# CLARIFICATIONS - RFP #7111

**Surgical Robot – Cranial (Neurosurgery)**

1. **Vendor Question:** Introduction RFP 7111 Surgical Robot – Cranial. We will plan on using the existing Master T&Cs and create an amendment specific to [our offering].  Please confirm this is acceptable.

***UCLA HEALTH RESPONSE:*** *Your Company may propose this. The selected bidder will be expected to work with UCLA Health contracts administrators/analysts to arrive at mutually acceptable agreement or addendum language that conforms to the technology being purchased and current contracting guidelines from the University of California Office of the President. Previous agreements with UCLA Health or other UC Health entities often speed the process.*

1. **Vendor Question:** Introduction RFP 7111 Surgical Robot – Cranial. With respect to the Cranial Requirements listed on Page 2, “Efficient frame and frameless stereotactic registration of the head”, how do you define frame vs. frameless registration? Are they looking for localizer-based registration?

***UCLA HEALTH RESPONSE:*** *Frameless - Rigid cranial fixation without using a Leksell frame. Frame based - Rigid cranial fixation through a Leksell frame*.

1. **Vendor Question:** Introduction RFP 7111 Surgical Robot – Cranial. With respect to the Cranial Requirements listed on Page 2, “Custom attachments used for neuroendoscopy”, what is the diameter of the neuro-endoscope they have at UCLA?

***UCLA HEALTH RESPONSE:*** *We have several.   We use a Medtronic channel scope in infants, but we would never be using the robot for that. On the adult side, there is an Oi rigid and flexible scope, they are just under 7 mm in diameter.*

1. **Vendor Question:** Introduction RFP 7111 Surgical Robot – Cranial.With respect to the “Administrative Requirements” listed on Page 3, “The University of California maintains a publicly available website, where all official RFP documents, updates, modifications and questions and answers are posted and available on a 24-hour-a-day basis”, How should we address information that is confidential and thus cannot be provided to UCLA and/or is prohibited from being made publicly available?

***UCLA HEALTH RESPONSE:***  *Please refer to page 10, section J of the RFP Introduction. It states: “If the response contains any trade secrets that should not be disclosed to the public or used by University for any purpose other than evaluation of your approach, the top of each sheet of such information must be marked "CONFIDENTIAL INFORMATION". All information submitted as part of the bid must be open to public inspection (except items marked as trade secrets and considered trade secrets under the California Public Records Act) after the award has been made.”*

1. **Vendor Question:** Introduction RFP 7111 Surgical Robot – Cranial.With respect to the “Qualification Standards” listed on Page 5, “The Bidder must provide an electronic copy of its standard software license agreement (or end-user license agreement) with its RFP response. This agreement must be clearly identified as “Bidder Software Agreement.”, [Our Company] does not provide a software license agreement as the language is incorporated into our standard contract.  How should we answer this requirement?

***UCLA HEALTH RESPONSE:*** *Please provide the agreement(s) and/or versions that include complete terms and conditions related to any software proposed, whether that be master agreements, software license agreements, end-user license agreements, etc.*

1. **Vendor Question:** Introduction RFP 7111 Surgical Robot – Cranial. With respect to the UCLA Health Evaluation/Proof of Concept Agreement, [our company] not offer its system on a trial basis. How should we address this agreement in our response as its N/A?

***UCLA HEALTH RESPONSE:*** *The UCLA Health clinical stakeholders have directed that a trial will be an important part of the bid evaluation. If no trials are available, bidders should understand that this would negatively impact the proposal’s quality scoring.*

1. **Vendor Question:** In Tab 4 – Item A-2.0**:** Provide bilateral trajectories with submillimetric accuracy: To the best of our knowledge, there are no cleared cranial systems that are indicated for a mean accuracy of <1.0 mm.
* We can provide details of our indicated system accuracy and a research study comparing [our system’s] placement accuracy to stereotactic frames. Is there any more information that you would like to see to address this requirement?

***UCLA HEALTH RESPONSE:*** *What is desired is the highest attainable accuracy/lowest mean error with published data showing accuracy for DBS and SEEG lead placements. Submillimeter scales should be integrated for coordinate based targeting.*

## Vendor Question: In Tab 4 – Item B-1.0: Specific Cranial Requirements:

[Our system] is primarily a navigation and targeting device. We provide navigated and non-navigated instrumentation that is compatible with the system. In addition, we are compatible with a wide array of third party equipment. Our system does offer a navigated biopsy needle. For other procedures, our system typically interacts with third party hardware. Cranial Solutions provides an adapter with the same mounting interface as provided by the Leksell stereotactic frame. Therefore, any equipment that can be used with a Leksell frame can also be used with [our system]. In addition, we provide guide tubes of varying diameter and have a custom instrumentation team that can fulfill surgeon requests for guide tubes of any diameter up to 10 mm.

* Is there specific instrumentation that you would like confirm compatibility with? If we can be provided physical dimensions of those devices and their interface requirements we can more concretely confirm compatibility.

 ***UCLA HEALTH RESPONSE:*** *The system should integrate seamlessly with existing DBS drives such as the Neuro Omega Microdrive and SEEG drill guides, and SEEG/LITT cranial guide bolt placement*

## Vendor Question: In Tab 4 – Item B-2.0: Imaging Modality compatibility:Our system is designed to be compatible with a wide array of DICOM images. MRI and CT imaging modalities are most frequently used with our system. We have tested and confirmed compatibility with some other modalities as well at customer request, however, due to the nature of the DICOM format, the imaging modality alone is insufficient information to confirm compatibility. Each manufacturer within a given modality may utilize the fields of a DICOM image differently.

In order to confirm that our system meets the requirements, we would suggest that sample images be provided from each of the imaging systems of interest (again, each imaging system and not just each modality as each system can use DICOM differently even for the same modality). Also, if any scans will be reformatted or exported from a PACS or other post-processing system it would be good to get exported images from those systems as well.

With sample images we will be able to test and confirm that your particular imaging devices produce images that are compatible with our system. In addition, if we find a scanner that produces images that we are not compatible with, we will add it to our roadmap to add compatibility in an update release. We typically release software updates at least twice a year.

***UCLA HEALTH RESPONSE:*** *UCLA Radiology uses MR and CT systems from the manufacturer Siemens. UCLA Health may, at its option, provide sample images to the selected bidder or to finalist bidders at the appropriate time during the evaluation phase if this necessary for testing the different modality types. For the purposes of the written RFP submission, bidders are encouraged to submit a DICOM compliance conformance statement with their RFP response.*

1. **Vendor Question:** In Tab 6 – Item A(1.0): This item sounds like a mandatory requirement. Our application is a thick client executable using Qt UI components that runs on the Windows OS. Our application is not a web-based user interface. How would you like us to address this discrepancy?

***UCLA HEALTH RESPONSE:*** *Please state the relevant specifications of your company’s solution.*

1. **Vendor Question:** In Tab 6 – Item B(1.0): Do you have an example for the specific items you are looking for? Our application only runs on our hardware. There is currently no solution that would run on a system that needs a minimum specification.

***UCLA HEALTH RESPONSE:*** *Please state this clearly in the RFP response.*

1. **Vendor Question:** In Tab 6 – Item B(6.0): How detailed of a diagram do you need? Is a high level diagram that describes the platform interaction with external connections sufficient?

***UCLA HEALTH RESPONSE:*** *Please provide details on platform information such as virtual/physical, local storage/SAN/NAS, network/load balancer requirements, HA/DR configurations, along with platform interaction with external connections with different network protocols (TCP/IP,SMB, UDP etc…) and the port requirements. Also, for remote support, what kind of technologies are supported such as SecureLink etc…*

1. **Vendor Question:** In Tab 6 – Item C(1.0): What specifically do you mean by scalable? Our application runs on our hardware which is spec'd' to run high end graphics rendering, computation, and navigation.

***UCLA HEALTH RESPONSE:*** *Please provide details on the specifications such as how many robots can connect to the server concurrently, if there are any max limit on the number of robots, whether the solution is scalable if the max limit is reached for example add a second server to manage the additional robots, can multiple servers be put on a cluster solution etc…*

1. **Vendor Question:** In Tab 7 – Name: [Our Company] l considers system proposals and pricing confidential and proprietary.  We are willing and fully prepared to offer proposed pricing to UCLA, however we are not able to provide it in a public domain.  What alternative format could we provide this to UCLA that would allow it to remain confidential?

***UCLA HEALTH RESPONSE:*** *Please refer to page 10, section J of the RFP Introduction. It states: “All information submitted as part of the bid must be open to public inspection (except items marked as trade secrets and considered trade secrets under the California Public Records Act) after the award has been made.”*