SAMPLE REQUEST FOR PROPOSAL

Background Information

Medical Center is a community hospital serving Vermont. The hospital is soliciting bids for (1) a radiographic - fluoroscopic system, (2) a radiographic system with tomography and (3) laser camera. Medical Center belongs to the following purchasing alliances: Hospitals of America, Quorum and Hospital Services of New England.

Specifications

The following lists the requirements of Medical Center. Also include technical information (e.g. specification sheets) pertinent to the requirements and any literature as it pertains to each item listed.

Response Requirements - IMPORTANT

Below each requested item, a response must be made. You may make additional comments for each item on a separate sheet referencing the item number. If supplemental information is referred to, this should be referenced to item number. Any deviations from the requirements must be stated.

Required Date for Submission of Proposals:

Special Requirements:

Required Date of Installation:

December 31

Submit Quotations to:

Director of Materials Management
Medical Center
P.O. Box 2000
Anywhere, VT
General

1.1 Medical Center reserves the right to accept or reject any or all bids or any portion or combination of equipment herein specified and bid on.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

1.2 Equipment systems must meet or exceed the minimum standards (specifications) described.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

1.3 All systems must include all interconnecting devices to allow the system to function as specified.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

1.4 Submit bids for each of the three systems separately and itemize the costs of all major component of each system by quantity and price.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

1.5 If a lease option is available, also provide this for each of the three systems separately and itemize the lease costs of all major component of each system by quantity and price.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

1.6 Any deviations from the specifications should be in writing as part of the bid package.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

__________________________________________
1.7 All prices quoted shall be F.O.B. destination delivered and installed.

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: _____________________________________________________________

1.8 The bid must be valid for 120 days from the quote date.

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: _____________________________________________________________

1.9 A delivery and installation schedule from the date of order must be indicated. Medical Center will have the option of canceling any order not installed within 30 days of quoted installation date with complete reimbursement of monies paid.

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: _____________________________________________________________

1.10 No item or any component of an item shall be bid unless it has regularly stocked replacement parts available for immediate, overnight shipment.

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: _____________________________________________________________

1.11 Include a copy of your company's annual report or equivalent along with projections on upgrades to the quoted system in the next one to three years.

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: _____________________________________________________________

WHICH OF THE ABOVE UPGRADES WOULD BE INCLUDED AS PART OF THE PURCHASE OF THE QUOTED SYSTEM?

____________________________________

____________________________________
1.12 If a major line change (replacement model) takes place within three (3) years following installation of the quoted equipment and the current unit is no longer manufactured, Medical Center reserves the right to purchase the new unit at the discount rate below:

- 1st year after installation - 75% off list price
- 2nd year after installation - 60% off list price
- 3rd year after installation - 45% off list price

This arrangement would include trade-in of purchased item(s) designed to perform the same function.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

1.13a A reference list of a minimum of three (3) users of the (1) Radiographic/Fluoroscopic system quoted within closest proximity of Medical Center.

1. Institution: _______________________________________________
   Contact: ______________ Title: ______________
   Phone: ______________ Department: ________________________
   Installation date / / Model: ___________________________

2. Institution: _______________________________________________
   Contact: ______________ Title: ______________
   Phone: ______________ Department: ________________________
   Installation date / / Model: ___________________________

3. Institution: _______________________________________________
   Contact: ______________ Title: ______________
   Phone: ______________ Department: ________________________
   Installation date / / Model: ___________________________
1.13b A reference list of a minimum of three (3) users of the (2) Radiographic Tomography system quoted within closest proximity of Medical Center.

1. Institution: _________________________________
   Contact: __________________ Title: ________________
   Phone: ____________ Department: __________________
   Installation date / / Model: ______________________

2. Institution: _________________________________
   Contact: __________________ Title: ________________
   Phone: ____________ Department: __________________
   Installation date / / Model: ______________________

3. Institution: _________________________________
   Contact: __________________ Title: ________________
   Phone: ____________ Department: __________________
   Installation date / / Model: ______________________
1.13c A reference list of a minimum of three (3) users of the (2) Laser Camera quoted within closest proximity of Medical Center.

1. **Institution:** _______________________________________________
   
   **Contact:** ________________________ **Title:** ___________________
   
   **Phone:** ________________ **Department:** ______________________
   
   **Installation date** / / **Model:** __________________________

2. **Institution:** _______________________________________________
   
   **Contact:** ________________________ **Title:** ___________________
   
   **Phone:** ________________ **Department:** ______________________
   
   **Installation date** / / **Model:** __________________________

3. **Institution:** _______________________________________________
   
   **Contact:** ________________________ **Title:** ___________________
   
   **Phone:** ________________ **Department:** ______________________
   
   **Installation date** / / **Model:** __________________________

1.14 Include warranty information for all components of the system including base system, x-ray tube, image intensifier, and other components. Describe your companies up-time guarantee or similar program which extends the warranty based on downtime of the system.

*(Include complete information referencing item 1.13 inserted following this page in your response)*
1.15 Two copies of the following documentation must be supplied as part of the proposal:

- Operator instruction manuals or other available user training materials (videotapes, etc.)
- Complete and detailed electrical and mechanical schematics
- Complete and detailed equipment system theory descriptions
- Complete and detailed preventative maintenance procedures
- Complete and detailed replacement parts lists

The materials above or updated materials will become the property of Medical Center if the system(s) is purchased from your company.

COMPLY ____ DOES NOT COMPLY: _____
COMMENT: ________________________________________________________

1.16 Training must be provided for all physicians and radiological technologists prior to or following installation for a period of five (5) days. Followup training must be provided as requested by the hospital.

