

Equipment Specifications

Ultrasound

VISN 8/Bay Pines VA Healthcare System

516-B90024

A. REQUIREMENT OVERVIEW

C.W. Bill Young VA Medical Center requires a new point of care ultrasound devices. Equipment must be equipped with on-board scan-along education platform, as well as cordless charging docking station. Equipment must be capable of operating in B Mode, M-Mode, Color Doppler, Color Power Doppler (CPD), Pulsed Wave and Continuous Wave modes.

Facility	Quantity
C.W. Bill Young VA Medical Center	1

B. TECHNICAL REQUIREMENTS

1. Unit physical specifications

a. Minimum screen size [in]	19 diagonal
b. Minimum control panel screen size [in]	13
c. Minimum number of split screens	2
d. Minimum monitor rotation [degrees]	85 degrees left and right, up and down
e. Minimum tilting [degrees]	85 – 110 (5 degrees tilting forward from vertical, 20 degrees tilting back from vertical)
f. Monitor height range from floor [in]	43-60
g. Minimum control panel rotation [degrees]	0-110
h. Control panel height range from floor [in]	34 to 43
i. Minimum number of transducer ports	3
j. Minimum image storage [GB]	64
k. Minimum battery life [min]	60

2. Scanning modes

<input checked="" type="checkbox"/>	a. Two-dimensional (2D)
<input checked="" type="checkbox"/>	b. Harmonics Imaging
<input checked="" type="checkbox"/>	c. M-Mode
<input checked="" type="checkbox"/>	d. Simultaneous M-Mode
<input checked="" type="checkbox"/>	e. Pulsed Wave Doppler
<input checked="" type="checkbox"/>	f. Continuous Wave Doppler



<input checked="" type="checkbox"/>	g. Velocity Color Doppler
<input checked="" type="checkbox"/>	h. Color Power Doppler
<input checked="" type="checkbox"/>	i. Tissue Doppler Imaging
<input checked="" type="checkbox"/>	j. Pulsed Wave Doppler

3. Doppler displays

<input checked="" type="checkbox"/>	a. Frequency
<input checked="" type="checkbox"/>	b. Velocity
<input checked="" type="checkbox"/>	c. Power (microvascular/directorial)
<input checked="" type="checkbox"/>	d. Duplex
<input checked="" type="checkbox"/>	e. Triplex

4. Control panel specifications

<input checked="" type="checkbox"/>	a. Touchscreen monitor
<input checked="" type="checkbox"/>	b. Keyboard on touchscreen
<input checked="" type="checkbox"/>	c. Black-and-white printer

5. Additional specifications

<input checked="" type="checkbox"/>	a. Image annotation
<input checked="" type="checkbox"/>	b. One-button image optimization
<input checked="" type="checkbox"/>	c. Ability to enter standby mode or sleep mode
<input checked="" type="checkbox"/>	d. Needle enhancement
<input checked="" type="checkbox"/>	e. Multi-function foot pedal control (programmable preferred)
<input checked="" type="checkbox"/>	f. Image editing – easy to video editing and annotation
<input checked="" type="checkbox"/>	g. Digital calipers
<input checked="" type="checkbox"/>	h. Ability to receive ECG information via leads connected to patients
<input checked="" type="checkbox"/>	i. Cart for transport with adjustable features

6. Security/Connectivity requirements

<input checked="" type="checkbox"/>	a. OEM-supported operating system
<input checked="" type="checkbox"/>	b. Latest DICOM print, store, commit, and modality worklist
<input checked="" type="checkbox"/>	c. Encrypted hard drive
<input checked="" type="checkbox"/>	d. PACS compatibility – Philips Intellispace PACS

7. Analysis packages

<input checked="" type="checkbox"/>	a. Abdominal
<input checked="" type="checkbox"/>	b. Musculoskeletal Clinical

<input checked="" type="checkbox"/>	c. Small Parts
<input checked="" type="checkbox"/>	d. Vascular – measurement and analysis of vessels
<input checked="" type="checkbox"/>	e. Obstetric
<input checked="" type="checkbox"/>	f. Breast
<input checked="" type="checkbox"/>	g. Cardiovascular Clinical

Vendors must include in their offers analysis packages that meet the criteria above. Please include all other analysis packages offered by your company in the optional section on the quotes.

8. Transducers

Description	Qty	Frequency Range [MHz]
a. High Frequency Linear	1	4-12 MHz

Vendors must include in their offers transducers that meet the criteria above. Please include all other transducers offered by your company in the optional section on the quotes.

