

Optima Health

2025 Carbon Footprint Report

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Introduction

Carbon Footprint Report Overview

The aim of this footprint report and associated works is to calculate the relevant Scope 1, 2 & 3 Emissions footprint for all operational activities across Optima Health. In addition, Emissions hotspots across the organisation have then been identified, providing the basis for action across Optima Health as it seeks to reduce carbon Emissions across the organisation.

Optima Health

Optima Health serves as a digital hub within the medical field, fostering seamless communication and information exchange among healthcare providers, patients, and administrative personnel. This platform offers secure access to essential medical records, lab results, and treatment plans, enhancing collaboration and ensuring continuity of care across different healthcare settings. In addition to facilitating clinical workflows, Optima Health streamlines administrative tasks such as appointment scheduling and prescription management, thereby improving operational efficiency within healthcare organizations. By promoting efficient data sharing and communication, Optima Health ultimately aims to enhance patient care outcomes and experiences within the healthcare ecosystem.

Eight Versa

Eight Versa is a consultancy specialising in the quantification of environmental performance and multiple sustainability advisory services across a broad range of industries. Eight Versa aims to use its knowledge and expertise to enable Optima Health to achieve a measurable impact and plot a roadmap to become a more sustainable business.

Natural Carbon Solutions

Natural Carbon Solutions (NCS) is a certification body with comprehensive and third party verified carbon footprinting and offsetting standards. It integrates multiple global and national standards to create a holistic footprinting methodology which is relevant for all sectors, anywhere in the world. Whether for an organisation, building, product or event, the clarity and practicality of its four-step process enables a carbon footprinting and reduction journey for every entity. NCS also hosts a bespoke offsetting portfolio comprising premium carbon credits that not only sequester carbon but provide measurable long-term gains for the environment such as enhanced biodiversity and other ecosystem services.

2025 Executive Summary: Optima Health

Summary of Carbon Footprint: Location-Based Approach

This footprint report details the operational carbon footprint of Optima Health for the 2025 reporting year. Total Greenhouse Gas (GHG) Emissions for the organisation have been calculated following Natural Carbon Solutions methodologies that harmonise and align best-practice methodologies from across the sector, including the GHG Protocol and requirements of ISO 14064-1:2018.

This footprint report forms a key part of Optima Health's sustainability strategy and will allow the organisation to accurately quantify their operational Emissions. The findings from this footprint report should be used to shape the organisation's sustainability strategy in further detail and will help Optima Health work towards achieving strategic carbon reduction ambitions.

Total Scope 1, 2 and Scope 3 Emissions across Optima Health for the 2025 reporting year amount to **1,822 tCO₂e**:

- **Scope 1 Emissions: 111 tCO₂e**
- **Scope 2 Emissions: 65 tCO₂e (location-based)**
- **Scope 2 Emissions: 20 tCO₂e (market-based)**
- **Scope 3 Emissions: 1,646 tCO₂e**

The following intensity factors have been calculated based on the turnover of the business and number of full-time employees across 2025:

- **Total Carbon Emissions (tCO₂e) per Employee: 1.17**
- **Total Carbon Emissions (tCO₂e) per £1,000 of Turnover: 0.02**

The following sources of Emissions have been identified as key Emissions hotspots across the organisation:

Hotspot 1: Business Travel (Scope 3): 812 tCO₂e

Hotspot 2: Employee Commuting (Scope 3): 638 tCO₂e

Hotspot 3: Emissions from Mobile Combustion (Scope 1): 76 tCO₂e

Total Carbon Footprint (tCO₂e)

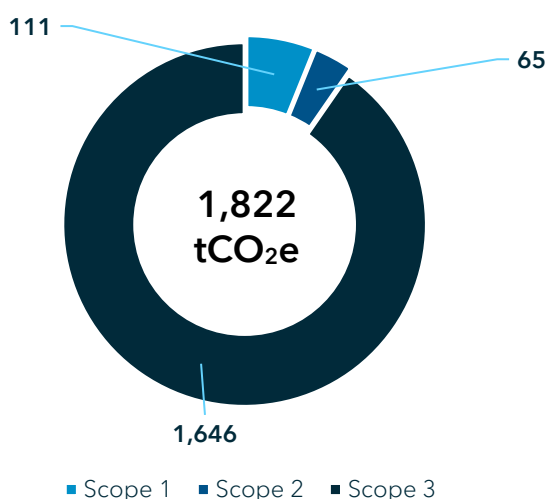


Figure 1: Total Scope 1, 2 & 3 Emissions for Optima Health 2025

Summary of Carbon Footprint: Market-Based Approach

In alignment with the Greenhouse Gas Protocol guidance on Scope 2 emissions, both location-based emissions and market-based emissions have been calculated and provided as Optima Health had active REGO certificates validating the purchase and consumption of electricity generated through renewable sources.

