

# Equipment Specifications

## Ultrasound

VISN 17/Central Texas Veterans Healthcare System 674  
[674-B90204]

### A. REQUIREMENT OVERVIEW

Central Texas Veterans Health Care System is requesting a replacement Ultrasound system (1) to support diagnostic ultrasound requests for the Austin Out Patient Clinic.

Facility	Quantity
674-Central Texas - AOPC	1

### B. TECHNICAL REQUIREMENTS

#### 1. Unit physical specifications

a. Minimum screen size [in]	20 inches
b. Minimum active screen size [in]	20 inches
c. Minimum number of split screens	2
d. Minimum monitor rotation [degrees]	180
e. Minimum tilting [degrees]	90
f. Monitor height range from floor [in]	48.7 to 71.5
g. Minimum control panel rotation [degrees]	40
h. Control panel height range from floor [in]	48.7 to 71.5
i. Minimum number of transducer ports	4
j. Minimum image storage [days or TB]	3TB
k. Minimum battery life [min]	13 sec boot up from standby
l. Maximum equipment dimensions (HxWxD) [in]	71.5x24.8x41.5
m. Maximum equipment weight [lb]	300

#### 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. Tissue Harmonic Imaging
<input checked="" type="checkbox"/>	d. M-Mode
<input checked="" type="checkbox"/>	e. Simultaneous M-Mode
<input checked="" type="checkbox"/>	f. Pulsed Wave Doppler
<input checked="" type="checkbox"/>	g. Continuous Wave Doppler



<input checked="" type="checkbox"/>	h. Velocity Color Doppler
<input checked="" type="checkbox"/>	i. Color Power Doppler
<input checked="" type="checkbox"/>	j. Tissue Doppler Imaging
<input checked="" type="checkbox"/>	k. 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. Physical keyboard
<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

5. Additional specifications

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

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. HL7 integration (HIS/RIS)
<input checked="" type="checkbox"/>	d. Encrypted hard drive
<input checked="" type="checkbox"/>	e. PACS compatibility – McKesson

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
<input checked="" type="checkbox"/>	e. Vascular – measurement and analysis of vessels
<input checked="" type="checkbox"/>	f. Pelvic
<input checked="" type="checkbox"/>	g. Urology
<input checked="" type="checkbox"/>	h. Obstetric
<input checked="" type="checkbox"/>	i. 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. Matrix convex	1	1.8-6.2 MHZ
b. Vascular Linear	1	3-8.5 MHZ
c. Matrix small parts linear	1	4-18.2 MHZ
d. Endocavitary	1	3.6-10.5 MHZ
e. Hockey stick	1	4.5-17 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. 13 sec boot-up time from sleep or standby mode

## 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 (2) 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

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="" 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	674
Manufacturer	GE Healthcare
Model	LOGIQ 9
EE/Asset Number	94176
Serial Number	105582US1

