Center for Molecular Imaging and Therapy (CMIT Louisiana, LLC)
PET/CT Scanner

Request for Proposals

Due Date: 4 p.m. Central Standard Time on December 8th, 2023

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ADVERTISEMENT FOR PROPOSALS

TITLE:

The Center for Molecular Imaging and Therapy (CMIT Louisiana, LLC) is soliciting competitive proposals for a Positron Emission Tomography/X-ray Computed Tomography (PET/CT) dual modality scanner suitable for clinical diagnostic imaging and research imaging. **Proposals are due no later than 4 p.m. Central Standard Time on December 8th, 2023**. Submissions after the due date will not be considered.

Proposals may be submitted electronically via email, certified mailed, or delivered in person. Please direct electronic versions of the proposals to Interim Director, Stephen Lokitz via email or direct download at Stephen.Lokitz@cmitla.org in PDF format with maximum file size of 36.8 MB. For certified mail and in person deliveries, please provide one physical copy of the proposal along with a USB drive to the address listed below.

Please direct all technical questions regarding the Request for Proposals (RFP) to Stephen Lokitz by email at the address listed above. Questions from applicants will be accepted no later than November 24, 2023, and responses will be shared with applicants by December 1st, 2023. Applicants will be notified no later than December 18th for selections and decisions.

Center For Molecular Imaging and Therapy
ATTN Stephen Lokitz, CMIT Interim Executive Director
2120 Kings Highway
Shreveport, LA 71103

The full RFP, which contains detailed information regarding this proposal project and how to properly respond/submit for consideration, can be found at the websites www.cmitla.org or by calling 318.716.4000.

Any person requiring special accommodations shall notify the Biomedical Research Foundation of the type(s) of accommodations required, not less than seven (7) days before the opening. No proposal may be withdrawn for a period of 45 days after opening.

BRF/CMIT is committed to providing optimal opportunities to small, minority, and women owned business enterprises (SBE, MBE, WBE), collectively referred to as disadvantaged business enterprises (DBE), in the procurement of goods and services.

To appear in the following newspapers on November 13, 2023.

The Shreveport Times
318 Latino

GENERAL INFORMATION

Project Description and Background

In 2022, the Biomedical Research Foundation of Northwest Louisiana (BRF) opened its new Center for Molecular Imaging and Therapy (CMIT Louisiana, LLC), a 22,000 sq. ft. state-of-the-art facility to promote molecular imaging as a catalyst to advance research in disease diagnosis and therapy, increase healthcare access and quality of treatments, and promote economic development throughout Louisiana. CMIT Louisiana, LLC is seeking proposals to acquire a new PET/CT scanner with Community Projects Funding awarded by the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) and BRF.

The physical location of the scanner will be at the Center for Molecular Imaging and Therapy, 2120 Kings Highway in Shreveport, Louisiana, 71103.

Formerly the PET Imaging Center (PETIC), CMIT was established in 1995 by BRF as one of the first non-academic, full-service PET imaging centers in the United States and the first in Louisiana. In 2013, PETIC expanded its mission and services to become CMIT, with radiopharmaceutical research and molecular imaging capabilities to provide increased access to state-of-the-art diagnostic and therapeutic technologies.

In 2022, CMIT concluded a five-year, $19.5 million initiative to expand and elevate drug discovery and healthcare delivery to advance research, increase access to healthcare, and stimulate scientific collaboration, while consolidating its activities from three locations to one new facility in Shreveport.

The acquisition of the PET/CT equipment will allow CMIT to scan clinical patients and research subjects more effectively and efficiently. CMIT's current scanner is occupied with clinical procedures to serve patients. Research imaging requires vastly different throughputs and having the best technology will make CMIT more attractive to collaborators. The PET/CT scanner will be the only one of its kind in Louisiana and one of the first of its generation nationwide. This equipment will be dedicated to research which includes clinical trials, radiopharmaceutical studies, and similar research activities.

Scope of Activities

This specification describes the requirements for supply, delivery, installation and commission of an extended axial field of view, full ring, time of flight (TOF) PET/CT scanner offering a minimum of 64 CT slices.

The submitted proposal must document and justify any methodology/technology used to meet or exceed any specification listed in this document. Any specification that is not explicitly met in the proposed response to this Request for Proposals (RFP) that the vendor feels provides alternative methods to achieve these specifications should be identified and described in detail.