9. Added Value

Specifications listed below are not required, but preferred. Vendors who do not include the below specifications in the submitted offer will not be docked or excluded from consideration. Specifications listed below will be evaluated based on added value.

<input checked="" type="checkbox"/>	a. Additional year(s) of warranty
<input checked="" type="checkbox"/>	b. Post-warranty remote diagnostic service program

C. TRAINING REQUIREMENTS

1. Clinical Training

<input checked="" type="checkbox"/>	a. On-site clinical applications training for 3 technologists during go-live
<input checked="" type="checkbox"/>	b. On-site follow-up clinical applications training for 3 technologists once technologists have hands-on experience with the system.
<input checked="" type="checkbox"/>	c. Technologists who complete the clinical applications training shall receive continuing education credits (CMEs).
<input checked="" type="checkbox"/>	d. Vendors shall be responsible for accommodating different personnel shifts for clinical applications training during go-live.

2. Biomedical Technician Training



Please reference the “Instructions to Offers” section 2.8.g for further information about the type of information to provide by equipment type not by specific request. Please also reference the “Instructions to Offers” section 7.3.3. for response format.

Technical training information to include detailed information about the curriculum and length of the biomedical technical training required for each equipment type.

Although the NAC will not award this training along with the equipment, it is imperative that the customer is informed that this training is available. Vendors must demonstrate that they can provide any required off-site training, therefore off-site training should be quoted as an optional item. Off-site training will be purchased at the time of need via a modification (if the original order remains open) or via a separate order. No travel expenses for any VA employees will be included in any HTME equipment or training order.

D. SERVICE REQUIREMENTS

1. VPN/Remote Access – The vendor shall provide any and all equipment service programs, such as remote diagnostics, during the warranty period. The vendor shall provide post-warranty remote diagnostic service program as an “Add Option” with the offer. The system shall provide vendor remote diagnostics via VPN. The vendor shall either utilize the VA national site-to-site VPN or work with the Office of Cyber and Information Security and the VAMC Information Systems Security Officer to establish a client-based VPN.
2. Service and Operator Manuals – The vendor shall provide the following documentation for the proposed systems:
 - a. Two (2) copies of operator instruction manuals (one (1) electronic and one (1) physical copy)
 - b. Two (2) copies of a service manuals (one (1) electronic and one (1) physical copy)

*Vendors can include the physical copy as a priced line item in their quote as applicable.
3. Minimum Warranty – The system and accessories shall be covered under the manufacturer’s warranty and shall include all parts and labor for one year following acceptance by the VAMC. This warranty must include PMs as required by the manufacturer. The manufacturer’s factory-trained field service representatives shall perform installation and maintenance during the warranty period.

Vendors are encouraged to include any offerings for service, warranty, and training that may exceed the minimum requirements, to include information on their service support structure during and after the warranty period. Vendors who do not include any added value offerings for service, warranty, and training will not be docked or excluded from consideration. However, any such offerings will be evaluated based on added value.

E. OTHER INFORMATION/DOCUMENTATION REQUESTED

Please reference the “Instructions to Offers” section 2.8a-h for further information about the type of information to provide by equipment type not by specific request. Please also reference the “Instructions to Offers” section 7.3.3. for response format.

1. Completed pre-procurement assessment form (6550 Appendix A)
2. Completed Manufacture Disclosure Statement for Medical Device Security (MDS2) form
3. Federal Information Processing Standard (FIPS) 140-2 certification
4. Product brochures
5. Technical specification sheets, to include dimensions and weight of the system



6. Typical drawings (pdf version of the CAD drawings)
7. Technical training- Biomedical: information to include detailed information about the curriculum and length of the biomedical technical training required for each equipment type.
- Although the NAC will not award this training along with the equipment, it is imperative that the customer is informed that this training is available. Vendors must demonstrate that they can provide any required off-site training, therefore off-site training should be quoted as an optional item. Off-site training will be purchased at the time of need via a modification (if the original order remains open) or via a separate order. No travel expenses for any VA employees will be included in any HTME equipment or training order.
8. Support information to include your company's support structure during and after the warranty period
- On-line or telephonic applications support and availability (include third party coverage)
 - A listing of field service engineer locations and availability
 - A listing of part depots

F. TRADE-IN

<input checked="" type="checkbox"/>	1- Philips CX50 portable
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