



Request for Proposal: #09-29002801AA-SLL

Pre-Bid Conference: ☐ Mandatory ☒ Non-Mandatory ☐ Not Applicable

Pre-Bid Date/Time: 08/05/2008 @ 12:00 P.M. Et

Pre-Bid Location: OSU Veterinary Teaching Hospital
Auditorium, Room 1067
601 Vernon Tharp St
Columbus, OH 43210

RFP Open Date:

07/10/08

RFP Closing Date/Time:

08/28/08 @ 3:00 P.M. ET

Proposal Description Summary: The Ohio State University College of Veterinary Medicine seeks proposals to provide integrated healthcare information system software to automate and manage the complex operations of the College of Veterinary Medicine Veterinary Teaching Hospital and the creation of a data warehouse that can be used by all of the College's faculty and researchers.

(A more detailed description can be found in the specifications – refer to Table of Contents)

*Special Instructions:

Category Code(s): SOFTW

(Internal use only)

Submit Proposal to:

RFP #09-29002801AA-SLL
The Ohio State University / Purchasing Department
2650 Kenny Road, Columbus, OH 43210

OSU Contact: Sue Ledin

Email: ledin.2@osu.edu

Phone/Voice Mail: 614-292-7394

Fax: 614-688-3494

To be considered, this document must be signed and received by The Ohio State University's Purchasing Department at the address, date and time indicated above. No bid documents will be accepted after specified time and date. Bid documents submitted to an address other than the above, or received after the deadline, will not be considered and will be returned (unopened) to the vendor.

I. Sign, date and return all sections of the bid document as instructed.

II. Ensure that the bid document is properly delivered and in the possession of The Ohio State University's Purchasing Department at the time of bid closing. If the proposal is mailed, make sure it is properly identified as a BID response, referencing the bid inquiry number. Any hand-delivered bid documents must be sealed in an envelope or a properly labeled package and given directly to The Ohio State University's Purchasing Department at the above address.

III. Bid proposals cannot be accepted by e-mail.

REQUEST FOR PROPOSAL – BIDDER SIGNATURE PAGE

Any joint proposal must be signed by all bidders (when applicable see Section II)

Bidder #1

By signing this document I am agreeing on behalf of my firm to the specifications of this RFP and accepting, without exception or amendment the University's "RFP Terms and Conditions" and the "Purchase Order Terms and Conditions". Any purchase order or University contract issued as a result of this RFP shall be subject to these terms and conditions. Should a Bidder propose exceptions to the Terms and Conditions cited above, the Bidder must submit such proposed exceptions and/or amendments in writing, and in its bid response package, by the Bid Closing Date/Time. The University reserves the right to reject some, all or none of the proposed exceptions and/or amendments and asserts its Terms and Conditions as described herein.

Company Name: _____

Address: _____

City/State/Zip: _____

Federal Tax ID#: _____ **Email:** _____

Phone/Voice: _____ **Fax:** _____

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Bidder #2

By signing this document I am agreeing on behalf of my firm to the specifications of this RFP and accepting, without exception or amendment the University's "RFP Terms and Conditions" and the "Purchase Order Terms and Conditions". Any purchase order or University contract issued as a result of this RFP shall be subject to these terms and conditions. Should a Bidder propose exceptions to the Terms and Conditions cited above, the Bidder must submit such proposed exceptions and/or amendments in writing, and in its bid response package, by the Bid Closing Date/Time. The University reserves the right to reject some, all or none of the proposed exceptions and/or amendments and asserts its Terms and Conditions as described herein.

Company Name: _____

Address: _____

City/State/Zip: _____

Federal Tax ID#: _____ **Email:** _____

Phone/Voice: _____ **Fax:** _____

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

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SECTION I: Definitions

The following definitions are relative to this Request for Proposal (hereinafter referred to as RFP), and any addenda incorporated hereafter:

Addendum(a): Written instruments, issued solely by the University's Purchasing Department, that detail amendments, changes or clarifications to the specifications and terms and conditions of this RFP. Such written instruments shall be the sole method employed by the University to amend, change or clarify this RFP and any claims (from whatever source) that verbal amendments, changes or clarifications have been made shall be summarily rejected by the University.

Agreement or Contract: Award resulting from the RFP.

ARO: After receipt of order.

Bid Closing Date: The date and time specified in this RFP by which the Proposal must be received by the University's Purchasing Department in accordance with Section II, Item 1 of this RFP. Proposals received after such date and time will not be considered.

Bidder, Vendor, Supplier, Seller: Respondent to the RFP.

ET: Eastern Time

May, Should: Indicates something that is requested but not mandatory. If the Bidder fails to provide requested information, the University may, at its sole option, either request that the Bidder provide the information or evaluate the proposal without the information.

MBE: A minority owned or controlled business as defined in the Ohio Revised Code Section 122.71 and certified by the State of Ohio Equal Opportunity Commission.

OSU, University, Purchaser: The Ohio State University.