1. Select and acquire equipment through procurement procedures aligned with BRF policies, 2 CFR 200 standards, 45 CFR part 75, U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA), and HHS Grants Policy Statement regulations.
2. Install and accept the equipment.
3. Perform training on the equipment.
4. Complete operationalization by June 30, 2024.
5. Complete reporting requirements as specified by the HHS HRSA guidelines.

SCHEDULE OF EVENTS

Proposals are due no later than 4 p.m. Central Standard Time on December 08, 2023. Submissions after the due date will not be considered. Proposals may be submitted electronically via email, certified mailed, or delivered in person.

Please direct electronic versions of the proposals to Interim Director, Stephen Lokitz via email or direct download at Stephen.Lokitz@cmitla.org in PDF format with maximum file size of 36.8 MB. For certified mail and in person deliveries, please provide one physical copy of the proposal along with a USB drive to the address listed below.

Please direct all technical questions regarding the RFP to Stephen Lokitz at the email provided. Questions from applicants will be accepted no later than November 24, 2023, and responses will be shared with applicants by December 1, 2023. Applicants will be notified no later than December 18th for selections and decisions. CMIT desires to execute a contract with the selected Vendor by December 30th, 2023.

Center For Molecular Imaging and Therapy
ATTN Stephen Lokitz, Interim CMIT Director
2120 Kings Highway
Shreveport, LA 71103

Any person requiring special accommodations shall notify the Biomedical Research Foundation of the type(s) of accommodations required, not less than seven (7) days before the opening. No proposal may be withdrawn for a period of 45 days after opening.

REQUIREMENTS

Minimum Eligibility Requirements Vendors

To quality for this RFP, the vendor must:

1. Be duly organized, validly existing, and in good standing under the laws of its state of incorporation.
2. Provide items as specified in the sections listed below.
3. Ensure all installation costs are included in the price. Pursuant to Louisiana RS 47:305.64 CMIT Louisiana is exempt from paying state and local sales and use tax imposed by the state of Louisiana for the purchase of this equipment.
4. Accept all terms and conditions and provide all information as requested in this RFP.
5. Be able to deliver, install and service equipment.
6. Submit progress reports semi-annually, annually and at the end of the project.
7. Not be listed as a party excluded, debarred, or suspended from doing business with the federal government in SAM.Gov Exclusions database.

Additional Requirements

1. CMIT requires that the vendor shall identify the portions or percentage of work to be performed by disadvantaged small, minority and women business enterprises (SBE/MBE/WBE) contractors in this proposal. SBE/MBE/WBE/DBE registration, certification, or documentation shall also be included in proposals submitted.
2. Must maintain compliance with the Davis-Bacon Act (40 USC 276a to a07) as supplemented by Department of Labor regulations (29 CFR Part 5).
3. Must file the required certification that the vendor will not and has not used Federal appropriated funds to pay

any person or organization for influencing or attempting to influence an officer or employee of any agency, member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract grant or any other award covered by Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). Each vendor must also disclose any lobbying with Non-Federal funds that takes place in connection with obtaining any Federal award.

4. Must maintain compliance with the FAR's Certificate of Independent Price Determination clause, FAR 52.203-2.

Insurance Requirements

Vendors will be required to comply with the following insurance requirements:

1. Vendor shall at its own expense always provide and maintain certain insurance in full force and effect at all times during the term of this proposal. According to the following coverage and limits of liability.
2. Commercial General Liability, Pollution, and Professional Liability Insurance policy coverage as required by the law of the State of Louisiana, in an amount not less than an individual limit of $1,000,000 per each type of occurrence.
3. The policy shall provide a combined aggregate annual limitation of no less than $2,000,000.
4. Comprehensive Auto Liability Insurance, including hired, rented or non-owned automobiles, in an amount not less than a combined single limit of $1,000,000 per occurrence.
5. Workers' Compensation Insurance as required by the law of the State of Louisiana and Employer's Liability Insurance in a minimum amount of $1,000,000.
6. Coverage shall be maintained for at least two (2) years following completion of the project.
7. All coverage provided for the above shall be effective under insurance policies issued by solvent insurance carriers qualified to do business in the State of Louisiana and have an A.M. Best rating of B+VII or better.
8. This rating requirement is waived on the Workers Compensation coverage only.
9. CMIT reserves the right to inspect any and all insurance policies required pursuant to this, prior to commencement of the services specified in the and anytime thereafter.
10. Proof that such insurance coverage exists shall be furnished to CMIT by means of a Certificate of Insurance form as a part of the proposal submitted and confirmed before any part of the service specified by this Agreement is commenced.