Where organisations operate in markets that provide product and supplier-specific data in the form of contractual instruments, the organisation should report Scope 2 emissions according to a location-based method and a market-based method.

A location-based method reflects the average emissions intensity of the UK national grid on which energy consumption occurs (using mostly grid-average emission factor data).

A market-based method reflects emissions from electricity that organisations have purposefully chosen. It derives emission factors from contractual instruments, which include any type of contract between two parties for the sale and purchase of energy bundled with attributes about the energy generation, or for unbundled attribute claims.

The REGO certificates for Optima Health cover the following sites and meters.

Site	Emissions Source
Glasgow	Scope 2
Sheffield	Scope 2
Liverpool	Scope 2
Manchester Corner Block	Scope 2
Stoke	Scope 2
Norwich	Scope 2
Gorelston	Scope 2
Belfast	Scope 2
London	Scope 2

Total Scope 2 Market-Based emissions across Optima Health for the 2025 reporting year amount to: 20 tCO₂e

Carbon Footprint Methodology

Greenhouse Gas (GHG) Protocol and ISO14064 Standard

The methodology and calculations that have been used throughout this footprint report align with industry best practice guidance that is issued as part of ISO 14064-1:2018 and GHG protocol methodologies. A description of these methodologies is provided below:

- The GHG Protocol standard provides guidance for organisations who are looking to prepare a robust corporate-level GHG Emissions inventory.
- It is the most widely used reporting standard and covers the accounting and reporting of the following seven GHGs covered by the Kyoto Protocol: carbon dioxide (CO₂), methane (CH₄), nitrous oxide (N₂O), hydrofluorocarbons (HFCs), perfluorocarbons (PFCs), sulphur hexafluoride (SF₆) and nitrogen trifluoride (NF₃).
- The methodology behind the GHG Protocol allows an organisation to report their carbon Emissions in tonnes of carbon dioxide equivalent (tCO₂e), a reporting unit that considers the seven GHGs listed above.

ISO 14064-1:2018

- ISO 14064-1:2018 is an ISO standard that provides guidance for organisations who are working towards quantifying and reporting their GHG Emissions and removals.
- The standard provides details on the key principles and requirements that should be followed when designing, developing, managing, and reporting organisational-level GHG inventories.
- Aligning to the approaches detailed in this standard will therefore ensure that any GHG inventory developed aligns with industry guidance and best practice.

Calculation approach

Datasets used for the purposes of this footprint calculation have been collected by Optima Health using direct sources where available. Figure 2 provides an overview of the calculation process that is used to quantify individual sources of Emissions. Direct activity data provided by Optima Health is used, and Emissions factors for the dedicated reporting year are then applied to quantify total Emissions from individual sources. Where consumption and primary activity data has not been provided, robust assumptions have been used to quantify total Emissions.

A full breakdown of the sources and assumptions used for the purposes of this footprint calculation are provided in Appendix 2.

Analysis of results

Results from the footprint calculation have been broken down by Emissions source and scope, as the data provided allows. Emissions have been categorised according to Scope 1, 2 and 3 Emissions following best practice guidance provided by the GHG Protocol.

Selection of quantification approach

The appropriate quantification methodology has been selected in order to minimise uncertainty and yield accurate and consistent results. A quantification model has been developed to quantify the GHG Emissions. Credible quantification tools provided by the GHG Protocol have been used where applicable.

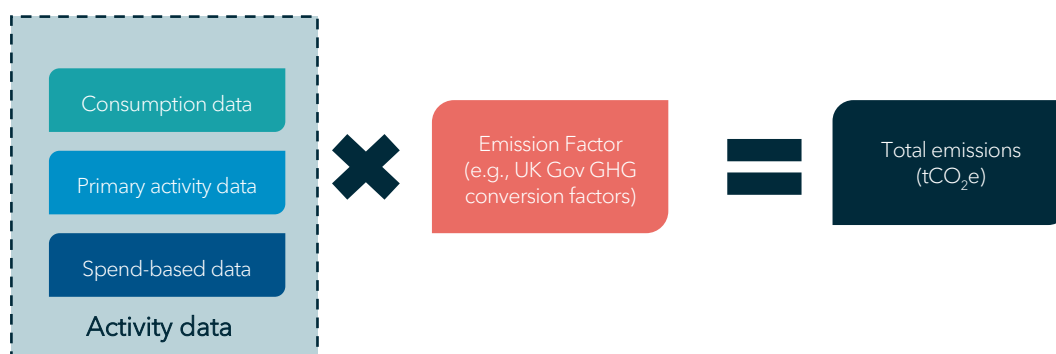


Figure 2: The carbon footprinting methodology and calculation process

Carbon Footprint Reporting Boundary

In alignment with ISO 14064-1:2018 guidance, the organisational boundary of the assessment is initially defined using one of the following consolidation approaches:

Equity share: the organisation accounts for its portion of GHG Emissions and/or removals from respective facilities.