Proposal: Response provided by Supplier or Bidder.

RFP: Request For Proposal.

Shall, Must, Will: Indicates a mandatory requirement - failure to meet mandatory requirements will invalidate the bid response, or result in rejection of a proposal as non-responsive.

SECTION II: RFP Terms and Conditions

The Ohio State University reserves the right to:

- Reject any or all Proposals received in response to this RFP;
- Request clarification from any Bidder on any or all aspects of its proposal;
- Cancel and/or reissue this RFP at any time;
- Retain all Proposals submitted in response to this RFP; and,
- Invite some, all, or none of the Bidders for interviews and further discussion.

Provisions: If any provisions in a resultant agreement are held to be invalid, void, or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Ethical Conduct: It is expected that once a purchase order or contract is issued, vendors not receiving an award will not undertake any actions that might interfere with, or be detrimental to, the contractual obligations of the University. The University reserves the right to take any and all actions deemed appropriate in response to unethical conduct by a vendor. Such actions include, but are not limited to, establishing guidelines for campus visits by a vendor, and/or removal of a vendor from the University's bidders list(s).

Apart from a contact required for any on-going business at the University, vendors are specifically prohibited from contacting any individual at, or associated with the University regarding this RFP. Vendor communication shall be limited to the Purchasing Department contact named on the cover page of this document. **A vendor's failure to adhere to this prohibition may, at the University's sole discretion, disqualify the vendor's Proposal.**

Cancellation for Lack of Funding: A resultant agreement may be canceled without any further obligation on the part of The Ohio State University in the event that sufficient appropriated funding is unavailable to assure full performance of its terms. The vendor shall be notified in writing of such non-appropriation at the earliest opportunity.

Termination of Agreement: Consistent failure by the vendor to meet the terms and conditions of a resultant agreement deemed by the University, in its sole discretion, to be a material subject of the agreement, including, but not limited to delivery, required service-levels, quality, and invoice inaccuracies, will constitute a default of the agreement by the vendor. In the event that said default continues for a period of thirty (30) days after the vendor receipt of notice-of-default from the University, the University reserves the right to immediately terminate the agreement. Termination shall in no way limit the University's right to recover damages that occur as a result of the vendor's breach. Either party may cancel a resultant agreement after ninety (90) days from the effective date of the agreement by giving the other party thirty (30) days prior written notice of intent.

Quote: Response must be valid for 180 days.

The University, at its sole discretion, reserves the right to extend any resultant contract, under the same pricing and terms and conditions, to some or all University areas.

Minority Business Participation:

The Ohio State University has a goal consistent with the State of Ohio legislative mandate to procure at least 15% of its aggregate total of goods and services from State of Ohio Certified Minority Business Enterprises (MBE). A list of Certified Minority Vendors can be found at www.mbe.ohio.gov.

Pursuant to this mandate, Bidders are encouraged to work in conjunction with MBE Bidders to submit a joint proposal that must specify all Bidders' offer. Each offer must be for the entire scope of work. Bidders may submit a second joint proposal that divides the scope between the non-MBE Bidder and MBE Bidder. That proposal must define the percentage of scope offered by each. The University reserves the right to award the proposal that serves its best interest.

SECTION III: RFP Response Requirements & Checklist

RFP Schedule of Events: The Ohio State University will make every effort to adhere to the schedule below:

• RFP Issued to Bidders	07/10/08	
• Pre-Bid Meeting	08/05/08	12:00 p.m. ET
• The Ohio State University Bidder Questions Form Due	08/08/08	@ 12:00 p.m. ET
• Responses to Bidder Questions Form Due	08/14/08	
• RFP Due Date	08/28/08	@ 3:00 p.m. ET

RFP Response Format: Responses must address all aspects of the RFP and should follow the chronology of the RFP. Provide four (4) copies of your response; one (1) of the copies should clearly be labeled "**MASTER**", and one (1) of the copies should be provided on CD-ROM or USB Flash Drive. Should a discrepancy arise between copies of the response, the information contained in the "**MASTER**" copy shall prevail.

Responses should be submitted in a 3-ring binder or loose-leaf on 8-1/2 X 11 letter sized paper. Each response should be prepared simply and economically.

Pre-Bid Conference: All Bidders are asked to attend the pre-bid conference on 08/05/08 at 12:00 p.m. ET. Pre-bid conference to be held at the OSU Veterinary Teaching Hospital Auditorium Room 1067 located at 601 Vernon Tharp St Columbus, OH 43210.

If during the pre-bid process any item requires clarification, the University reserves the right to issue a written addendum to provide clarity to the Bidders. Any changes to the specifications and agreement terms and conditions will be issued in a written addendum to all Bidders.

In order to maintain the competitive nature of the bidding process, the University reserves the right to cancel any pre-bid conference when fewer than two companies are in attendance.