PET/CT System Requirements

The system must be capable of the following:

1. Have the capability to create high-resolution three-dimensional tomographic images through the acquisition of cross-sectional images of the distribution of positron emitting radiopharmaceuticals injected into the body to assess biochemical activity, cellular metabolism, and the physiology and pathology of various organs and tissues (with a variety of radioisotopes including, but not limited to: ^{18}F, ^{11}C, ^{13}N, ^{15}O, ^{64}Cu, ^{124}I, ^{68}Ga, ^{89}Zr, ^{82}Rb).
2. Have the capability to create high-resolution, three-dimensional, X-ray computed tomographic (CT) images through the acquisition of cross-sectional images used to perform attenuation correction of PET images and produce CT images comparable to those produced by stand-alone CT systems.
3. Be suitable for all relevant imaging requirements (including clinical and research applications).
4. Have a carbon fiber flat top table that can be easily mounted to or substituted for the standard table.
5. Have conventional built-in lasers which indicate the center of rotation and patient positioning.
6. Be interconnected and be capable of being networked to allow transfer of data sets in Digital Imaging and Communications in Medicine (DICOM) format to a Hospital Information System (HIS), Radiology Information System (RIS), or a Picture Archiving and Communication System (PACS) in a way that complies with facility standards and requirements.
7. Must be able to archive raw (list mode) PET and CT data on an external storage device and retrieve such that

upon retrieval retroactive reconstructions of both PET and CT raw data can be performed as needed (and PET replay according to alternate scanning parameters).
8. Have an extended PET axial field of view (FOV) (> 25 cm).
9. Have a minimum of sixty-four (64) CT slices.
10. Meet all applicable safety and compliance requirements from appropriate United States regulatory agencies including Health Insurance Portability and Accountability Act (HIPAA) and best practices for Information Technology (IT) security. A statement guaranteeing the software security and IT policies must be provided.
11. Be able to fit within the designated scanner suite (scanner room, equipment room, and control room) available at CMIT (and available for review as needed by vendor).
12. Must be capable of performing respiratory and cardiac gating. Wireless hardware preferred. Hardware and software should be included in this proposal.
13. Deviceless respiratory motion correction software/algorithm for PET required.
14. CT scanner must be capable of performing scans utilizing IV contrast. Injector hardware and software should be included.
15. Given the research orientation of CMIT and the expectation that CMIT will be performing experimental protocols with this equipment, access to Vendor's development team (both applications and hardware) should be available during the life of the equipment to answer questions and assist with finding application solutions to any issue that arises.

Technical Requirements

The system shall meet or exceed the following technical requirements and include:

1. PET Characteristics

a. PET Scanner Characteristics

i. Must be capable of utilizing Time of Flight (TOF) PET acquisitions.
ii. Must have solid state light readout systems (no PMTs).
iii. Patient aperture: minimum of 70 cm throughout the entire length of the gantry. Wider openings preferred (up to 80 cm).

b. PET Physical Assembly

i. Number of image planes: minimum 60; more is preferred.
ii. Physical axial FOV: minimum 26 cm; higher is preferred.
iii. Detector material: lutetium-based scintillator or equivalent.
iv. Light collection: digital or equivalent.
v. Crystal size:
    i. 5.3 x 5.3 mm (Cross sectional); smaller is preferred.
    ii. 8 mm (depth); longer is preferred.
vi. Coincidence timing window: < 6.0 ns.
vii. Timing resolution: <400 ps; lower is preferred.
viii. Energy window: Lower energy discriminator > 420 keV (higher is preferred).
ix. Energy Resolution: <11.4%; lower is preferred.

c. PET Image Quality/Performance

i. System sensitivity -3D as prescribed by the National Electrical Manufactures Association (NEMA): > 13.5 cps/kBq (higher is preferred).
ii. Peak NECR: > 189.2 kcps (higher is preferred).
iii. Transverse resolution @ 1 cm: < 5 mm (lower is preferred).
iv. Transverse resolution @ 10 cm: < 5 mm (lower is preferred).
v. Axial resolution @ 1 cm: < 5 mm (lower is preferred).
vi. Axial resolution @ 10 cm: < 5 mm (lower is preferred).
vii. Scatter fraction 3-D at peak Noise Equivalent Count Rate (NECR): < 40% (lower is preferred.

