

# Equipment Specifications

## Ultrasound

VISN1/VA Boston HCS-West Roxbury Campus  
523-B91008 and 523-B91009

### A. REQUIREMENT OVERVIEW

This document highlights the requirements, technical specifications, and services being requested by VA Boston Healthcare System towards the purchase of two replacement diagnostic ultrasonic scanning systems used for diagnostic ultrasound examinations. Contractor shall provide all labor, equipment, materials, parts, tools, software, project management and disposal necessary to furnish and install Quantity 2 fully functional Ultrasonic scanning system at 1400 VFW Parkway, West Roxbury MA, 02132

Facility	Quantity
VA Boston Healthcare System- West Roxbury Campus	2

### B. TECHNICAL REQUIREMENTS

#### 1. Unit physical specifications

a. Minimum screen size [in]	21"
b. Minimum monitor rotation [degrees]	180
c. Minimum tilting [degrees]	120
d. Minimum number of transducer ports	>3
e. Minimum image storage [days or TB]	1Tb or better

#### 2. Scanning modes

<input checked="" type="checkbox"/>	a. Two-dimensional (2D)
<input checked="" type="checkbox"/>	b. Three-dimensional (3D) – freehand
<input checked="" type="checkbox"/>	c. Pulsed Wave Doppler
<input checked="" type="checkbox"/>	d. Continuous Wave Doppler
<input checked="" type="checkbox"/>	e. Color Power Doppler
<input checked="" type="checkbox"/>	f. Tissue Doppler Imaging

#### 3. Doppler displays

<input checked="" type="checkbox"/>	a. Power (microvascular/directional)
<input checked="" type="checkbox"/>	b. Steering for color Doppler is required to be 3° increments or less

#### 4. Control panel specifications

<input checked="" type="checkbox"/>	a. Physical keyboard
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<input checked="" type="checkbox"/>	b. Articulating support arm to allow for vertical and horizontal adjustment of the monitors for viewing from anywhere in the room
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5. Additional specifications

<input checked="" type="checkbox"/>	a. Multi-modality display
<input checked="" type="checkbox"/>	b. Image annotation
<input checked="" type="checkbox"/>	c. One-button image optimization
<input checked="" type="checkbox"/>	d. One-button Doppler optimization
<input checked="" type="checkbox"/>	e. Programmable protocols
<input checked="" type="checkbox"/>	f. Built-in, customizable PACS-compatible form
<input checked="" type="checkbox"/>	g. Ability to create patient worklist without order or network connection
<input checked="" type="checkbox"/>	h. Specific applications and workflows for all imaging specialties, including interventional guidance
<input checked="" type="checkbox"/>	i. Shear wave and strain-based elastography
<input checked="" type="checkbox"/>	j. Ability to enter standby mode or sleep mode
<input checked="" type="checkbox"/>	k. Image editing – easy video editing and annotation

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. Wireless connectivity to VA network – Compatible with 802.11b/g/n and FIPS 140-2 compliant
<input checked="" type="checkbox"/>	d. Encrypted hard drive
<input checked="" type="checkbox"/>	e. PACS compatibility – vendor neutral

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. Pelvic
<input checked="" type="checkbox"/>	f. Urology
<input checked="" type="checkbox"/>	g. Obstetric
<input checked="" type="checkbox"/>	h. Breast

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.	1	3-12 MHz
b.	1	Up to 5 MHz
c.	1	5-12 MHz
d.	1	Up to 15 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. Advanced features

<input checked="" type="checkbox"/>	<b>Fusion-Targeted Biopsy System</b>
<input checked="" type="checkbox"/>	a. Image storage for any captured images

10. 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. Version/platform long-range plan

## C. TRAINING REQUIREMENTS

1. Clinical Training

<input checked="" type="checkbox"/>	a. On-site clinical applications training for 5 technologists during go-live
<input checked="" type="checkbox"/>	b. On-site follow-up clinical applications training for 5 technologists once technologists have hands-on experience with the system
<input checked="" type="checkbox"/>	c. 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"/>	a. In instances where sanitization of ePHI compromises the OS and/or application software, or requires the removal of internal storage media, the vendor accepts the equipment "as is" and can elect at their own discretion to contract with the original equipment manufacturer (OEM) to restore the system.
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The following equipment is available for trade-in. Please reflect any credits provided for trade-in equipment in the proposal.

Station	VA Boston HCS-West Roxbury
Manufacturer	Phillips Healthcare
Model	iU22 Ultrasound System
EE/Asset Number	127907
Serial Number	B00Q58

Station	VA Boston HCS-West Roxbury
Manufacturer	Phillips Healthcare
Model	iU22 Ultrasound System
EE/Asset Number	120619
Serial Number	03B4WL