COMPLY ____ DOES NOT COMPLY: _____
COMMENT: ________________________________________________________

DESCRIPTION: ____________________________________________________
_________________________________________________________________

1.17 Software and hardware revisions, software error corrections and upgrades (non-product type) must be provided throughout the life of the equipment as part of the system price. If there is a charge for this, please indicate the price per revision and the number of charged revisions in the current product over the last year.

COMPLY ____ DOES NOT COMPLY: _____
COMMENT: ________________________________________________________
1.18 Parts and materials must be available to the hospital for seven years following last production date of the product.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ______________________________________________________

1.19 Room layouts, ceiling support requirements and recommended room lead shielding changes must be provided with the proposal. Describe in detail any room, utilities or other changes which may be required.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ______________________________________________________

1.20 Environmental requirements must be stated including space, electrical including special power specifications and tolerances (AC phasing, dedicated power line, line conditioning requirements, isolated power, etc.), temperature, humidity, ventilation, etc..

(1) Radiographic/Fluoroscopic System

TEMPERATURE RANGE ______ F  HUMIDITY ______ %

BTU’s PRODUCED ______ SPACE REQUIREMENTS ____H ____ W ____L

ELECTRICAL: ______ VAC ______ AMPS ______ PHASE _____HZ

DEDICATED LINE ______ LINE CONDITIONING ____________________

OTHER ______________________________________________________

(2) Radiographic Tomography System

TEMPERATURE RANGE ______ F  HUMIDITY ______ %

BTU’s PRODUCED ______ SPACE REQUIREMENTS ____H ____ W ____L

ELECTRICAL: ______ VAC ______ AMPS ______ PHASE _____HZ

DEDICATED LINE ______ LINE CONDITIONING ____________________

OTHER ______________________________________________________
(3) Laser Camera System

TEMPERATURE RANGE _______ F    HUMIDITY _______ %

BTU's PRODUCED _______ SPACE REQUIREMENTS ____H ____ W ____L

ELECTRICAL: _______ VAC _______ AMPS _______ PHASE _______ HZ

DEDICATED LINE _______ LINE CONDITIONING ______________________

OTHER _______________________________________________________

1.21 The equipment should be U.L. listed and pass CDRH, ANSI, NFPA, OSHA and other appropriate federal and state regulations for medical equipment.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ______________________________________________________

1.22 Acceptance testing of the equipment by a qualified outside consultant within 30 days following installation must be passed to specifications listed in the vendor literature and evaluate equipment safety prior to final payment.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ______________________________________________________

_________________________________________________________________

1.23 Terms for equipment purchase shall be:

50% upon installation of quoted equipment
50% upon final acceptance of installed equipment

Final acceptance will be made following satisfactory completion of acceptance testing and clinical use for a thirty day period. This will also be the date of the start of the warranty period.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ______________________________________________________
1.24 Provide a trade-in value/credit for the following existing equipment:

**Radiographic/Fluoroscopic system** - Siemens (installed 1981): Garantix 800 generator, 90/15 table, Fluoro system including 9.5x9.5 spot filmer, TV monitor, & Upright film holder (wall stand.

**Radiographic Tomography system** - Siemens (installed 1983 new thyratrons 6.92): Tridorors 5s generator, floating table, overtube tube with attachment to Multiplanigraph tomo system (includes tomo Bucky with lead blockers, & Fisher upright film holder.

**COMPLY ____ DOES NOT COMPLY: _____**

**COMMENT:** _______________________________________________________

1.25 De-installation of the above equipment must be accomplished prior to installation. Indicate any cost for de-installation and responsibilities of your company and the hospital in detail.

**COMPLY ____ DOES NOT COMPLY: _____**

**COMMENT:** _______________________________________________________

Note: Make arrangements to review current facilities and equipment through the primary contact Linda Conroy only.
Service Requirements

2.0 Guaranteed minimum phone call back time of one (1) hour from initial call. On-site time must be eight (8) working hours from time of callback for problems determined to be emergent by the hospital.

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: ____________________________________________________________

2.1 The hospital may utilize maintenance insurance for service of expensive medical equipment. Will the above response time requirements be met if the hospital is under maintenance insurance following the warranty period?

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: ____________________________________________________________

2.2 List the two nearest service centers and how many service people are trained in the servicing of the quoted equipment.

Location #1 ____________________________________________________________

Number of fully trained service specialists: ______

Location #2 ____________________________________________________________

Number of fully trained service specialists: _____

2.3 The system must be installed by an individual trained in all components of the system prior to installation.

COMPLY ____ DOES NOT COMPLY: ____

COMMENT: ____________________________________________________________
Service Requirements (cont.)

2.4 Indicate the cost of service outside of the warranty period:

A. Time and materials

Hourly rate: $_____/hr (8-5PM, M-F) $_____ (5PM - 8AM, M-F)

$_____/hr (Saturday) $_____/hr (Sunday & Holidays)

Travel Charge: _____mi _____hr _______ zone charge

B. Service Contract

Include in the bid, the cost and all attributes of a full-service contract including parts, labor, travel and all other associated costs for a one (1), three (3) and five (5) year period.

Also optionally list other warranty proposals appropriate for the hospital including first service attempt or screening by trained individuals to assist vendor in corrective maintenance (biomedical screening).

1 year full service $___________ 3 year full service $___________

5 year full service $___________ Other $___________ $___________

(encelosed complete service contracts for the above options inserted following this page)

2.5 Specify the frequency of preventative maintenance visits and the equipment downtime during these inspections.

PM FREQUENCY: _____ /YEAR DOWNTIME: _____ HOURS/PM

2.6 What is the cost and availability of service training for an individual designated by the hospital?

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________

______________________________________________________________

2.7 Critical parts shipment must be on an overnight basis.

COMPLY ____ DOES NOT COMPLY: _____

COMMENT: ________________________________________________________