

## STATEMENT OF WORK (SOW)

### 1. **Contracting Officer's Representative (COR).**

Name:	David R. Calhoun
Section:	SPS
Address:	11201 Benton St. Loma Linda, Ca. 92357
Phone Number:	
Fax Number:	
E-Mail Address:	

2. **Contract Title.** This equipment is used to perform the abdominal aneurysm procedure.

3. **Background.** This equipment is the process which blood from surgical field is collected, filtered and washed to produce autologous blood for transfusion back to the patient.

4. **Scope.** Contractor is to bring their reusable equipment each time and get delivered to the O.R department after material management and Biomed dept. has checked the equipment.

5. **Specific Tasks.** The contractor is to provide their own certified technician and manage his/her own equipment (set-up and cleaning process).

6. **Performance Monitoring.** Vendor invoice is required with every procedure-any issues are noted on the invoice.

7. **Security Requirements.** Vendor is required to check in with VA Police during each visit and issued a security badge.

8. **Government-Furnished Equipment (GFE)/Government-Furnished Information (GFI).**  
No government equipment is used by the vendor to perform their duties.

9. **Other Pertinent Information or Special Considerations.** N/A

a. **Identification of Possible Follow-on Work.** N/A

b. **Identification of Potential Conflicts of Interest (COI).** N/A

c. **Identification of Non-Disclosure Requirements.** N/A

d. **Packaging, Packing and Shipping Instructions.** N/A

e. **Inspection and Acceptance Criteria.**

Vendor invoice is required with every procedure-any issues are noted on the invoice.

10. **Risk Control-**Vendor equipment is certified.

11. **Place of Performance.**

Work will be done at this government facility-VA Hospital Loma Linda, Ca, Operating room and get deliver to 3f-25 location

12. **Period of Performance:** February 23, 2018 to February 22, 2019.