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November 1 2017

ADDENDUM #1 to the University of Florida Invitation to Bid ITN18RL-110 Hospital LIMS System scheduled to open on **November 16th, 2017 at 3:00 PM EST** at the University of Florida, Elmore Hall Conference Room, Radio Road, Gainesville, Florida.

This addendum consists of:

- **Replacing Evaluation Criteria *Corporate Experience*:** Extent of experience and knowledge in the development and implementation of centralized Hospital Information System. Customer references. Corporate financial stability

With Evaluation Criteria Corporate Experience: Extent of experience and knowledge in the development and implementation of centralized Hospital LIMS solution. Customer references. Corporate financial stability
- **Replacing Evaluation Criteria *Implementation Team*:** Quality and experience of the proposed consulting team and their demonstrated understanding of a successful and efficient Hospital Information System.

With Evaluation Criteria Implementation Team: Quality and experience of the proposed consulting team and their demonstrated understanding of a successful and efficient Hospital LIMS solution.
- Please utilize the attached excel spreadsheet when submitting your responses for Tab 5 of your bid proposal.
- Responses to written questions submitted by the “Schedule of Events” deadline of October 26th, by 5:00 PM

This addendum shall be considered part of the Contract Documents for the above mentioned ITN18RL-110 as though it had been issued at the same time and incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original document, this addendum shall govern and take precedence. All other terms, conditions, and regulations will apply.

The Foundation for The Gator Nation

Sincerely,

Rob Luetjen

Rob Luetjen
Procurement Agent III
Procurement Services

Please acknowledge receipt of Addendum #1 by signing below, and returning this addendum with your proposal. Failure to include addendum with your proposal may result in rejection.

Signature

Company Name

Company Address

City/State/Zip

Hospital LIMS System

ITN 18RL-110 Vendor Questions

1. Question: Please provide the number of anticipated concurrent users for pricing purposes.
Answer: Please provide price quotes for 50, 100, and 150 simultaneous users. Note – this should be active users rather than individuals accessing test results via the RDVM portal. If this is not the case, please specify.

2. Question: Please provide a list of desired laboratory instrument interfaces including instrument name and/or manufacturer for pricing purposes.
Answer: Current:
 - i. **Advia 2120i**
 - ii. **Idexx Procyte**
 - iii. **Idexx Catalyst**
 - iv. **Siemens Dimension Xpand Plus**
 - v. **Siemens Immunolite 1000**
 - vi. **Sensititre Ares-2X**
Future:
 - vii. **Beckman Coulter AU480 (formerly known as Olympus AU480)**
 - viii. **Stago coagulation analyzer**

3. Question: Please provide a list of desired barcode/label and printing interfaces for pricing purposes.
Answer:
 - a. **Zebra GT420 series**

- b. Primera Signature cassette / slide printers**
- c. Ideally, any Windows-compatible printer**

4. Question: Would it be possible to receive a copy of the Systems Requirements that is able to be copy and pasted into excel for ease of responding?
Answer: Yes, Please see Attachment B access the excel spreadsheet to be included in tab 5
5. Question: Under the format section of the ITN document, Tab 5, the system requirement sections are titled using the following format a), b), c), etc. under the System Requirements section these sections are being reported as 1.0, 2.0, 3.0, etc. Which naming scheme would the University of Florida like vendors to respond with in order to correspond correctly to the appropriate sections?
Answer: Please use the numbering sequencing listed in the System Requirements.
6. Question: The section refers to sections 3.1.2, 3.1.3 and 3.1.3, although there are no requirements in these sections. Assume N/A suggests no requirement?
Answer: N/A means no requirement
7. Question: The sections change from 4.x to 3.x and then back to 4.x. Should respondents use this same numbering format?
Answer: Yes, please use same numbering format as follows: 4.1.5 Proposal
8. Question: The requirement states unlimited concurrent licenses. Can the University clarify the meaning? Is it the intent to have a system that can manage unlimited users concurrently or is it the intent to obtain unlimited concurrent licenses, which will directly and dramatically impact cost?
Answer: The intent is that the system can support unlimited concurrent users if necessary.
9. Question: The requirement states vendor having staff experience in Accounts Payable Automation Consulting and Implementation. Please clarify.
Answer: This is a typo within the ITN document. This should read “Describe the number of staff, staff resumes who will be working on the UF project and an overview of each staff members’ experience in Laboratory Information Management System consulting.
10. Question: If possible, please provide the current list of tests performed by the lab.
Answer: Please see Attachment C to view the laboratory testing guide.
11. Question: What are the interfaces between instruments and the LIMS – for example, direct integration, third-party (such as Data Innovations), or file drop?
Answer: We would prefer the LIMS support the machines directly – however, we currently use Dawning to interface the Advia to Cornerstone. If vendors have a particular interface they support, that would be acceptable.