Financial control: the organisation accounts for all GHG Emissions and/or removals from facilities over which it has financial control.

Operational control: the organisation accounts for all GHG Emissions and/or removals from facilities over which it has operational control.

An operational control approach has been selected for this carbon footprint assessment.

Reporting Boundaries

Once an organisational boundary has been set, the reporting boundaries of the assessment are then agreed according to GHG Protocol guidance, which is outlined in Figure 3. The seven GHG Emissions included under the GHG Protocol are categorised according to the following scopes:

Scope 1 (Direct).

Scope 2 (Indirect).

Scope 3 (Indirect, Upstream, Downstream).

Eight Versa have worked closely with the project team at Optima Health to define a robust reporting boundary for this carbon footprint assessment. Appendix 2 provides a full breakdown of the GHG Inventory for Optima Health.

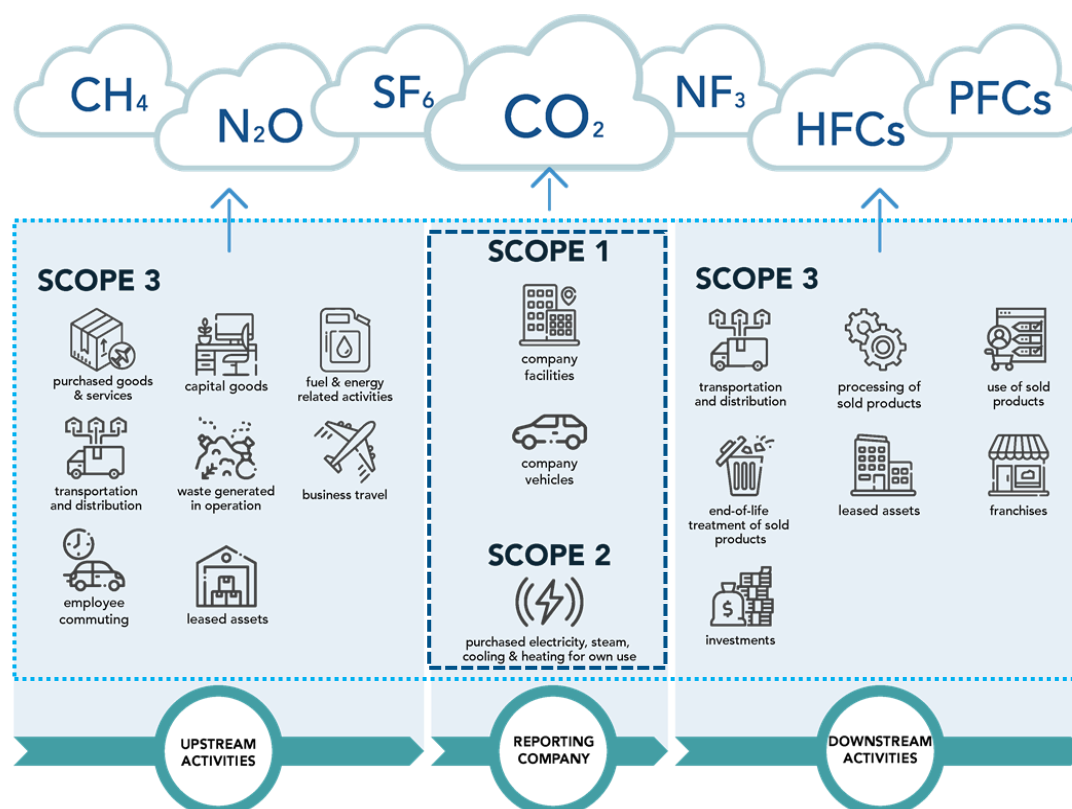
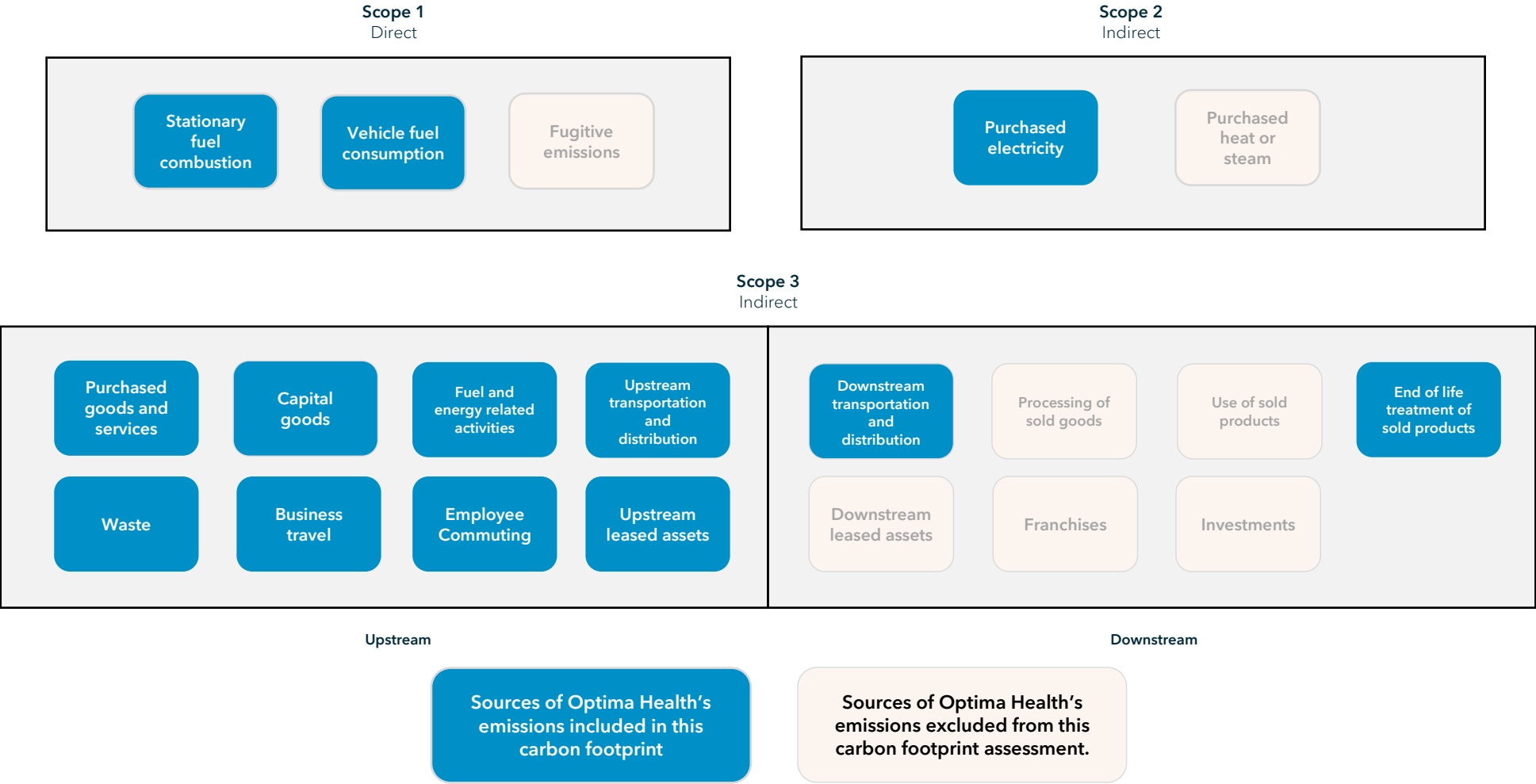


Figure 3: Overview of the GHG Protocol reporting boundaries

Reporting Boundary for the 2025 Carbon Footprint Assessment

The following diagram indicates the sources of emissions that have been included in this carbon footprint assessment for Optima Health. Those sources of Emissions that were deemed to be material to operations across Optima Health during the 2025 reporting year have been included in this footprint calculation, based on the operational control approach as defined by the GHG Protocol.



Breakdown of Scope 1-3 Emissions (tCO₂e)

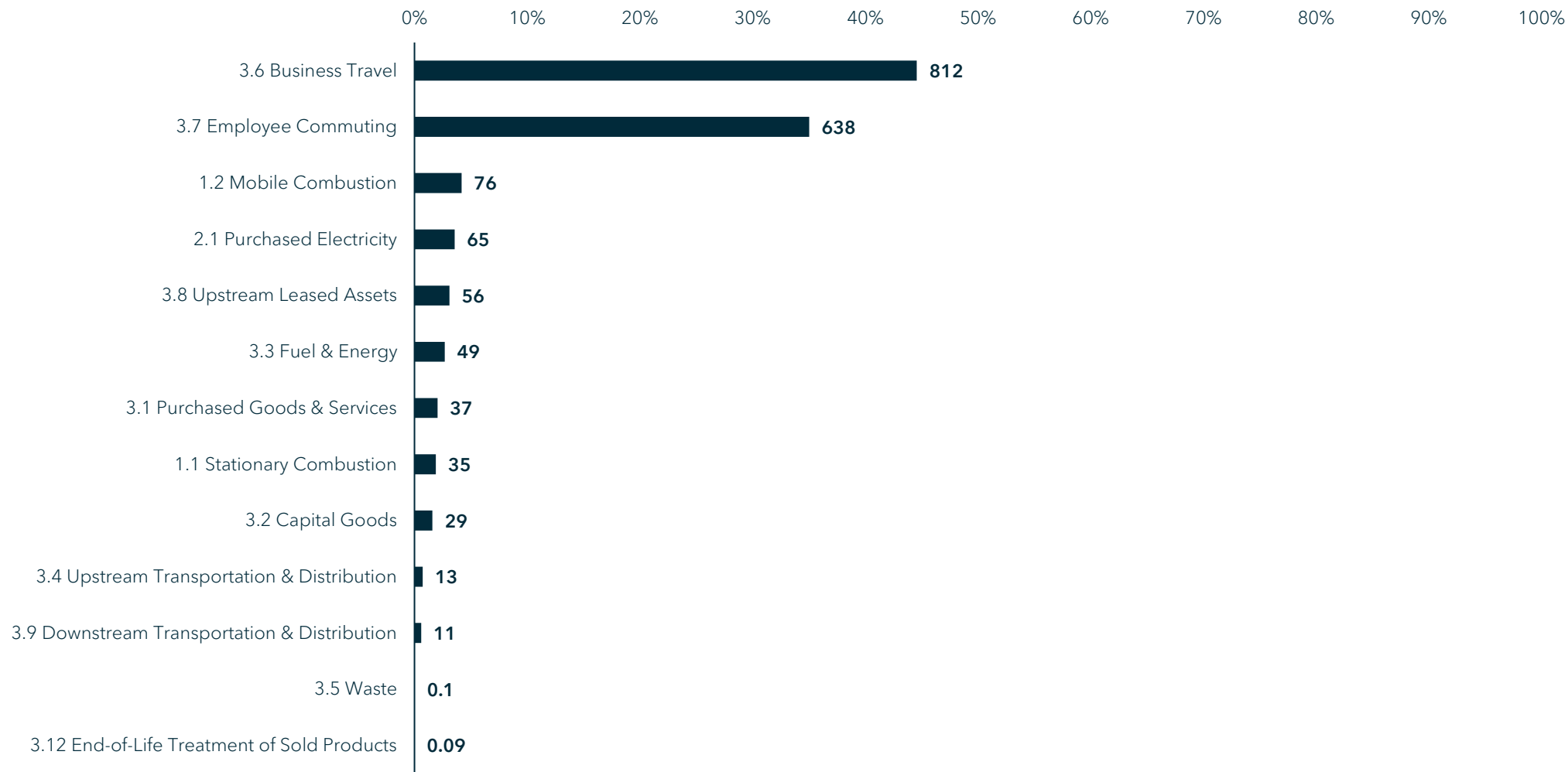


Figure 4: Optima Health's 2025 Scope 3 Carbon Emissions

Appendix 1: GHG Glossary

Carbon Dioxide Equivalent (CO₂e)

The universal unit of measurement used to compare the Emissions from various types of greenhouse gases (GHG) based on their global warming potential (GWP).

Carbon Footprint

Absolute sum of all Emissions and removals of greenhouse gases caused directly and indirectly by a subject either over a defined period or in relation to a specified unit of product or instance of service and calculated in accordance with a recognized methodology.

Emissions Hotspot

An activity/building/service within an organisation that is responsible for an unusually intense concentration of greenhouse gas Emissions (GHG). These areas within an organisation are therefore useful to identify when aiming to reduce Emissions as they help to focus resources during the energy efficiency measures decision process.

Global Warming Potential (GWP)

Value describing the radiative forcing of one unit of a given GHG relative to one unit of CO₂ over a given time period.

Greenhouse Gas (GHG)

Gas that contributes to the greenhouse effect by absorbing infrared radiation. Kyoto Protocol lists these as: carbon dioxide (CO₂), methane (CH₄), nitrous oxide (N₂O), hydrofluorocarbons (HFCs), perfluorocarbons (PFCs), sulphur hexafluoride (SF₆) and nitrogen trifluoride (NF₃).

Appendix 2: GHG Data Inventory

The following Scope 2 Emissions sources have been included in this carbon footprint assessment:

Emissions Source	Description of Data Provided	Key Assumptions Used	Data Quality Improvement
Scope 1.1 Stationary Combustion	Optima Health provided natural gas consumption data in kWh for all sites utilising gas, which Optima Health has calculated either through sub-metering present at certain sites, prorate consumption based on the period Optima Health occupied the site or using floor area to benchmark consumption as primary data was not available. Data was provided for the following sites; • Birmingham, • Liverpool, • Stoke, • Chester, • Belfast.	Primary kWh gas consumption data was provided. This enabled the application of the UK Government's 2025 Carbon Emissions Factors for calculating carbon emissions associated with natural gas usage.	Optima Health should maintain its collaboration with the utilities provider to ensure the provision of high-quality primary data for all sites.
Scope 1.2 Mobile Combustion	Optima Health provided data on the amount of fuel purchased for company owned or leased vehicles operated during the 2025 reporting period. Primary data on the quantity of fuel (litres) purchased via Allstar.	Utilising the purchased fuels in litres, UK Government's 2025 Carbon Emissions Factors were applied to calculate emissions from this category.	Optima Health should maintain the same approach towards collecting vehicle-level fuel consumption for all owned vehicles.