2. CT Characteristics

a. CT Scanner Characteristics

i. Scan field: minimum 70 cm (matching PET scan field preferred).
ii. Number of slices: minimum 64.
iii. Slice thickness: Should be selectable to a minimum of 0.625 or smaller.
iv. 360-degree rotation time: minimum 0.35 s.
v. Topogram length: minimum 128-2000 mm.
vi. Scan matrix/display matrix: minimum 512 x 512.
vii. Max helical volume/max helical scan time: minimum 200 cm in 100 sec.
viii. The transverse field of view for CT used during PET Attenuation correction must extend all the way to the edges of the gantry and offer uniformity to within 50 HU when imaging greater than 50 cm FOV.
ix. Pitch freely variable without a change in image quality.
x. Acquire at 80 kV for dose reduction purposes (lower preferred).
xi. Must have dose reduction algorithms with user defined parameters. Algorithms should be described in the proposal. Should have metal artifact reduction algorithms.
xii. Should have iterative reconstruction capabilities.
xiii. Capable of performing Computed Tomography Angiography (CTA).

b. CT Physical Assembly

i. Shall support helical acquisition.
ii. Generator output: > 70 kW.
iii. kV-Range: 80 – 140 keV (exceeding either limit is preferred).
iv. mA Range: 10-600 mA (exceeding upper limit is preferred).
v. Anode heat storage/cooling: minimum 5 MHU.

c. CT Image Quality/ Performance

i. CT system must be capable of at least 18 LP/cm.
ii. High contrast spatial resolution: <0.25 mm.
iii. Low contrast detectability: <0.4mm @ 0.3%.

3. Patient Handling System

i. Scan range: minimum 200 cm
ii. Horizontal speed: minimum 50 mm/sec
iii. Maximum patient weight: minimum 500 lbs.; >500 lbs. preferred.

4. Computer System

i. Hard disk capacity: 2 TB or more.
ii. Image storage: must be able to store 200,000 uncompressed 512 x 512 images.
iii. Maximum hard drive capacity for image storage should be provided, as well as storage for the corresponding raw (sonogram and list) data.

5. Reconstruction and Reformatting

i. Software processing, reconstruction time, 3-D mode: utilizing the apex, most computationally intensive algorithm available on the proposed system, reconstructions should be completed within 1 min of the completion of a bed position. All reconstructions (corrected and uncorrected) using the apex reconstruction algorithm and relevant clinical acquisition and reconstruction parameters should be complete within 2 minutes of the completion of the acquisition.
ii. The methods for random estimation and subtraction must be defined in the proposal. Should have noise properties equivalent to singles-based estimates, but the exact algorithm shall be proposed by the Vendor.
iii. The system must include algorithms for utilizing the CT data to generate attenuation correction for the PET data.
iv. 512x512 CT images must be reconstructed at a rate of at least 40 images per second.
v. The user must have the capability to specify the transverse FOV for reconstruction.
vi. The reconstruction program must support reconstruction in image sizes of at least 256 x 256

for PET and 512 x 512 for CT (denser matrices are preferred).

vii. If the pixel and reconstruction matrix sizes are selected such that the reconstructed area is smaller than the transaxial FOV, it must be possible to select where in the full transaxial FOV the reconstruction is centered.

viii. A scatter correction technique that is spatially variant and adjusts for patient geometry must be included.

ix. Scatter correction must be provided based on scan of the actual patient whose scan is being corrected and processed automatically in an iterative loop.

x. The following reconstruction algorithms must be available: Ordered Subset Expectation Maximization (OSEM) 3D, Point Spread Function, Time of Flight, and PET Deep Learning reconstructions. Additional reconstruction algorithms are desired.

xi. Deviceless respiratory gating and respiratory motion correction software correction algorithm should be included.

xii. The following applications must be available:
   i. Metal artifacts reduction algorithm.
   ii. Real-time Multi-Planar Reconstruction.
   iii. 3D surface shaded display, including fused 3D display.
   iv. Virtual rendering technique.
   v. Maximum intensity projection.
   vi. Table and bone removal.

xiii. A fully automated, one-button protocol for whole-body oncology studies must be included, having the following features:
   i. Permits multi-bed or continuous bed motion (CBM) scans to proceed in an efficient way without operator intervention.
   ii. Processing software which proceeds automatically without operator intervention (processes include attenuation correction, iterative reconstruction, scatter correction, normalization, smoothing, filtering, etc.).
   iii. Display of cine whole body projection views as well as coronal, transverse, and sagittal volume slices including multiple reconstruction jobs, auto-archiving and networking.
   iv. Region of Interest (ROI) capability for circular, rectangular, and irregular ROI's must be provided.
   v. A visualization application that allows the comparison of 3 fused datasets (e.g., pre- and post-therapy PET/CTs) on the same screen with all gating and quantification capabilities.
   vi. 21" or more 1920x1200 resolution Thin Film Transistor (TFT) flat screen LCD color monitor for the acquisition workstation.

