

## Warming/Cooling Units: Patient: Circulating Liquid

### Historical Information

Please email a copy of the Warming/Cooling Units: Patient: Circulating-Liquid product brochure(s) that your company provides to Annette.Holland@va.gov .

The Veterans Health Administration (VHA) Equipment Life Cycle Management (ELCM) Program identified Cincinnati Sub-Zero ® Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid as a candidate for a VA-wide (otherwise referred to as "national") single award Requirements contract.

Cincinnati Sub-Zero ® Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid Warming/cooling units circulate warm or cold liquid through channels in large pads or blankets to raise, lower, or maintain a patient's body temperature. They are used to warm hypothermic patients or to cool feverish patients and are frequently used to induce mild hypothermia during neurosurgery or in patients who have experienced a stroke or cardiac arrest. Induced hypothermia lowers a patient's metabolism and has been shown to have neuroprotective effects. Preventing heat loss and hypothermia during other surgical procedures helps reduce the risk of pressure damage and wound infection due to decreased circulation.

Thank you for your participation.

If unable to complete this questionnaire in one sitting, you will need to close the questionnaire window and re-open the questionnaire link to edit your response. The questionnaire will start from the beginning, but will show the responses previously entered. This only works if returning to the questionnaire from the original computer (IP address) used initially. All responses are collected based on IP addresses; only one response per IP address is permitted. This edit process will not work if you try to use a different computer to complete your response.

All questions with an "\*" require a response to continue. Open surveys do time out after approximately 10 minutes of inactivity.

Monterey Consultants, Inc., is contracted by VA, Office of Small and Disadvantaged Business Utilization (OSDBU) to assist with market research. The survey portal is managed by Monterey on behalf of VA OSDBU. Monterey has signed Non-Disclosure Agreements and is restricted under Organizational Conflict of Interest clauses from sharing submitted information with any party outside VA. Monterey is not engaged in this industry and does not plan on doing business within this area in the foreseeable future.

## Warming/Cooling Units: Patient: Circulating Liquid

1. Does your company currently provide Brand Name or Equal Cincinnati Sub-Zero ®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid?\*

☒ Yes  
☐ No

2. Is your company prohibited from working with (Federal or State) Government contracts?\*

☒ Yes  
☐ No

## Warming/Cooling Units: Patient: Circulating Liquid

### Demographic Information

3. Please enter the following information:\*

Name of Firm

Point of Contact

POC Phone  
Number

Business Address

City/Town

State

ZIP Code

4. Contact Email:\*

A copy of your responses will be sent to this email address. Please check any "spam" or "junk" files in case the response is rerouted.

5. Please provide your company's Data Universal Numbering System (DUNS) identification number:\*

(9-Digit Identification Number without hyphen)

6. Identify which of the following NAICS codes your company uses when providing Brand Name or Equal Cincinnati Sub-Zero®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid:\*

(select all that apply)

- ☐ 334510 – Electromedical and Electrotherapeutic Apparatus Manufacturing
- ☐ 339112 – Surgical and Medical Instrument Manufacturing
- ☐ 339113 – Surgical Appliance and Supplies Manufacturing
- ☐ 339114 – Dental Equipment and Supplies Manufacturing
- ☐ Other

7. What is your company's primary NAICS code of operation?\*

(Limited to 6 digits)

8. Please indicate any business designations that describe your company:\*

(select all that apply)

- ☐ Service-Disabled Veteran Owned Small Business (SDVOSB)
- ☐ Veteran Owned Small Business (VOSB)
- ☐ 8(a) Business Development Small Business Certification
- ☐ HUBZone Business Concern
- ☐ Economically Disadvantaged Women-Owned Small Business (EDWOSB in accordance with 19.1503)
- ☐ Women-Owned Small Business (WOSB in accordance with 19.1503)
- ☐ Small Disadvantaged Business (SDB)
- ☐ Small Business as per primary NAICS code of operation
- ☐ Large Business
- ☐ AbilityOne Firm
- ☐ Other

9. Is your company a manufacturer, distributor, or reseller of the equipment/product(s) described in the FBO announcement synopsis for this request?\*

- ☒ Distributor/Reseller
- ☒ Manufacturer
- ☐ Both Manufacturer and Distributor of your company's product(s)
- ☐ Other

10. If your company is a DISTRIBUTOR/RESELLER, is your company restricted by those manufacturer agreements to provide those products within a limited geographic area?