12. Question: Would the University of Florida be open to a non-web based LIMS system?
Answer: Yes

13. Question: Would the University of Florida be open to a phased release approach with a core LIMS implementation within the initial 6 month timeframe followed up with subsequent releases containing enhancements to meet additional requirements? **Answer: This depends on what is meant by “core” LIMS implementation, how many enhancements would be required, what the timeframe for implementation is, and what guarantees the company would be willing to provide to ensure implementation.**

For a 6 month implementation, are 100% dedicated staff available to the project?
Answer:

14. Question: What is the interface available to integrate with Cornerstone?

Answer:

a) **This is being developed by IDEXX and specifics are not available. However, a vendor that can accomplish the following would be considered to meet this requirement:**

- ix. **Cornerstone will send out HL7 ADT^A01 and ADT^A03 messages. Your system would receive these messages and update the patient information (add new/ update existing)**
- x. **Your system will send out HL7 DFT^P03 message to Cornerstone for associated lab charges.**
- xi. **Your system will be able to save PDF versions of lab results to specified network locations with a naming convention of MRN@YYYYMMDDNNSZZ.pdf.**

- 1. **Example: Fluffy with a MRN of 123456 had a CBC on December 17th 2017 at 2:15 pm, the file name will be 123456@20181217141500.pdf.**
- 2. **Save location should be able to be specified and include network locations (such as \\ahcdf.s.ad.ufl.edu\files\cvm\data\lab_result_imports)**

b) **If Cornerstone implements further HL7 import in the future, we would expect the successful vendor to work with us to implement further LIMS/Cornerstone integration.**

15. Question: What is the average number of accessions created per year?

Answer:

- a. **Roughly 4,300 for anatomic pathology (surgical biopsies, necropsies, aquatic pathology)**
- b. **Approximately 8,750 per year for micro**
- c. **Clin path – approximately 31,000 / year**
 - i. **Approx. 9300 chemistry, 1200 point-of-care chemistry, 8200 hematology, 2000 point-of-care hematology, 1100 endocrine, 5000 cytology, and 3000 urinalysis**

16. Question: Is it possible to receive a two week extension for the proposal submission?

Answer: Not at this time

17. Question: What types of barcodes are required to be supported by the LIMS?

Answer: Preferably, both 2D (any encoding) and 3D (QR and Data Matrix)

18. Question: What is the interface for supporting disease management registries via VMDB?

Answer: We do not currently have an interface for disease reporting to VMDB – we are looking for a system that supports this functionality via any interface VMDB considers acceptable.

19. Question: Is the University of Florida open to a vendor hosted solution? If so, will the hosted solution have access to interfaces? Please expand on the academic requirements. **Answer: No**

20. Question: Is the quote for services a fixed priced? **Answer: Yes** There are a lot of unknowns for the project that make a fixed price very difficult to determine including:

a. The number and types of instruments that need to be interfaced.

Answer: Current:

- ii. **Advia 2120i**
- iii. **Idexx Procyte**
- iv. **Idexx Catalyst**
- v. **Siemens Dimension Xpand Plus**
- vi. **Sensititre Ares-2X**

Future:

- vii. **Beckman Coulter AU480 (formerly known as Olympus AU480)**
- viii. **Stago coagulation analyzer**

b. The format, volume, amount, etc for the data that needs to be migrated.

