

Equipment Specifications

Ultrasound

VISN 23/Minneapolis VA Healthcare System

618-B99004

A. REQUIREMENT OVERVIEW

The Minneapolis VA Healthcare System is requesting a replacement ultrasound system for Primary Care. The equipment will be used for general diagnostic imaging in Rheumatology. Offerors under this proposal shall provide all equipment and accessories, installation services, training, and project management support.

| Facility | Quantity |
|----------------------------------|----------|
| Minneapolis VA Healthcare System | 1 |

B. TECHNICAL REQUIREMENTS

1. Unit physical specifications

| | |
|---|------------------|
| a. Minimum screen size [in] | 21.5 |
| b. Minimum number of split screens | 2 |
| c. Minimum monitor rotation [degrees] | 180 |
| d. Screen Tilting | Yes |
| e. Minimum control panel rotation [degrees] | 180 |
| f. Minimum number of transducer ports | 4 |
| g. Minimum image storage | 500GB hard drive |
| h. Minimum battery life [min] | 60 |
| i. Maximum equipment dimensions (HxWxD) [in] | 65inx22inx30in |
| j. Maximum equipment weight [lb] | 150lbs. |

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. 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/directional) |
| <input checked="" type="checkbox"/> | d. Duplex |
| <input checked="" type="checkbox"/> | e. Triplex |
| <input checked="" type="checkbox"/> | f. Steering for color Doppler is required to be 3° increments or less |

4. Control panel specifications

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Keyboard on touchscreen |
| <input checked="" type="checkbox"/> | b. Black-and-white printer |
| <input checked="" type="checkbox"/> | c. Articulating support arm to allow for vertical and horizontal adjustment of the monitors for viewing from anywhere in the room |

5. Additional specifications

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Panoramic mode |
| <input checked="" type="checkbox"/> | b. Image annotation |
| <input checked="" type="checkbox"/> | c. One-button image optimization |
| <input checked="" type="checkbox"/> | d. Programmable protocols |
| <input checked="" type="checkbox"/> | e. Built-in, customizable PACS-compatible form |
| <input checked="" type="checkbox"/> | f. Beam steering |
| <input checked="" type="checkbox"/> | g. Ability to enter standby mode or sleep mode |
| <input checked="" type="checkbox"/> | h. Needle enhancement |
| <input checked="" type="checkbox"/> | i. Multi-function foot pedal control (programmable preferred) |
| <input checked="" type="checkbox"/> | j. Digital calipers |
| <input checked="" type="checkbox"/> | k. Built in gel warmer |

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 |

7. Analysis packages



| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | a. Procedural |
| <input checked="" type="checkbox"/> | b. Abdominal |
| <input checked="" type="checkbox"/> | c. Musculoskeletal Clinical |
| <input checked="" type="checkbox"/> | d. Small Parts - Thyroid |
| <input checked="" type="checkbox"/> | e. Vascular – measurement and analysis of vessels |
| <input checked="" type="checkbox"/> | f. Pelvic |

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. Linear Array, wideband | 1 | 4.3 to 13MHz |
| b. Linear Array, wideband with configurable buttons on the probe | 1 | 4.2 to 13MHz |
| c. Linear Array, wideband | 1 | 10 to 22MHz |
| d. Linear Array, wide band | 1 | 6.7 to 18MHz |
| e. Convex/curved | 1 | 1.75 to 4.95MHz |

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 |
| <input checked="" type="checkbox"/> | c. Version/platform long-range plan |
| <input checked="" type="checkbox"/> | d. OEM-supported operating system through 2022 |
| <input checked="" type="checkbox"/> | e. Compatible with Cerner EMR |

C. TRAINING REQUIREMENTS

1. Clinical Training

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | a. On-site clinical applications training for technologists during go-live – expect at least two 8 hour sessions |
| <input checked="" type="checkbox"/> | b. On-site clinical applications training for physicians during go-live – expect at least two 8 hour sessions |



| | |
|-------------------------------------|---|
| <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"/> | 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. |
|-------------------------------------|--|

The following equipment is available for trade-in. Please reflect any credits provided for trade-in equipment in the proposal.

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|-----------------|---------------|
| Station | 618 |
| Manufacturer | GE Healthcare |
| Model | Logiq 5 Pro |
| EE/Asset Number | 618 EE64051 |
| Serial Number | 36084SU2 |