6. Archival and Data Compliance

i. Full DICOM 3.0 or higher compatibility (send/receive, print, archiving, query/retrieve, work list) with RIS/HIS and PACS connectivity.

ii. CD-DVD RW drive, or equivalent, with the ability to archive image data in DICOM format and raw data in a format that can be retrieved and reconstructed as needed.

iii. Should be able to use remote, facility network storage for archival of DICOM images and raw data (sinogram, list data, etc.).

iv. Must support the use of USB drives for fast easy archival and retrieval.

7. Quality Control

i. A procedure to calibrate the scanner to a dose calibrator must be provided with the system and described in the proposal.

ii. Daily quality control procedures must be well-defined and automated, and all necessary sources must be provided with the system.

iii. An apparatus for reproducible positioning is required and must be described in the proposal.

8. Essential Accessories to be Included with the System

i. A bi-directional speaker communication system must be provided between the operator and

the patient.

ii. Cameras and displays as needed to ensure patient compliance during scans.

iii. Uninterruptible Power Supply (UPS): online UPS with batteries for the backup of the entire system for at least thirty (30) minutes.

iv. Dose computation and display: The system must display CT Dose Index (CTDIw) and Dose Length Product (DLP) and generate dose reports for all CT scans.

v. All PET and CT phantoms for acceptance testing and routine quality control, including PET/CT alignment and NEMA (phantoms included must be specified in the proposal)

vi. Radiation source(s) for calibrations.

vii. Hardware and software for cardiac and respiratory gating (wired or wireless).

viii. Hardware and software for IV auto injector for CT contrast.

9. Quality, Shipping, and Packing Requirements

i. The system shall have all markings in English.

ii. The system shall be packed in accordance with standards applicable for shipment and delivery.

iii. The system shall be manufactured and installed in accordance with the Vendors ISO quality assurance system or an equivalent quality assurance system.

iv. The Vendor shall document the compliance with this quality assurance system.

10. Site Preparation and Readiness

i. The Vendor must review CMIT room(s) to ensure compliance with the Specification before submitting a proposal in response to this request.

ii. The Vendor must review CMIT room(s) to ensure compliance with the Specification before supplying the System.

iii. The Vendor must communicate with CMIT and verify the appropriateness of the designated area for the System's installation. Furthermore, the Vendor shall inform on time CMIT of any additional requirements (structural, electrical, HVAC, etc.) necessary for the installation of the System.

iv. The completion date of the CMIT site preparation shall be communicated to the Vendor in due time to start executing the Contract activities.

v. The Vendor must specify the weight and size of the gantry and the power requirements needed.

vi. The Vendor must visit, inspect, and ascertain that all necessary conditions are met at CMIT site before starting any activities. Any comments or suggestions regarding the conditions of CMIT site shall be made at least two (2) weeks prior to initiating the installation activities.

11. Testing and Acceptance

i. Factory Acceptance Test (FAT): The System, prior to shipment, shall be tested for conformance of the System with manufacturer's performance specifications and the minimum requirements specified herein.

ii. On-site Acceptance Test (SAT): The System, after installation, shall be tested by the Vendor together with CMIT to demonstrate that the performance meets the manufacturer's performance specifications and the minimum requirements specified herein.

iii. The results of testing of the System shall be documented by the Vendor in an acceptance protocol signed by CMIT.

iv. Formal handover of the System shall only be done after the successful completion of the SAT as defined above.

12. Installation and Training

i. The Vendor shall install the System at the CMIT site.

ii. The Vendor shall provide twenty (20) days of application training for up to five (5) CMIT staff in the operation and maintenance of the System at CMIT immediately after the installation of the System.

iii. The Vendor shall service and maintenance supply training for two (2) designated and appropriately qualified CMIT personnel such that at the conclusion of the training, the CMIT

personnel are qualified to perform service on the System.