- ☐ Yes
- ☐ No

**Warming/Cooling Units: Patient: Circulating Liquid**

11. Is your company currently providing support to (Federal or State) government agencies?\*

- ☐ No
- ☐ Yes. Please specify which agencies/offices and contract number(s):

12. Does your company currently have a VA BPA or other VA contract for Brand Name or Equal Cincinnati Sub-Zero®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid?\*

- ☐ No
- ☐ Yes. Please provide the contract number:

13. How many years of experience does your business have providing Brand Name or Equal Cincinnati Sub-Zero®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid?\*

- ☐ < 1 year
- ☐ 1 - 2 years
- ☐ 3 - 4 years
- ☐ 5 - 6 years
- ☐ 7 - 8 years
- ☐ 9 - 10 years
- ☐ > 10 years

### Warming/Cooling Units: Patient: Circulating Liquid

14. Identify those Brand Name or Equal Cincinnati Sub-Zero®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid manufacturers with which your company has a current contract or other agreement (distribution):\*

(select all that apply)

- ☐ Cincinnati Sub-Zero
- ☐ Belmont Medical
- ☐ BD Bard Medical
- ☐ Zoll
- ☐ Other, please specify

15. Identify those items below where your company can provide Brand Name or Equal Cincinnati Sub-Zero®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid and/or ancillary items:\*

(select all that apply)

- ☐ Cincinnati Sub-Zero®, BNOE Blanketroll III Hyper-Hypothermia System to include Core Temperature probe, Part # Model 233
- ☐ Other, please specify

16. Identify what tools, accessories, or services your company includes in the purchase of a single Brand Name or Equal Cincinnati Sub-Zero®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid:\*

(select all that apply)

- ☐ On-line web-based clinical user training
- ☐ On-line web-based biomedical technical training
- ☐ On-Site (at VAMC) clinical user training
- ☐ On-Site (at VAMC) biomedical technical training
- ☐ 2 or more quick reference guides
- ☐ 2 or more system user manuals
- ☐ 2 or more system technical manuals
- ☐ Sterilization protocol reference sheet/guide
- ☐ Product warranty
- ☐ On-line support
- ☐ Software update service options
- ☐ Hardware repair service options
- ☐ Preventive maintenance service options
- ☐ None of the above
- ☐ Other

17. Do you certify, on behalf of your company, that all CLIN items you have identified for this effort are fully compliant with the Trade Agreements Act (TAA)?\*

TAA of 1979, Pub.L. 96-39, 93 Stat.144, enacted July 26, 1979, is an Act of Congress that governs trade agreements negotiated between

the United States and other countries under the Trade Act of 1974. Products must be manufactured or "substantially transformed" in the United States or a TAA designated country.

- ☐ Yes  
☐ No

18. Please identify those salient characteristic requirements that can be met by the Cincinnati Sub-Zero®, BNOE Blanketroll III Hyper-Hypothermia System to include Core Temperature probe, Part # Model 233 your company provides:\*

(select all that apply) \*\*Keep in mind that if your company provides the BRAND NAME product, you should select all options other than "None of the above" and "Other" as the technical documents for the BRAND product have been reviewed and meet these minimum requirements.

