

Response to Vendor Questions / Addendum to RFQ 12.31.18

Question	Answers
General	
-Is there a GPO that these systems will be purchased under?	There will not be a GPO that these systems will be purchased under.
-Should we make all quotes out to Graham County?	All CT Scanner and 3D mammography quotes should be made out to Graham County.
3D Mammo	
-Will a radiologist be on site reviewing tomo images or will they be sent out to be read?	A radiologist will not be on site. There will be a virtual radiology group to review tomo images.
-Is the review station just for mammo or will it be multimodality?	The review station where the images will be sent to the radiology group should be multimodality.
-What PACS vendor will be used to send tomo images? Is it tomo ready? Version/Software level?	The PACS vendor is currently unknown at this time. We are currently reaching out PACS vendors at this time.
- Facility's anticipated mammography volume? Anticipated 3D Volume?	The anticipated mammography volume will be about 937 patients in the first year of operation, 2019.
- What is existing RIS or reporting system?	No RIS or reporting system for 3D Mammography as of now.
- Where are reports archived and distributed to patients and referrals? If Mammography Reporting System, which one?	Reports would be archived under a cloud-based system. From there they can be distributed to patients.
- How and where will tomo images be stored?	Tomo images will be stored in a cloud-based system.
- What is your backup storage strategy?	Everything will be stored and backed up on to a cloud-based system.
CT Scanner	
--Is Iterative reconstruction required?	Yes, iterative reconstruction is required.
--In regards to cardiac imaging, what is required? Calcium scoring, coronary CTA, or gate thoracic? Any additional post-processing requirements?	Cardiac imaging is not required, but would be a preferred option.
--Will this system be utilized for CT simulation in terms of radiation therapy treatment?	The CT system will not be used for radiation therapy as a radiologist will not be on site.

<p>--Why single head injector versus dual head injector (industry standard)? Any manufacture preference?</p>	<p>We would like to have a dual head injector, this allows us to inject saline at a high rate to test the IV site before injecting the contrast to check for infiltrate. It also flushes the IV site post injection. No manufacturer preference.</p>
<p>--What is the purpose and location of slave monitor?</p>	<p>To separately view data and reconstructed image. Slave monitor is not needed if software and monitor permit viewing both on one screen. If not, two screens will be needed.</p>
<p>--Clarify what a "stabilizer" is?</p>	<p>Stabilizer is to prevent brownouts or outages with a CT scanner. This will not be required in any quotes from now on as the generator that comes with the CT scanner shall suffice.</p>
<p>--Clarify relevance of View boxes, laser printer, lead glass 2ft. x 4 ft.? Generally, this is sourced independent of CT acquisition.</p>	<p>View boxes will not be needed, everything will be stored on the computer. A laser printer would be preferred, but not required with quotes.</p> <p>Lead glass will not be needed, but a shielding diagram will be required in vendor quotes.</p>
<p>--Is on-site application training needed?</p>	<p>Yes, we will need onsite training.</p>

Note: In the "Accessories" table found in Section 5.1 of the "CT Scanner Finalized RFQ", vendors are to put what accessories they can offer, similar to the ones already listed in the table. Vendors do not have to put "yes" or "no" on whether they can provide the minimum accessories listed in the table.