Scope 2 Purchased Electricity	Optima Health provided electricity consumption data in kWh for all 15 sites utilised by the organisation during the 2025 reporting period. REGO Certificates were also provided for Glasgow, Sheffield, Liverpool, Manchester Corner Block, Stoke, Norwich, Gorleston, Belfast, and London. These certify the purchase of 100% renewable electricity generated.	Optima Health provided a breakdown of site-specific electricity consumption, enabling the application of UK Government's 2025 Carbon Emissions Factors for calculating carbon emissions associated with electricity usage. In alignment with the GHG protocol, due to the presence of REGO certificates; location-based and market-based methods were applied. 2025 UK Government emission factors for electricity have been applied.	Optima Health should continue to work with landlords and energy providers to track electricity consumption across all operated facilities.
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The following Scope 3 Emissions sources have been included in this carbon footprint assessment:

Scope 3 Category	Description of Data Provided	Key Assumptions Used	Data Quality Improvement
3.1 Purchased Goods	Optima Health provided financial data covering goods and services purchased during the 2025 reporting period. This included purchases such as Amazon orders, IT goods, and medical supplies. In addition, Optima Health provided activity data for several specific purchased items, including: 39,903 blood tests 79,220 vaccines/immunisation jabs 454 Viking orders across all accounts	A spend-based approach was applied to the general purchased goods and services data using the SWC EEIO 2022 carbon emission factors on a kgCO₂e/£ basis. This approach estimates emissions based on the total value spent on each good or service, mapped to an appropriate emissions factor according to the nature of the item or service purchased (for example, plastics, paper, IT support, or management consultancy). Where more specific activity data was available, activity-based methodologies were used instead: Blood tests: An emission factor for pathology tests was sourced from literature and applied to the total number of tests purchased. A factor of 0.5 kgCO₂e per test was used. Source: https://pubmed.ncbi.nlm.nih.gov/32304240/ Vaccines/immunisation jabs: A proxy emission factor for a COVID-19 mRNA vaccine was applied to all vaccines and immunisation jabs purchased. A factor of 0.2 kgCO₂e per jab was used. Viking orders: Supplier-specific data was available on the average kgCO₂e per order for 2025, based on total UKIE drops and average logistics emissions per parcel, informed by logistics partner data and/or DEFRA/UK Government conversion factors. This was applied to the total number of Viking orders.	Optima Health should engage with key suppliers to obtain supplier-specific cradle-to-gate emissions data where possible. A cradle-to-gate approach quantifies the partial life cycle emissions of individual products, from raw material extraction through to final manufacturing, and would improve the accuracy of this category significantly.
3.2 Capital Goods	Optima Health provided information on laptop and software purchases made during the 2025 reporting period. Product-level details were available for laptops, enabling the use of more specific emission factors.	For laptops, product-level emission factors from selected laptop manufacturers were used. These factors capture the upstream emissions associated with manufacturing and transporting individual laptops to Optima Health. For software purchases, a spend-based approach was applied using the SWC EEIO 2022 carbon emission factors on a kgCO₂e/£ basis, based on the spend data provided.	Optima Health should work toward obtaining supplier-specific cradle-to-gate emissions data for capital goods where possible, particularly for high-value or frequently purchased items. This would improve accuracy compared with spend-based estimates.

	A financial breakdown of software purchases was also provided.		
3.3 Fuel and Energy related activities	During the 2025 reporting period, Optima Health consumed both natural gas and electricity across office and clinic sites that it leased and operated. These emissions were already accounted for within Scope 1 and Scope 2 .	This category captures the upstream emissions associated with the production, extraction, and transportation of fuels and energy purchased and consumed by Optima Health. To calculate these emissions, upstream UK Government conversion factors were applied to the primary Scope 1 and Scope 2 consumption data already collected for the footprint. This includes the upstream impacts associated with purchased electricity and fuels consumed during the reporting period.	Optima Health should continue to ensure that all Scope 1 and Scope 2 consumption data collected for footprint assessments is accurate, complete, and up to date, as the quality of this category depends directly on the quality of the underlying energy data.
3.4 Upstream Transportation and Distribution	Optima Health provided address data associated with inbound courier-related deliveries. This enabled delivery distances to be calculated for goods shipped into the business.	Where supplier postcodes were available for purchased goods, delivery distances were calculated based on the origin and destination locations. As the following information was not available, assumptions were required: • Vehicle type: average van (up to 3.5 tonnes) • Fuel type: unknown • Weight: 15 kg per parcel Using these assumptions, UK Government 2025 emission factors were applied on a kgCO2e/tonne-km basis to estimate upstream transportation emissions.	Optima Health should engage with courier suppliers to obtain more detailed primary data for each shipment, including: • distance travelled • vehicle type • fuel type • weight of goods transported The most accurate approach would be to track the actual fuel consumption associated with deliveries where feasible. At a minimum, tracking vehicle type, fuel type, and shipment weight would materially improve this category.
3.5 Waste	Primary waste data was available for the 2025 reporting period. This included: • destruction reports for electronic waste • waste collection certificates • estimates for regular waste collections provided directly by Optima Health	UK Government Emissions factors for waste for the 2025 reporting year have then been applied based on the waste type. For WEEE, the following assumptions were used to estimate the mass (kg) of each item: Laptops at 2kg (based on ThinkPad L580 https://laptop-finder.co.uk/info/11054/lenovo-thinkpad-l580-156-1920x1080-core-i5-8250u-1-20lw000vuk); networking equipment at 376.5g (based on the Cisco MR33 https://meraki.cisco.com/lib/pdf/meraki_datasheet_MR33.pdf); and monitors at 5kg each (average weight for a 27" monitor). These estimates were used as a proxy for all other WEEE.	Optima Health should aim to obtain exact data for each waste stream, including: • material type • treatment type • weight Tracking waste by weight for each stream would significantly improve the accuracy of this category.

		For other waste collections, appropriate emission factors were applied where any specific materials were denoted. Otherwise, waste was modelled as “commercial and industrial waste”. For skip collections, a 7yd skip was equated to 5400 litres; 6100 litres for an 8yd skip; and 36600 litres for a 40 cubic yd roll-on roll-off skip. The following waste treatment type assumptions by waste type have been applied: • WEEE = Open loop • Commercial and industrial waste = Combustion • Wood = Combustion • Metal: scrap metal = Closed loop • Waste for energy recovery = Re-use • Paper and board = Closed loop	
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3.6 Business Travel	Optima Health provided two sources of business travel data for the 2025 reporting period: 1. Expenses data, including the type of expense claimed (accommodation, air travel, road, land, and water transport) and the associated spend 2. Grey fleet data, showing mileage expensed by employees, but without a breakdown of vehicle fuel type or engine size	The following assumptions and methodologies were applied for each source of Business Travel Data from Optima Health: Expenses data: A spend-based methodology was used to estimate emissions associated with travel expenses. SWC 2022 emission factors were applied on a kgCO₂e/£ basis across relevant travel categories, including air, rail, road, and water transport. Grey Fleet: UK Government conversion factors for GHG reporting were used to calculate emissions from employee car travel, including well-to-tank emissions. As actual vehicle fuel type data was not available for grey fleet mileage, the fuel type split was assumed based on the data collected for Scope 3.7 Employee Commuting.	Where travel is expensed, Optima Health should record: • distance travelled • vehicle type • fuel type • travel mode This would allow more accurate activity-based calculations and reduce reliance on spend-based estimates.
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3.7 Employee Commuting	Optima Health provided detailed employee survey data, including: • transport mode • commuting distance • homeworking information Raw data was collected for 849 employees and extrapolated to represent the full 1,561 FTE during the 2025 reporting period.	The following assumptions and rules were applied: • For employees who joined Optima Health during 2025, the proportion of the year worked was used to adjust total commuting distance and homeworking hours. • Employees who reported a transport mode but no commuting distance, and who selected a personal vehicle, were excluded where the client confirmed that these journeys related to expensed business mileage already included in Scope 3.6, to avoid double counting. • Employees who selected "Car" as transport mode but entered "N/A" for fuel type were assigned "Average car - unknown fuel type" for emission factor purposes. • Where "Pool Car" was selected, total distance was divided by 2 to estimate passenger-km, on the assumption that two employees shared the vehicle. UK Government 2025 emission factors were used to estimate commuting emissions.	Optima Health should consider developing a more detailed employee commuting and homeworking survey, particularly for remote workers. Questions should capture: • heating system type • electricity usage patterns during working hours • home office setup • frequency of remote working This would improve the accuracy of homeworking-related emissions estimates.
3.8 Upstream Leased Assets	Optima Health provided data on the total number of clinical sessions delivered during the 2025 reporting period. As part of these sessions, Optima Health leased consultation rooms on an ad hoc basis from partner organisations such as the NHS. However, primary data on electricity and gas consumption for these rooms was not available.	To estimate emissions from these leased consultation spaces, the total number of clinical sessions delivered during the reporting period was used as a proxy for room usage. The following assumption was applied: • Each clinical session lasts 7.5 hours As no building energy data was available, UK Government homeworking emission factors were used as a proxy to estimate the emissions associated with electricity and heating use during room occupancy.	To improve the accuracy of this category, Optima Health should collect primary data on the energy consumption of leased consultation rooms where possible. As an immediate improvement step, Optima Health could request: • floor area of each leased room • building type • occupancy duration • estimated energy intensity or metered data where available This would support the application of more appropriate building-level benchmarks.