Bid Package Requirements Checklist

Due by Bid Closing Date/Time: 08/28/08 @ 3:00 p.m. ET

The following **MUST** be included in the bid-response package:

- | | |
|---|---|
| ☒ Quoted Pricing (Schedule A) | ☒ OSU Certification Form (Schedule B) |
| ☒ Functional Requirements Chart | |

Failure to provide the above items with bid-response package WILL invalidate the bid response.

Due prior to issuance of purchase order or University contract.

The following **MUST** be properly completed by Bidders, and **MUST** be received by the University prior to the issuance of a purchase order or University contract. If not included in the bid-response package, the University reserves the right to request the following from (at its sole discretion) some, all, or none of the respondents. The University also reserves the right to define and impose reasonable deadlines for the receipt of the following; failure to meet such deadlines MAY, at the sole discretion of the University, invalidate the bid response.

- | | |
|---|---|
| ☒ Signed and dated Bidder Signature Page | ☒ DMA Form (Schedule C) |
| ☒ Properly executed Insurance Certificate | |

The University reserves the right to request from (at its sole discretion) some or all of the respondents, any further information or documentation that it deems necessary for the issuance of a purchase order or University contract.

EXHIBIT A: Specifications (Background and Scope of Work Parameters)

Background

Introduction

The Ohio State University College of Veterinary Medicine (CVM) is one of the oldest and largest veterinary schools in the United States, offering an internationally recognized teaching and research program, and the only comprehensive referral veterinary hospital in a three-state area providing state-of-the-art specialty services and procedures. The College has three departments: Veterinary Clinical Sciences, Veterinary Preventative Medicine, and Veterinary Biosciences. In addition, the College operates the Veterinary Teaching Hospital (VTH), which is a primary care and multi-specialty, referral hospital serving companion and large animals from Ohio, as well as across the United States and Canada.

VTH provides routine and specialized care in cardiology, critical care medicine, dermatology, gastroenterology, internal medicine, neurology, oncology, ophthalmology, orthopedic & general (soft tissue) surgery, radiation oncology, reproduction and urology. It offers a full complement of ancillary services such as: anesthesiology, blood banking, nutrition, central supply, clinical pathology, microbiology, pharmacy, and radiology. The Hospital is a focal point for veterinary clinical education and research as an integral part of the College and one of the intentions of this RFP is to integrate the information gathered throughout the Hospital into a data warehouse that can be accessed by College faculty and researchers anywhere, anytime.

The Veterinary Teaching Hospital operates 24 hours per day, 365 days per year. Normal scheduled or walk-in patient hours are from 7:30 am to 5:00 pm Monday through Friday, and from 8:00 am to 12:00 pm (noon) on Saturday. In addition, the Hospital accepts companion animals, farm animals, and horses 24 hours a day. The Hospital is staffed by 54 faculty, 34 residents, 10 interns, 2 pharmacists, over 50 registered veterinary technicians and 140 fourth-year veterinary medical students. In addition, more than 75 people are employed in the administrative, technical, business, ancillary and support departments. More details about the breadth of the Hospital's operations and services can be viewed at www.vet.ohio-state.edu/hospital.htm.

Information Systems (IS) History

The Veterinary Teaching Hospital has used electronic information systems for more than 20 years. The current hospital information system, *Vetstar* from Advanced Technology Corporation (www.vetstar.com), has been in production use since July 1999. The companion laboratory information system, *VADDs*, has been in production use since August 2000.

VetStar and *VADDs* are Windows-based, client-server applications written in a fourth-generation, rapid application development environment called *ProIV* from ProIV Technology (www.proivinc.com). *ProIV* stores its data in a series of flat files using its proprietary Pro-ISAM format.

The Hospital uses *Vetstar* primarily for the following functions: scheduling; inpatient admission, discharge & transfer; outpatient registration; charge entry; order entry for laboratory and radiology requests; pharmacy prescription processing; radiology interpretation reports; surgical operative reports; medical record chart tracking; billing; accounts receivable; accession statistical reporting; and coding diagnoses for research retrievals. *Vetstar* is interfaced with the Hospital's Pyxis stations to automate the billing of medications dispensed through these devices.

Most of the Hospital's internal clinical laboratories use *VADDs* to record and report chemistry, hematology, cytology, parasitology, surgical pathology, necropsy and serology results. However, satellite and college laboratories in several areas of the hospital do not use *VADDs*, e.g., Nova CCX, TEG, flow cytometer. Results from the chemistry analyzer and the hematology analyzer are imported electronically into *VADDs* through Dawning SNI devices. Microbiology does not use *VADDs* for cultures and susceptibility results. *VADDs* does not support any laboratory QC activities. *VADDs* is not used for billing since all laboratory tests are ordered through *Vetstar*.

EXHIBIT A: Specifications (Background)(continued)

A number of auxiliary applications have been created outside of *Vetstar* to support specific departmental needs. Many of these applications have been developed in *FileMaker Pro* and reside on a *FileMaker Server*. The largest and most critical application is one used by the clinical faculty and students to prepare patient discharge summary reports and referral letters for each patient visit.

In early 2005, the Hospital converted its entire Radiology Department from film to direct capture digital imaging using technology from Eklin Medical Systems (www.eklin.com). The Hospital installed several portable and table-mounted RapidStudy™ digital radiography (DR) systems for patient examinations and multiple RapidView™ diagnostic workstations for interpretation and teaching. With the addition of an Eklin RapidStore™ PACS (Picture Archiving and Communications System) server, the Hospital created a single, on-line repository for all of the digitally-based patient images including DR, MRI, ultrasound, CT, and nuclear medicine.

IS Technical Environment and Resources

The College of Veterinary Medicine's Veterinary Information Services (VIS) staff consists of one director; one associate director (with primary responsibility for the operations of the major software applications used within the Veterinary Teaching Hospital); one network lead; one network administrator; one network engineer; two production support personnel; one Help Desk lead; one full-time help desk technician; two part-time help desk personnel; one web site development team lead; and one website developer. The VIS group maintains and supports the physical network infrastructure including servers, backup and SAN; all desktop devices including PCs, Macintosh and thin-client devices; all printers; and most desktop software applications.

The current hospital information systems technical environment is comprised of eight (8) dual-processor Dell PowerEdge servers running Microsoft Windows 2003 Server within the College Windows Active Directory domain to support internal applications. Three of the servers are configured as application servers supporting Vetstar, VADDS, and FileMaker Server. Three of the servers run Citrix Metaframe Presentation Server 4.0 to publish critical applications to over 150 PC, Macintosh and thin client devices installed throughout the Hospital. One server is dedicated to PACS and the final server supports various scheduled jobs.

The College has an existing EMC CLARiiON CX3-20 SAN. All physical servers are migrating to a virtual server environment, using VMWare ESX 3.

EXHIBIT A: Specifications (Background)(continued)

IS Statistics

The following table has been compiled from *Vetstar* and *VADDS* data to convey the overall size and annual growth of the Veterinary Teaching Hospital's activities and information systems requirements.

Table	Total records (as of 12/31/07)	Records added in 2007
Client records [pmrpty]	170,698	5,804
Patient records [pmpat]	286,105	11,413
Visit records [mrepis]	499,826	25,283
All transaction records (includes charges, payments and adjustments) [pmardet]	3,159,072	356,458
Patient medical history procedure records [pmhist]	2,566,007	290,803
Pharmacy prescriptions [pmpresn]	556,107	59,908
Lab cases [vlcase]	89,791	11,466
Lab individual test result records [vlres]	5,237,458	891,983
Radiology image requests [mrpxray]	108,554	11,406
SNOMED CT coded entries [mrpsnom]	930,279	178,764
Inventory master items [immstr]	2,911	90
Charge master (procedures) records [pmproc]	7,453	280
Referring Veterinarians [pmrf]	5,637	343
Users [pmoper]	1,937	209

EXHIBIT A: Specifications (Background)(continued)

IS Unique Differences

In general, the operations of the Veterinary Teaching Hospital parallel those of a community human hospital. The information system requirements are also very similar to a human hospital. However, there are some unique differences. The critical differences for the Veterinary Teaching Hospital include:

- patient demographics include species, breed and color, but not race or religion;
- patients do not have social security numbers, but may have microchip numbers, tattoos, or other unique identifiers;
- patient sex, in addition to male or female, can be spay, neuter, hermaphrodite or unknown;
- patient sex can be altered by specific procedures;
- patient alerts include behaviors such as biting, barking, etc. in addition to allergies;
- patients can be owned by one or more clients (owners);
- patient vaccinations are tracked with manufacturer and lot number, generate a printed certificate if requested, and trigger future reminders to the client;
- patients can be linked to one or more contacts such as breeder, trainer, barn, etc;
- patients can be sold or transferred to other clients (owners);
- clients (owners), not patients or insurance companies, are billed for patient care;
- estimates of total charges are provided to clients prior to initiating patient treatment;
- charges are applied at order entry, not upon coding after discharge;
- procedures and diagnoses are coded for research and retrieval purposes, not for billing;
- procedures and diagnoses are coded with SNOMED CT (not ICD-9CM or CPT-4) codes;
- each procedure and diagnosis may require an unlimited number of SNOMED CT codes;
- each SNOMED CT code may require an unlimited number of attributes (i.e. other SNOMED CT codes);
- all charges regardless of source (i.e. hospital, clinical specialty, radiology, laboratory, pharmacy, etc.) should be billed on a single invoice from the hospital system;
- reference ranges for laboratory tests vary by patient species;
- non-DVM personnel providing patient care are called technicians, not nurses.

IS Vision

The Veterinary Teaching Hospital seeks a state-of-the-art, comprehensive, integrated, flexible healthcare information system that will satisfy its clinical, ancillary, research and business requirements for the next 10 years. The system should use modern technology and concepts implemented in human healthcare to improve the productivity and efficiency of clinicians, technicians and students providing veterinary patient care in the Hospital. It should utilize electronic health records to improve record keeping. It should also reduce redundant data entry and enhance internal and external communications to improve the quality of patient care, and the educational value of cases used for teaching.

EXHIBIT A: Specifications (Scope of Work Parameters)

Scope of Work Parameters/Specifications

This Request for Proposals (RFP) is an invitation to vendors to submit proposals for integrated healthcare information system software to automate and manage the complex operations of the College of Veterinary Medicine Veterinary Teaching Hospital and the creation of a data warehouse that can be used by all of the College's faculty and researchers. The intent is to obtain information leading to the selection of a vendor that can provide healthcare information system software that best meets the specific requirements of all operations of the College's Veterinary Teaching Hospital including clinical, ancillary (e.g., radiology, clinical pathology laboratories, pharmacy, central supply, etc.), research and business areas. This RFP also seeks the necessary services such as project management, data conversion, training, and technical support to implement the system within the College of Veterinary Medicine.

The specific Functional Requirements are outlined in [Attachment A](#).

Supplier Proposal Requirements

Bidders should submit five (5) copies and one (1) CD-ROM or USB Flash Drive version of a proposal that meet the requirements defined in [Attachment B](#).

Selection Criteria

Proposals will be evaluated according to the following criteria:

1. Conformance to proposal requirements.
2. Ability to meet the functional and technical requirements.
3. Unique features or benefits of the software or vendor.
4. Total cost of software and services.
5. Timeline of the proposal.
6. On-going cost of maintenance and support. Bidding vendor will provide their standard software license agreement and the standard maintenance agreement for their product with their response.
7. Corporate stability and viability.
8. Customer satisfaction, references and/or industry awards.
9. Contractual terms and conditions.
10. Participation of State Certified Minority Vendors.

Respondents who are selected for further consideration will be asked to make on site presentations of their software and facilitate site visits to existing customers.

Attachment A – Desired Features

The desired features for the Veterinary College Information System are provided in the table on the following pages.

System Architecture

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
Overview	<i>The software should be a multi-user, multi-tier, graphical user interface-based application built on an industry-standard relational database that operates in a Microsoft Windows Active Directory network environment. Ideally, functionality is grouped around business processes and packaged as interoperable services, i.e., Service Oriented Architecture (SOA).</i>			
1	Be built upon a native SQL-based relational database. Our existing HIS system, Vetstar, is based on an older technology and design: ProIV & ProICM . We are seeking a product that provides better accessibility to the data, and that uses the SQL standard.			
2	Provide a check-point recovery capability to restore transaction data up to the point of system failure. We currently lose from point of failure to the last backup. We need to avoid this kind of data loss in the VCIS system.			
3	Provide the capability to maintain all data on-line indefinitely, i.e., no requirement to archive data. This is less of a concern if we have an SQL database on the backend.			
4	Provide data management features that allow the integration and sharing of all client and patient data among all modules. If we have multiple vendor products, they must be able to integrate with each other.			
5	Provide data management features that eliminate the entry of duplicate data.			
6	Allow the Hospital to create new fields and tables within the database that can be accessed from application screens and reports. We want to have flexible fields and tables without the need to involve the vendor(s).			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
7	Operate 24 hours per day, 7 days per week without the need to deny user access in order to process end of day reports, backup the database, synchronize with mobile devices, perform regular database administration, and so forth.			
8	Provide the ability to run essential functions of the application on off-line mobile devices with subsets of client and patient data that can be later merged into the Hospital's master database. For example, the ability for field service operations to make changes, then later synchronize back with the master database.			
9	Provide the ability for the Hospital to create HL-7 or other industry-standard interfaces to exchange data with third-party systems without complex programming, e.g., mouse phenotyping, where the data is shared with other investigators on campus. [HL-7 is the standard used in human medicine for different systems and devices, e.g., standard interfaces. SQL and HL-7 would help to facilitate sharing data among investigators so we don't have to reenter data by hand.]			
10	Provide the capability for the VCIS system to be accessible from a variety of devices. Devices we would like to access our VCIS system from include: • A "client" component that runs on <i>Windows</i>-based PCs and Macintosh OS X computers, as well as thin client devices, e.g. Wyse Win terms; ideally, also runs as a published application in a Citrix <i>Presentation Server</i> (or similar thin client/remote access environment). • Support full user operations on keyboard-less and/or mouse-less devices such as touch-screen monitors or wireless Tablet PCs. • Support basic web accessible, query, data entry and editing capabilities on wireless PDA devices such as Pocket PCs, Palms, etc., within the Hospital. • Support data entry via speech recognition			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
11	Provide different access privileges for different groups, including, for example, an external DVM that referred a patient.			
12	Provide users access to e-mail and other forms of electronic communications directly from the application software, i.e., not necessarily using an email client, but directly within the system. The ability to directly email referring vet. For example, provide alerts, such as "instrument xyz is down" or "tips of the day."			

Privacy, Security and Auditing

Overview	<i>The software should include all of the typical functions needed by a hospital to: preserve and protect its electronic data from theft, destruction or unauthorized use; monitor user activity on the system; and generate daily, weekly, monthly and annual reports for administrative and audit purposes. [Note: Although veterinary medicine is not currently mandated to adhere to Federal HIPAA regulations, the Hospital seeks to follow HIPAA as the guiding standard for protecting client/patient privacy and system security.] In addition, as a teaching hospital, we need to consider FERPA requirements to preserve the privacy of our vet students.</i>			
1	Support a sufficient (four or greater alphanumeric characters) number of user login accounts. [Note: Currently Vetstar is only capable of having 3 alphanumeric characters and we are running out of unique login accounts.]			
2	Support user authentication using passwords, pins, biometrics and any combination of these methods. [Note: Ohio State Board of Pharm. requires a biometric authentication system.]			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
3	Allow the Hospital to specify the minimum length and complexity of user passwords, as well as the frequency of password/pin changes. [Note: OSU's Minimum Computer Security Standards, MCSS, requires this specificity.]			
4	Provide an automatic log off of devices after a Hospital-defined period of inactivity. [Note: OSU's Minimum Computer Security Standards, MCSS, requires this capability.]			
5	Provide Hospital-defined roles to control user access to the software features and functions, as well as confidential client and patient data. We also want to prevent unauthorized users from making appointments, opening new visits, or adding charges to client accounts. [Note: There are nine levels of security in Vetstar today: student = level 1; IT staff = level 9.]			
6	Provide ability to control user access to individual data elements, (i.e., fields), and tables within the database. For example, we would like more specificity in this area, e.g., to provide view only access for a referring DVM and clients.			
7	• Maintain a log of all user login and logout activity. Track changes and history. • Maintain an audit trail (including date, time, user, original value, etc.) of all additions, changes and deletions to client and patient data. [Note: we are referring to financial audits, not scheduling.] • Maintain an audit trail of all changes to system setup and configuration tables.			
8	The ability to turn logging on or off for specific types of changes, and the ability to purge logs as needed. For example, if we were archiving a large volume of information, we would want to avoid a large number of entries in the audit log.			

Scheduling

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
Overview	<i>The software should include all of the typical functions needed by a hospital to: schedule appointments for patient visits to the hospital; keep records of prospective clients and patients; generate reminders to clients of scheduled appointments; schedule resources within the hospital; print calendars; compile demographic and marketing statistics; and generate daily, weekly, monthly and annual reports for administrative, teaching and research purposes.</i>			
1	Allow authorized users to create and store templates defining the days and hours of operations, types of appointments allowed, length of appointments, providers of service, etc., that are the basis to build schedules for future time periods. [Note: This concept is currently in Vetstar. Every service has certain days of the week, hours of the day, and a particular cycle. We could create a template for cycle that the system can subsequently provide automatically, so we don't need to manually create a cycle each time. Rather, we can build, e.g., from an existing template.]			
2	Support schedules for multiple services, sections or clinics based on different templates and different time periods. We would like to schedule by service, e.g., Oncology, Radiology, Dermatology, etc., vs. by doctor.			
3	Support scheduling appointments to the service, section, or clinic <u>not the provider</u> but display the provider(s) on service at the time of the appointment. This is something that needs security level attention, i.e., we need to limit this feature to only those who have a need to know (see Privacy, Security, and Auditing). Not everyone needs to see the provider schedules. The hospital needs to define which users would have access to provider schedules, and we want the control to make this determination, <u>not</u> the product (VCIS).			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
4	Allow authorized users to easily modify schedules in real time without altering the original template. [Note: Our existing system (Vetstar) makes it difficult to make changes to schedules without changing the original template.]			
5	Allow users to select either a daily, weekly, monthly or yearly view of schedules. Access is controlled by security level (see Privacy, Security, Auditing).			
6	Allow authorized users to view schedules for one or more providers, services, sections or clinics on the same screen. (Typically, hospital information system products provide schedules by service, but not by multiple services. We would like to be able to view, for example, both surgery and anesthesiology on the same screen.)			
7	Allow authorized users to reschedule appointments using standard Windows "cut and paste" (preferred) or "drag and drop" techniques. This is a productivity feature for us.			
8	Provide the ability to record basic demographic data when making appointments for new clients and patients that do not automatically become part of the permanent master tables. This feature would allow us to avoid adding a patient or a client to the permanent record of the hospital until they actually come in for an appointment. Likewise, we would like the ability to transfer the basic demographic data obtained from new clients and patients when they appear for appointments to the permanent master tables. We want the ability to easily transfer these clients and patients into permanent records once they show up for an appointment.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
9	Provide optional automatic reminders (e.g. postcards, e-mail, or FAX) to clients prior to scheduled appointments. Be able to automatically send reminders for such things as rabies tests or routine checkups. And, for those who did not show up, the ability to send some kind of follow-up communication.			
10	Provide a rules-engine for the Hospital to define triggers to perform automatic operations based on scheduling data or events. Rules, such as, if an appointment is made for a cardiology visit, then also schedule one for ophthalmology. This would improve the efficiency and productivity of the hospital. Ideally, we would have the ability to add requirements for different services. For example, if a surgery appointment is being made, it should trigger both anesthesiology and a link to central supply at the time of scheduling.			
11	Support the export of individual provider, service, section, or clinic schedules to desktop computers and PDA devices such as Pocket PCs, Palms, and so forth. We would like the ability to use pocket PCs, Palms, etc., or at least to be able to export our personal schedules into such devices. [Also see Systems Architecture]			
12	Automatically generate (electronically-generated packet) of information – welcome emails and reminders – with info on meds, etc., and the number to call to cancel an appointment or ask further questions. For example, Generate a “Welcome to OSU _____ service.” Today, you will be seeing Dr. _____, who is a board certified specialist in _____. In the welcome, we can describe what will happen during the visit to help clients know what they can expect.			
13	We would like an alert system for special notices regarding the patient or the client, e.g., “patient is fear aggressive and will bite” or “client owes >\$5,000” (or whatever)...these should be hospital-defined alert criteria and access to add, change, delete should be security level specific. [See Privacy, Security and Auditing]			