- ☐ Patient Temperature Set Range of 86F to 104F  
☐ Must be able to display temperature in Celsius and Fahrenheit  
☐ Must have high temperature fluid and low temperature fluid visual and audible alarm  
☐ Must have low fluid a visual and audible alarm  
☐ Must have a minimum fluid temperature range of at the of 6°F to 40°  
☐ Must have a minimum reservoir capacity of 3.5 liters  
☐ Must have manual, automatic and monitoring operation modes  
☐ None of the above  
☐ Other, please specify

### Warming/Cooling Units: Patient: Circulating Liquid

19. Please list your company's products that meet the aforementioned salient characteristics. Include the manufacturer name, part number, and short item description for the top five BNOE Cincinnati Sub-Zero®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid your company provides:

	Manufacturer Name	Part Number	Short Description
Product 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product 5	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Please identify the characteristic(s) of Biomedical Training that your company provides:\*

(select all that apply)

- ☐ Technical training includes complete information on maintenance and repair of the system.  
☐ Vendor incurs all transportation, tuition and lodging costs for service and maintenance technical 3 day training for up to two Biomedical Engineer staff per facility.  
☐ Two Service and two operators' manuals provided for each unit purchased.  
☐ Other

21. Please identify the characteristic(s) of User Training that your company provides:\*

(select all that apply)

- ☐ Initial On-site User Training includes information on how to operate and clean the equipment safely and effectively.  
☐ Vendor supports interface changes as they become needed and provides subsequent refresher training.  
☐ Other

22. What is the average length of time covered by your company's product warranties?\*

- ☐ No Warranty  
☐ <6 months  
☐ >6 months  
☐ <1 year  
☐ >1 year

23. What terms are included in the standard warranty provided with purchase of this type of product?\*

(select all that apply)

- ☐ Equipment repair services  
☐ Equipment replacement  
☐ Downtime recompense

- ☐ Emergency repair services
- ☐ Software upgrades
- ☐ Warranty not void if product is cleaned and disinfected using EPA and EPS standardized cleaning and disinfectant chemicals.
- ☐ Warranty not void if non-OEM peripheral attachments are used with the equipment
- ☐ Other
- ☐ No warranty offered

### Warming/Cooling Units: Patient: Circulating Liquid

24. What is the largest geographic area covered by your firm for this type of work?\*
- ☐ Local availability only
  - ☐ Within one State only
  - ☐ Primarily within one state and its bordering states
  - ☐ Regionally
  - ☐ Nationally
  - ☐ Nationally and US Territories
25. Does your company currently have teaming arrangements in place to support Brand Name or Equal Cincinnati Sub-Zero ®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid?\*
- ☐ Yes
  - ☐ No
26. On an annual basis, what is the total workload capacity that your firm could execute?\*
- ☐ Less than \$5M
  - ☐ \$5M to \$10M
  - ☐ \$10M to \$20M
  - ☐ \$20M to \$30M
  - ☐ Greater than \$30M
27. In units, what is your company's monthly capacity to provide Brand Name or Equal Cincinnati Sub-Zero ®, Blanketroll III Model 233 Warming/Cooling Units: Patient: Circulating-Liquid?\*
- ☐ 1 to 5 units
  - ☐ 6 to 10 units
  - ☐ 11 to 15 units
  - ☐ 16 to 20 units
  - ☐ > 20 units
28. Of your company's total line of credit capacity, what is its remaining capacity after accounting for current and anticipated contracts?\*
- ☐ < \$100K
  - ☐ \$100K to \$150K
  - ☐ \$151K to \$200K
  - ☐ \$201K to \$300K
  - ☐ \$301K to \$500K
  - ☐ \$501K to \$1M
  - ☐ \$1.1M to \$5M
  - ☐ \$5.1M to \$15M
  - ☐ \$15.1M to \$30M
  - ☐ > \$30M

### Warming/Cooling Units: Patient: Circulating Liquid

29. Is your company ISO 9000 certified?\*
- ☐ Yes
  - ☐ No
30. Check those areas where your company has an established on-going program:\*
- (select all that apply)
- ☐ Company is a registered establishment with the U.S. Food and Drug Administration (FDA)

