

Equipment Specifications

Ultrasound

VISN 23/Iowa City VA Health Care System

636-B94053

A. REQUIREMENT OVERVIEW

Iowa City VAHCS is requesting 1 ultrasound unit to be used during laparoscopic and robotic surgical procedures including general imaging, urology, surgery, peripheral vascular, partial nephrectomy, brain, and spinal cord applications

Facility	Quantity
Iowa City VAHCS	1

B. TECHNICAL REQUIREMENTS

1. Unit physical specifications

a. Minimum screen size [in]	19
b. Minimum number of split screens	1
c. Control panel height range from floor [in]	
d. Minimum number of transducer ports	4 active
e. Minimum image storage [days or TB]	
f. Minimum battery life [min]	120
g. Maximum equipment dimensions (WxD) [in]	27x34

2. Scanning modes

<input checked="" type="checkbox"/>	a. B-Mode
<input checked="" type="checkbox"/>	b. M-Mode Image
<input checked="" type="checkbox"/>	c. Pulsed Wave Doppler
<input checked="" type="checkbox"/>	d. CFM Mode
<input checked="" type="checkbox"/>	e. Power Doppler
<input checked="" type="checkbox"/>	f. Contrast Imaging
<input checked="" type="checkbox"/>	g. Continuous Wave Doppler
<input checked="" type="checkbox"/>	h. Tissue Harmonic Imaging
<input checked="" type="checkbox"/>	i. Fusion Software
<input checked="" type="checkbox"/>	j. Elastography



3. Control panel specifications

<input checked="" type="checkbox"/>	a. Physical keyboard
<input checked="" type="checkbox"/>	b. Black-and-white printer

4. Additional specifications

<input checked="" type="checkbox"/>	a. One-button image optimization
<input checked="" type="checkbox"/>	b. Built-in, customizable PACS-compatible form
<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. 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. Encrypted hard drive
<input checked="" type="checkbox"/>	d. PACS compatibility – Visage viewer, Medicalis worklist, Acuo VNA

6. Analysis packages

<input checked="" type="checkbox"/>	a. Urology
<input checked="" type="checkbox"/>	b. Surgery
<input checked="" type="checkbox"/>	c. General Imaging
<input checked="" type="checkbox"/>	d. Peripheral Vascular
<input checked="" type="checkbox"/>	e. Partial Nephrectomy
<input checked="" type="checkbox"/>	f. Brain and Spinal Cord

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.

7. Transducers

Description	Qty	Frequency Range [MHz]
a. Intra-Operative Laparoscopic Transducer <ul style="list-style-type: none"> • 4-Way Laparoscopic • Ability to inject contrast agent • Compatible w/ Cryoablation • Compatible w/ Microwave ablation 	2	12-4



<ul style="list-style-type: none"> • Ability to flex for difficult to reach areas, but also rigid enough to manipulate structures • Contact surface of at least 33x9 mm • Focal range of at least 10-80 mm • Scanning Modes – B, M, CFM, Doppler, Tissue Harmonic Imaging, Contrast Imaging, Elastography • Must be able to be HLD using Cidex OPA • Must be able to be sterilized using Steris V-Pro Max 		
<p>b. Intra-Operative Robotics Drop-In Transducer</p> <ul style="list-style-type: none"> • Must be able to be grasped by a DaVinci robotic surgical arm • Scanning Modes – Contrast Imaging, Elastography • Image Field – Sector 36 degrees • Must be able to be HLD using Cidex OPA • Must be able to be sterilized using Steris V-Pro Max 	2	12-4
<p>c. Leakage test kit for any transducers that require HLD or sterilization</p>	1	N/A

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.

8. Advanced features

<input checked="" type="checkbox"/>	a. 3D capabilities
<input checked="" type="checkbox"/>	b. Picture-in-picture capabilities for integration with other imaging equipment in OR

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
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C. TRAINING REQUIREMENTS

1. Clinical Training

<input checked="" type="checkbox"/>	a. On-site clinical applications training for 2 technologists during go-live
<input checked="" type="checkbox"/>	b. On-site follow-up clinical applications training for 2 technologists once technologists have hands-on experience with the system
<input checked="" type="checkbox"/>	c. On-site clinical applications training for 3 physicians during go-live
<input checked="" type="checkbox"/>	d. Technologists who complete the clinical applications training shall receive continuing education credits (CMEs).
<input checked="" type="checkbox"/>	e. 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. VA has no trade-in units to offer.
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