Client and Patient Management

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
Overview	<i>The software should include all of the typical functions needed by a hospital to: maintain records of its clients and patients; admit, discharge and transfer inpatients; register outpatients; maintain and report census; add charges for patient boarding, exams, treatment and supplies; compile accession statistics; and generate daily, weekly, monthly and annual reports for administrative, teaching and research purposes.</i>			
1	Support Hospital-defined values for patient sex, e.g., Male, Female, Male-Neutered, Female-Neutered, and so forth.			
2	Allow entry of species, breed and color in the patient demographic data.			
3	Support the selection of species and breed from a Hospital-defined hierarchical taxonomy table.			
4	Allow entry of microchip numbers, tattoos or other unique identifiers in the patient demographic data.			
5	Provide ability to track vaccination information, (e.g. manufacturer, lot number, etc.) and generate appropriate reminders (e.g. e-mail, postcard, etc.) to clients. For example, allow entry of rabies tag number and expiration year in the patient demographic data.			
6	Support the association of a sufficient number of patients (four or more digits) per client (owner). [Currently, Vetstar uses a 3-digit patient number; in some cases, we have exceeded 999 with a given client.]			
7	Support the association of sufficient number of contacts (two or more digits) per patient (for designating spouse, partner, breeder, trainer, barn, and so forth). The ability to track all people associated with a patient, and how to reach someone. [The intention is to reduce the issues we have had with duplicate entries for the same patient in our Vetstar database.]			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
8	Allow the entry of the percent of ownership for each client (owner) per patient. The ability to track all patients associated with a client. [To reduce the issue of duplicate entries.]			
9	Support Hospital-defined status codes for each client (owner). We need the ability to add status codes for specific patients too...hospital-defined status codes and flagging system. Currently, we use status codes for bad debt, VIP, and so on. We may also want to have multiple status codes for a given patient or client. For example, perhaps a patient was brought in by a VIP client who has a bad debt record.			
10	Support Hospital-defined, multiple billing cycles for each client. Today, each client is assigned to a billing cycle. In our hospital, we try to break billing into weekly batches, because of the volume of billing. Ideally, we would like to spell out the billing cycle and due date for payment at the time the client comes in with a patient.			
11	Support Hospital-defined billing codes (e.g., discounts; taxable vs. non-taxable) for each client (owner) which determines whether charges can be discounted. Allow authorized users to suppress finance charges, discounts, and other financial processing indicators for specific clients. [We would like the ability to turn off or suppress certain financial processing indicators for specific clients, e.g., the ability to waive a finance charge.]			
12	Allow users to search for clients and/or patients using multiple criteria (e.g., client last name and patient name; patient name and species; client last name and telephone number, etc.). We must be able to retrieve medical records by name, AVID # (RFID tag), referring vet, rabies tag #, vaccine lot, postal code, and so forth.			
13	Provide a warning to users prior to the addition of potentially duplicate clients or patients based on Hospital-defined criteria, including mobile units that operate in offline function periodically.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
14	Provide the ability to search the client and patient tables for potential duplicates based on Hospital-defined criteria.			
15	Support phonetic (Soundex) searches for all names associated with clients and patients. (Soundex is an industry term for the ability of an application to return a phonetic string. Refer to: http://en.wikipedia.org/wiki/Soundex)			
16	Print embossed cards, labels and/or identification tags for each patient at registration, admission and on-demand. We would like the ability to barcode too, e.g., to print a tag that can be given to the client that includes a picture of the animal and information that will expedite check-in the next time they bring the animal into the hospital.			
17	Support entry of referring veterinarian and clinic at registration and admission.			
18	Support entry of a Hospital-defined registration type (e.g., inpatient, outpatient, lab work only, and so forth) for each patient visit.			
19	Support entry of a Hospital-defined visit type (e.g., oncology, rehabilitation, and so forth) for each patient visit.			
20	Allow the association of multiple providers and roles (e.g., admitting DVM, attending DVM, coordinating DVM, resident, intern, tech, student, etc.) to each patient visit.			
21	Allow the Hospital to define multi-tier locations (e.g., cages within wards, stalls within wards) for patients housed in the Hospital.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
22	Provide the ability to record a summary and/or detail estimate of the total anticipated charges for each patient visit that can be compared with the actual running balance for the visit and displayed throughout the software. Track/flag multiple clinician interactions and changes to estimates → track individual services but keep a running total = only one estimate for a visit/stay with an <u>accurate</u> total. • Allow for popup/reminder window to prompt call/communication between client and clinician regarding changes to the estimate. Allow for notation as to who called, how communicate: Phone or direct? When? Approve or not? • Provide the ability to warn users when accumulated charges reach or exceed an estimate provided for the patient visit. [Note: This line item is also important to Billing, Accounting and Financial Management.]			
23	Provide the ability to automatically apply charges to patient visits for such things as hospital service fees, hourly or daily boarding, etc., based on Hospital-defined rules without complex programming.			
24	Support entry of a Hospital-defined discharge status for each patient visit. Examples: alive, dead, euthanized, and so forth.			
25	Support entry of a Hospital-defined disposition for each patient visit, e.g., discharged to owner; transferred to pathology for necropsy, and so on.			
26	Provide the capability to report accession counts to AAVMC or other organizations based on Hospital-defined criteria.			
27	Provide the ability to create pre-defined estimates or sets of treatments or charges for specific complaints, diagnoses or major procedures (e.g., THR) that can be recalled, edited and applied to the patient's account easily to reduce data entry requirements.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
28	Track transfers between services and clinicians more carefully, and the ability to track revenue more accurately, e.g., retroactive transfer tracking.			
29	Hospital wants control over items that are printed on the invoice (or, that are not included on the invoice).			