- ☐ Additional licensure/certification for in-place staff
- ☐ Diversity subcontracting
- ☐ Ethics/Core Values Training and Audits
- ☐ ISO Certification
- ☐ Licensure/certification renewals or upgrades for in-place staff
- ☐ Limited-Access Site clearance
- ☐ Organizational Conflict of Interest Awareness Training
- ☐ Organizational Conflict of Interest Mitigation
- ☐ Quality assurance/quality control
- ☐ Security and Compliance
- ☐ Staff advancement
- ☐ None of the above
- ☐ Other, please specify

31. Does your company have a project manager on staff who is responsible for project scheduling, coordination, and technical assistance to the VA representative throughout the delivery/task order for each VA site location?\*

- ☐ Yes  
☐ No

32. Does your company have a contract administrator (manager) on staff to oversee the performance of work for all delivery orders/task orders?\*

- ☐ Yes  
☐ No

### Warming/Cooling Units: Patient: Circulating Liquid

33. How does your company self-evaluate contract performance?\*

(QA = Quality Assurance) (select all that apply)

- ☐ Customer interviews by corporate leadership or QA group
- ☐ Customer interviews by project leadership or QA group
- ☐ Customer questionnaires by corporate leadership or QA group
- ☐ Customer questionnaires by project leadership or QA group
- ☐ Informal random spot-checks
- ☐ Internal project reviews, including financial and schedule milestones
- ☐ Verification of compliance with project QA Plans or equivalent
- ☐ None of the above
- ☐ Other, please specify

34. How does your company self-evaluate overall corporate performance?\*

(select all that apply)

- ☐ Account Condition Report (ACR)
- ☐ Balanced Scorecard
- ☐ Benchmarking
- ☐ Business Process Improvement
- ☐ Customer Satisfaction Questionnaire Analysis
- ☐ Employee Round Table
- ☐ No corporate practice for company self-evaluation

35. Which of the following information is available in your company's current Capabilities Statement?\*

(select all that apply)

- ☐ Company Overview
- ☐ CAGE Code
- ☐ Vets First Verification Logo
- ☐ Contact Information
- ☐ Core Capabilities
- ☐ NAICS Code
- ☐ List of Products/Services Offered
- ☐ Past Performance Project Descriptions/Narratives
- ☐ Certifications/Credentials Identified
- ☐ Current/Prior Business Partners
- ☐ Current/Prior Business Clients
- ☐ Company Web Address
- ☐ Socioeconomic Information

- ☐ Testimonials
- ☐ National Institute of Governmental Purchasing (NIGP) Codes
- ☐ Awards and Recognitions Listed
- ☐ Performance History Evaluations
- ☐ Contract Vehicles
- ☐ None of the above

36. Company website address (URL):\*

37. We welcome your comments and suggestions on the subject of this FBO Announcement Request:

### Warming/Cooling Units: Patient: Circulating Liquid

38. How long did it take you to complete this FBO announcement response request?\*

- ☐ 0-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-45 Minutes
- ☐ 46 Minutes - 1 Hour
- ☐ >1 Hour

39. If your company submitted a paper FBO announcement response in the past, approximately what amount of time did that take?\*

- ☐ 0-15 minutes
- ☐ 16-30 minutes
- ☐ 31-45 minutes
- ☐ 46-60 minutes
- ☐ >1 hour
- ☐ >1 day
- ☐ >1 week
- ☐ No previous response via paper

40. How would your company prefer to submit your company's responses to FBO announcements?\*

- ☐ Electronic Format (eRFI)
- ☐ Traditional Format

41. How likely do you think your company would be to response to more FBO requests if this electronic format became the standard request format?\*

- ☐ Highly Likely
- ☐ Likely
- ☐ Unchanged Response Level
- ☐ Unlikely
- ☐ Highly Unlikely

42. If there is some other method by which your company would prefer to submit FBO announcement responses, please specify here: