit Search Criteria	Cancel Transaction

Step 13: Payment Information

You will need to enter your billing information and select the Credit Card (CC) or Purchase Order (PO) payment type. If you select CC, your card will be automatically charged with the amount when you select Submit.

Enter Payment Information		
Once you have completed the fields below, click the Submit Paymen as your receipt.	nt Information button to confirm paymer	at. You will receive a final transaction summary
PLEASE NOTE: Your deployment will not be saved if you do not subr	nit payment at this time.	
Name:	Liz Blackwell]
Address 1:	300 Pulteney St.]
Address 2:]
City:	Geneva]
State:	NEW YORK 🔻	
ZIP Code:	14456	
Country:	United States V	
Phone:	315-700-0000	_
Email:	eblackwell@comsearch.com]
Mode of Payment:	Purchase Order V	_
PO Number:	OM123456ET	(Please make PO out to Comsearch)
Issuer of PO:	Capital One	
Total Price:	\$ 300.00	
Submit Payment	Information Cancel Transaction	

Step 14: Terms and Conditions

You will need to read and accept the terms and conditions of the registration prior to continuing.

PLEASE READ THESE TERMS AND	CONDITIONS OF USE CAREFULLY BEFORE PROCEEDING.
Your use of this site, includ an order, indicates your acceptan agree to these terms of use, plea disorction, to change, modify, ad Flease check these terms periodic following the posting of changes	ing the download of data, software or placement of oe of these terms and conditions. If you do not se do not use the site. We reserve the right, at our d, or remove portions of these terms at any time. ally for changes. Your continued use of ASHE.org to these terms will mean you accept those changes.
Services	
Frior to operation, authorize medical telemetry devices must re- coordinator. ASHE has been design to manage the usage of frequency of devices. These services include submitted by authorized healthcar	d health care providers who desire to use wireless gister all devices with the designated frequency mated by the Federal Communications Commission (FCC) bands for the operation of medical telemetry (1) review and process coordination requests * e providers (2) maintain a database of WMT3 use (3)
Refere placing your order you must confirm t	hat you read understand and arres to the WMTS Terms and Conditions
cervice proving your ofder you must commit to	
	accept I do not accept

Step 15: Transaction Receipt

A summary of your device registration information and cost is provided. You can print this page for your records. This information will also be emailed to you.

Transaction Receipt	
Your account has been billed for the following transaction. You will receive an e-mail that will serve as your order connot register an e-mail address with your account, you must print this page as your purchase receipt .	nfirmation and purchase receipt. If you did
Transaction ID: 8008685	
Transaction Date: 7/21/15	
Billing Contact Name: Liz Blackwell	
Street Address 1 (billing): 300 Pulteney St.	
Street Address 2 (billing):	
City (billing): Geneva	
State (billing): NY	
ZIP Code (billing): 14456	
Phone (billing): 315-700-0000	
Email (billing): eblackwell@comsearch.com	
Deployment ID: 8507623	
Facility / Hospital Name: Lizzy Bizzy ER	Price: \$ 300.00
Clinical Unit: ICU	
Deployment Type: Permanent	
Latitude (NAD83): 42 51 34.5 N	
Longitude (NAD83): 76 59 7.4 W	
Street Address 1: 300 Pulteney St.	
Street Address 2:	
City: Geneva	
State: NY	
ZIP Code: 14456	
County: ONONDAGA	
Radius of Deployment: 1000.0	
Highest Floor w/ Transmitters: 4	
Height of Deployment (m):	
Number of Transmitters: 10	
Equipment Manufacturer: GE Medical Systems	
Equipment Model: ApexPro	
ERP (mW): 5.0	
Frequency Range (MHz): 608.0 - 609.5, 609.5 - 611.0, 611.0	- 612.5, 612.5 - 614.0
Specific Frequencies in Use: 609,610,611,612	
	Total Price: \$ 300.00
Important Step! You need to update your installation date within 30 days or your certificate will expire. You will need to log back into <u>Update Installation Date</u> on the main menu to enter your installation date.) the WMTS system and click on
Your frequency coordination certificate for Lizzy Bizzy ER has been generated. Please download the certificate imm	ediately by selecting the button below.
Download Your Frequency Coordination Certificate	
Thank you for using Comsearch's WMTS Frequency Coordination Sys	stem!

Step 16: Download Your Registration Certificate

Select the Download Your Registration Certificate button to view, save and print your certificate.

Your frequency coordination for Blackwell	Memorial has been approved for inclusion into the WMTS	
database. Below is a summary of your approv	ved deployment. Please keep a copy of this Certificate for	
your records.		
Facility / Hospital Name:	Blackwell Memorial	
Clinical Unit:	ICU	
Deployment Type:	Permanent	
Status:	Certified	
Latitude (NAD83):	42 51 34.5 N	
Longitude (NAD83):	76 59 7.4 W	
Street Address 1:	300 Pulteney St.	
Street Address 2:		
City:	Geneva	
State:	NY	
ZIP Code:	14456	
County:	ONTARIO	
Radius of Deployment (m):	1000.0	
Highest Floor with Transmitters:	4	
Height of Deployment (m):		
Number of Transmitters/Access Points:	10	
ERP (mW):	5.0	
Equipment Manufacturer:	GE Medical Systems	
Equipment Model:	ApexPro	
Search Radius (km):	50.0	
Frequencies Selected (MHz):	608.0 - 609.5, 609.5 - 611.0, 611.0 - 612.5, 612.5 - 614.0	
Specific Frequencies in Use:	609,610,611,612	
Analysis Date:	5/28/13	
Certificate Date:	5/28/13	
This Coordination Certificate is being provid	ed in accordance with Section 95, subpart H of the Federal	
Communications Commission rules and regula	ations. This Certificate is valid until the subject deployment is	
either removed or modified. This Certificate is	not transferable and is valid for the subject deployment only.	
Issued by		
The American Society for Healthcare Engineeri	ing of the American Hospital Association	
WMTS Frequency Coordinator		
155 N. Wacker Drive, Suite 400		
Chicago, IL 60606		
(312) 422-3800		
wmtssupport@comsearch.com		

Step 17: Important Final Step–Update Your Installation Date!

You need to update your installation date within 30 days or your certificate will expire. You will need to log back into the WMTS system and click on Update Installation Date on the main menu to enter your installation date.



en marcaliter rena anamana a			
s granted, enter the same date as your ce	rtificate date. Th	e installation date can	not be earlier
Clinical Unit	Status	Certificate Date	Installation Date
ICU	Certified	7/21/15	
	Clinical Unit ICU	Clinical Unit Status ICU Certified	Clinical Unit Status Certificate Date ICU Certified 7/21/15

This concludes our WMTS Quick Tour. Please proceed to www.wmtssearch.com to begin registration. If you need assistance at any time, please contact wmtssupport@comsearch.com.

A summary of the registration fees is provided below for your reference.

Summary of Fees (effective March 15, 2022)

Account Setup Fee:	\$300 per facility
Frequency Coordination Fees	
608-614 MHz:	\$25 per transmitter/access point (MIN \$600/MAX \$2000)
1395-1400 MHz:	\$25 per transmitter/access point (MIN \$600/MAX \$2000)
1427-1432 MHz:	\$35 per transmitter/access point (MIN \$600/MAX \$2800)
Coordination with Radio Astronomy: (only if necessary)	\$750 per deployment
Coordination with Government Radar: (only if necessary)	\$750 per deployment

For more information, visit https://www.wmtssearch.com

COMSEARCH.COM Visit our website or contact us at +1.703.726.5500 or customersupport@comsearch.com for more information.

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