3.9 Downstream Transportation and Distribution	Two separate sources of downstream logistics data were available: • TLT courier data, including origin and destination addresses and consignment weight • Parcelforce data, including a benchmark emissions value per parcel provided directly by Parcelforce	For TLT deliveries, distance data was available and used alongside UK Government 2025 emission factors to calculate emissions on a transport activity basis. For Parcelforce deliveries, the supplier-provided benchmark emissions per parcel was applied to the total number of parcels sent by Optima Health.	Parcelforce's emissions benchmark is based on an average parcel and does not account for variation in parcel weight, size, or transport conditions. This may over- or under-estimate emissions for individual consignments. To improve this category, Optima Health should: • seek more granular primary data from Parcelforce • request a benchmark based on kgCO2e per kg shipped rather than per parcel • provide shipment-specific data where available
3.12 End of life treatment of sold products	Primary data was available on the end-of-life treatment of sold products generated across Optima Health's customers during the 2025 reporting period. Where data gaps existed, assumptions were made to estimate missing weights and waste disposal methods.	2025 UK Government Emissions factors for waste disposal have been applied, based on the primary data that were provided. The weight estimations and assumptions applied are as follows: • 30ltr Square Theatre Unit Solid Yellow Lid = 15 Kg • 5ltr Sharps unit with yellow lid = 2.5 Kg • 60ltr Sq Theatre Unit Yellow Solid Lid = 30 Kg • Hazardous 360ltr Wheelie Bin Collection = 180 Kg • Hazardous Waste Bag Service for Treatment = 30 Kg • Offensive Waste Bag Service = 30 Kg • Silver Safe unit - Orange = 30 Kg • Silver Safe unit - Tiger = 30 Kg The following waste treatment type assumptions have been applied: • Alternative Treatment = Open loop • Energy From Waste = Combustion • Incineration = Combustion • Landfill = Landfill	Optima Health should improve the tracking of end-of-life waste data by gathering the following information for each waste stream: • material type • treatment type • exact weight This would improve the accuracy and defensibility of emissions reported in this category.

Appendix 3: Excluded Emissions Sources

Scope 1-3 Category	Reason for Exclusion
Refrigerants (Scope 1.3)	Optima Health confirmed there were no top ups or leaks in refrigerant gas across all Scope 1 and 2 sites during this reporting period.
Processing of Sold Goods (Scope 3.10)	No additional process is applied to Optima Health's sold products.
Use of Sold Products (Scope 3.11)	Optima Health do not sell any physical or service-based products.
Downstream Leased Assets (Scope 3.13)	Optima Health did not own any assets which were leased out to third parties during this reporting period.
Franchises (Scope 3.14)	Category excluded from the assessment. Optima Health do not operate any Franchise agreements.
Investments (Scope 3.15)	Not applicable to company operations.

Appendix 4: Uncertainty Analysis

Following Guidance from the GHG Protocol, the qualitative and quantitative uncertainty of the data used has been assessed:

- Uncertainties associated with greenhouse gas inventories can be broadly categorised into scientific uncertainty and estimation uncertainty. Scientific uncertainty arises when the science of the actual Emissions and/or removal process is not sufficiently understood. For example, many of the direct and indirect Emissions factors associated with global warming potential (GWP) values that are used to combine Emissions estimates of different greenhouse gases involve significant scientific uncertainty.
- Analysing and quantifying such scientific uncertainty is extremely problematic and is likely to be beyond the scope of most company's inventory efforts. Estimation uncertainty arises any time greenhouse gas Emissions are quantified. Therefore, all Emissions or removal estimates are associated with estimation uncertainty.

Qualitative Analysis: **Good**
Quantitative Analysis: **152%**

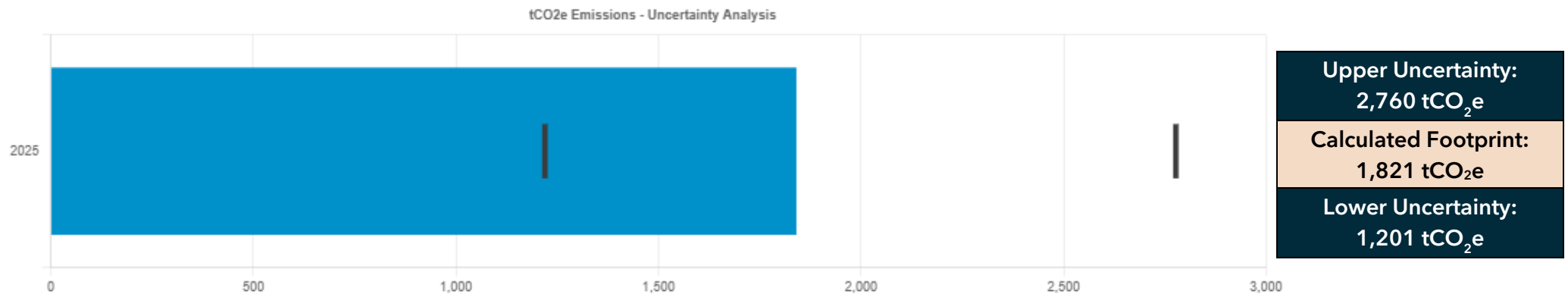


Figure 5: Uncertainty Analysis for Optima Health's 2025 carbon footprint