13. Deliverable Data Items

i. The Vendor shall provide two (2) complete sets of operation and servicing manuals and technical drawings.
ii. The Vendor shall provide final CMIT site-specific drawings no later than four (4) calendar weeks after the issuance of the relevant purchase order.

14. Warranty

i. The System shall be covered by a two (2) year warranty including parts and labor.
ii. The warranty shall start as of the date of successful onsite acceptance as above.
iii. The warranty shall include all necessary spare parts, shipment to CMIT, costs of replacement and disposal of faulty parts.

15. Maintenance

i. The Vendor shall provide onsite maintenance services during the two (2) year warranty period, for the proper function of the System. The maintenance shall include, at a minimum:
    i. Preventive maintenance.
    ii. On-call interventions.
    iii. Any safety, software update/upgrade for the System that will become available during the warranty period.
    iv. All necessary replacement and spare parts.
ii. Support plan: As part of the onsite acceptance, the Vendor shall provide to the local engineer and to CMIT's medical physicist a plan for preventative maintenance and the name and contracts of a service representative/office for on-call maintenance intervention; Intervention time shall be clearly defined and shall comply with the uptime requirements defined in 16.i; The Vendor shall ensure that a suitable qualified person can remotely access the System within ten (10) minutes of an unexpected breakdown and that a suitable qualified person can be onsite within two (2) hours during the warranty period and any successive terms of extended service contracts.
iii. Spare parts: Upon installation and without prejudice for warranty obligations of the Vendor, an initial set of essential spare parts for two (2) years during the warranty period shall be provided by the Vendor. A list of available spare parts and prices shall subsequently be provided and updated as necessary. Vendor shall be capable of providing spare parts, regardless of status of extended service contract agreement, for the life of the equipment.

16. Uptime and Penalties During the Warranty and Post-Warranty Period

i. During the warranty period, the Vendor guarantees that the System will have an up-time during clinical operating hours (M-F 7:00 – 16:00) of at least ninety-eight percent (98%) excluding outages for maintenance or causes external to the System.
ii. Uptime is calculated on the basis of two hundred fifty (250) operating days per year (weekly working days). 98% uptime is two hundred forty-five (245) operating days.
iii. Should the down time exceed two (2) working days cumulative in a six (6) month basis, then the warranty and/or maintenance will be extended for a corresponding period of one (1) month.
iv. The records of downtime of the System will be kept by CMIT. The Vendor shall have the right to request copies of such records.

EVALUATION CRITERIA

Vendors whose offer meets the minimum technical specifications established in this RFP will be proposed for evaluation. Selection shall be a proposal that meets the minimum specifications with consideration of price, vendor qualifications, and any additional features or performance characteristics that provide additional value to CMIT. Please see the evaluation criteria in the chart below.

Factors not specified in the RFP shall not be considered unless it is deemed to provide added value to CMIT. Initially,

proposals shall be evaluated on an individual basis against the requirements stated in the RFP; at this point proposals are not analyzed in comparison with each other. After confirming a proposal meets the minimum specifications, it will be compared to any other proposals that also meet that requirement and a final selection will be made via the method described above. Personal knowledge of the offeror not based on the contractor's written submission will not be part of the written proposals' initial evaluation; however, the contractor's prior performance should be included as part of the standard review of the vendor's responsibility.

Specification	**Met**	**Exceeded**	**Comments and Value**
PET Characteristics			
CT Characteristics			
Patient Handling System			
Computer System			
Reconstruction and Reformatting			
Archival and Data Compliance			
Quality control			
Essential Accessories to be Included with the System			
Quality, Shipping, and Packing Requirements			
Site Preparation and Readiness			
Testing and Acceptance			
Installation and Training			
Deliverable Data Items			
Warranty			
Maintenance			
Uptime and Penalties During the Warranty and Post-Warranty Period			

All proposals must be signed by an authorized representative.

Disclaimers

i. CMIT LA, LLC may cancel the solicitation and not award.
ii. CMIT LA, LLC may reject any and all responses received.
iii. Issuance of solicitation does not constitute an award commitment by CMIT LA, LLC.
iv. CMIT LA, LLC reserves the right to disqualify an offer based on offeror's failure to follow solicitation instructions.
v. CMIT LA, LLC may choose to award only part of the activities in the solicitation or issue multiple awards based on the solicitation activities.