

# Equipment Specifications

## Ultrasound

VISN 10 VA Northern Indiana Healthcare System

610-B94051

### A. REQUIREMENT OVERVIEW

The VA Northern Indiana Healthcare System is requesting one (1) portable ultrasound unit to be installed at the Fort Wayne Campus at 2121 Lake Ave, Fort Wayne, IN 46808.

Intended application is Anesthesia nerve blocks, and General Surgeon abdominal bleed assessments.

Facility	Quantity
Fort Wayne Campus	1

### B. TECHNICAL REQUIREMENTS

#### 1. Unit physical specifications

a. Minimum screen size [in]	19
b. Minimum number of split screens	4
c. Minimum monitor rotation [degrees]	90° from center
d. Minimum tilting [degrees]	85-110°
e. Minimum number of transducer ports	3
f. Minimum image storage [days or GB]	64GB
g. Minimum battery life [min]	55 min
h. Maximum equipment dimensions (HxWxD) [in]	65 x 24 x 30
i. Maximum equipment weight [lb]	125
j. Maximum boot up time [seconds]	30
k. Maximum battery charge time [mins]	120
l. Minimum expected battery life [years]	3

#### 2. Scanning modes

<input checked="" type="checkbox"/>	a. Two-dimensional (2D)
<input checked="" type="checkbox"/>	b. Tissue Harmonic 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

3. 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

4. Additional specifications

<input checked="" type="checkbox"/>	a. Needle enhancement – Needle Profiling
<input checked="" type="checkbox"/>	b. Image editing – easy video editing and annotation
<input checked="" type="checkbox"/>	c. Image annotation
<input checked="" type="checkbox"/>	d. Digital calipers

5. 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. HL7 integration (HIS/RIS)
<input checked="" type="checkbox"/>	d. Wireless connectivity to VA network – Compatible with 802.11b/g/n and FIPS 140-2 compliant
<input checked="" type="checkbox"/>	e. Encrypted hard drive
<input checked="" type="checkbox"/>	f. PACS compatibility – Philips Healthcare IntelliSpace PACS Enterprise 4.4.543.x

6. Transducers

Description	Qty	Frequency Range [MHz]
a. 25mm linear array transducer with biopsy compatibility	1	13-6 MHz
b. 60mm curved array transducer for abdominal, nerve.	1	5-2 MHz
c. 50mm linear array transducer	1	15-6 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.

7. 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
<input checked="" type="checkbox"/>	c. Version/platform long-range plan
<input checked="" type="checkbox"/>	d. Access to ongoing e-learning or video-based on-demand training
<input checked="" type="checkbox"/>	e. No required planned maintenance
<input checked="" type="checkbox"/>	f. Panoramic mode
<input checked="" type="checkbox"/>	g. Multi-modality display
<input checked="" type="checkbox"/>	h. One-button image optimization
<input checked="" type="checkbox"/>	i. One-button Doppler optimization
<input checked="" type="checkbox"/>	j. Programmable protocols
<input checked="" type="checkbox"/>	k. Built-in, customizable PACS-compatible form
<input checked="" type="checkbox"/>	l. Ability to create patient worklist without order or network connection

## C. TRAINING REQUIREMENTS

### 1. Clinical Training

<input checked="" type="checkbox"/>	a. On-site clinical applications training for 1 technologist during go-live
<input checked="" type="checkbox"/>	b. On-site clinical applications training for 6 physicians during go-live

### 2. Biomedical Technician Training

Off-site technical training will not be purchased at the time of award. Vendors must demonstrate that they can provide any required off-site training listed above, therefore off-site training should be quoted as an optional item. Travel for VA employees is not authorized under the HTME contracts. In no case should any training include expenses for travel or travel for VA personnel at no cost.

<input checked="" type="checkbox"/>	a. Biomedical technician training package (to include tuition)
<input checked="" type="checkbox"/>	b. Biomedical technician training shall include any prerequisites required prior to the training and shall be equivalent to the training received by OEM field service representatives.
<input checked="" type="checkbox"/>	c. Technicians shall be given all service manuals, schematics, diagrams, diagnostic software, other special tools, and keys equivalent to what OEM field service representatives have available to diagnose, troubleshoot, repair, and maintain the equipment.

## 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)
  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 requirements with their proposals. 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**

1. Product brochures
2. Technical specification sheets, to include dimensions and weight of the system
3. Description of the standby mode or sleep mode with boot-up time in seconds/minutes
4. DICOM Conformance Statement
5. IHE integration statement
6. FIPS 140-2 certification
7. Completed pre-procurement assessment form (6550)
8. Completed MDS2 form
9. Detailed information about the curriculum and length of the biomedical technical training
10. Details on any off-site training offered for technologists
11. Information about your company's support structure during the warranty period
  - a. Describe on-line or telephonic applications support and availability
  - b. Provide a listing of field service engineer locations and availability
  - c. Provide a listing of part depots
12. Information about your company's support options following the warranty period, including a description of on-line or telephonic applications support and availability
13. Information on any FDA safety recalls associated with the proposed equipment

## **F. TRADE-IN**

- |  |                                       |
|--|---------------------------------------|
| <input checked="checked" type="checkbox"/> | a. VA has no trade-in units to offer. |
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