Answer: This depends on the capabilities of the system. Currently, anatomic pathology reports (which would be the most likely to be migrated) are in Word format, with 1-2 files per accession number. There are approximately 68,000 files total.

c. The number and format for reports. **Answer: Each service has 2-4 reports. The format may vary by service.**

d. What needs to be integrated between LabWare LIMS the Cornerstone software? **Answer: The LIMS needs to accept HL7 demographic data from Cornerstone and be able to output reports. The interface specifications are currently fluid as IDEXX is working on this**

component. Currently, their plan is to import PDF files with a specified naming convention into Cornerstone.

21. Question: Can we provide you with the cost of single concurrent full license and a single concurrent restricted license for the purpose of comparison and we can figure out the real number of concurrent users later? **Answer: Yes, if there are no discounts for volume (or if the discounts are also specified). Also, please specify the difference between a full and a restricted license.**
22. Question: Number of External Users to license? **Answer: Initially, 500, but this should be able to scale to an unlimited volume**
23. Question: Does UF Vet Med prefer Software as a Service licensing or Named User Licensing? **Answer: UF has no preference if either solution is hosted internally.**
24. Question: Is there a preference of the system being hosted internally or externally by third party or by software vendor? **Answer: Hosted internally.**
25. Question: What is the approved budget for system? **Answer: Not at liberty to disclose at this time**
26. Question: Have any vendors been involved in the creation of this RFP? **Answer: No**
27. Question: In regards to Evaluation criteria: Are each of equal value? **Answer: These will be evaluated independently and the best total system for our requirements will be selected.**
28. Question: Please clarify 3.1.23 what other type of printers are expected beyond slide, cassette, sample (Does sample mean sample labels?) **Answer: Yes, sample labels.**
29. Question: 3.1.37, please clarify what type of linking and provide a scenario? **Answer: If a clinician orders a biopsy, the system should link them to the biopsy submission form. Demographic information sent by Cornerstone should automatically populate the form to the degree possible.**
30. Question: Please clarify 3.1.29 etc. notifications, what other methods are desired? **Answer: 3.1.29 is about limiting copying and pasting into forms to require a history to be written for each patient rather than pasting in documents from elsewhere in the medical history.**
31. Question: Please elaborate on 3.2.5 etc.? **Answer: If this refers to 3.2.4, we should be able to specify actions desired, such as notifying a service chief, disabling test ordering until samples are verified, or other actions.**
32. Question: For 3.2.6 cpn you provide example POC units, and elaborate on wireless, etc.? **Answer: Abaxis iSTAT. Various units use different interface methods – if the system supports wireless transmission of data, we would like that to be able to be imported into the LIMS.**

33. Question: For 3.3.1, please elaborate on other equipment? **Answer: If we purchase new equipment for microbiology, the LIMS system should support these as well.**
34. Question: 3.4.1 Can you provide more information will the drawing be for data input or for creating an attached image or for annotating an image? **Answer: The intention is that clinicians can specify where on an animal a sample came from, or could provide images of clinical conditions to aid laboratory staff in diagnoses.**
35. Question: 3.4.14 Can you elaborate on etc. what else is envisioned beyond storing, and auditing? **Answer: Electronic signatures and sample tracking.**
36. Question: 3.4.16 please detail what beyond IHC stainers you want to interface? **Answer: Leica Bond RX**
37. Question: 3.5.1 please define additional diagnostics to fall under etc.? **Answer: The system should be flexible enough to allow for emerging diagnostic modalities. Examples would include PARR, toxicology, and in-situ hybridization.**
38. Question: 3.6.2 please define Standard clinical reports. **Answer: These should be able to be defined by UF. For instance, “How many necropsies were performed last month broken down by species” or “All biopsies last month broken down by referring veterinarian”.**