Electronic Health Record

Overview	<i>The software should include all of the typical functions needed by a hospital to: record patient history, physical exam, and vital signs information; maintain SOAP progress notes; enter orders and requests for services; add charges for services and supplies rendered to patients; document communications with clients; record treatment and consultative reports; produce discharge summary and referral letter documents; and generate daily, weekly, monthly and annual reports for administrative, teaching and research purposes. Also, the ability to capture and retain images and other attachments, e.g., necropsy, cytology, radiology, and so forth.</i>			
1	Provide the automatic assignment, with manual override, of multiple numbering schemes for patient medical record numbers (e.g., one for companion animal patients, one for large animal patients, and one for field service patients, radiology, and so forth). In addition, the ability to add multiple number ranges to allow for different, area specific, patient information.			
2	Provide users ability to search and retrieve patient electronic health record using full or partial patient name, medical record number, full or partial client name, or associated contact name such as barn, trainer, and so forth.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
3	Support Hospital-defined screens. For example: Hospital-defined screens for history; physical exam; vital signs; SOAP progress notes; critical care; treatment flow sheets; service or section consultation, and all ancillary medical and diagnostic service reports (anesthesia records; surgical reports; imaging and operative reports, and so forth).			
4	Allow authorized users to request radiology procedures, laboratory tests, medications, and supplies via the patient electronic health record. Provide automatic entry of charges to the account when orders are added in the patient electronic health record.			
5	Provide each user an electronic work list of pending requests and assigned tasks.			
6	Interface with electrocardiographic and other vital sign monitoring devices for automatic data entry into the patient electronic health record.			
7	Allow authorized users to view vital signs, radiology images, laboratory test results, consultation reports, etc., via the patient electronic health record.			
8	Support displaying trend lines of laboratory test results, vital signs and other recorded measurements. Ability to have trend lines; for example, when worried about vital signs, one can look at the trend of those signs over time. This feature should provide user-defined ability to map multiple things to create the needed graph.			
9	Generate, using accumulated electronic data, discharge summary and/or referral letter documents in Hospital-defined format from the electronic health record for each patient visit and allow authorized users to edit these documents.			
10	Produce Hospital-defined vaccination certificates, rechecks, etc., and automatic renewal reminders in multiple formats (e.g., e-mails, post cards, and so forth).			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
11	Support automatic finalization of electronic health record data based on Hospital defined criteria, requiring separate addendums for subsequent additions or changes to the original record. The ability to lockdown data after a certain length of time. Only an authorized user with the proper level of authority would be able make updates after that point. Also, an automatic red flag so the report goes to the referring vet and/or the owner.			
12	Provide spell-check, grammar check, macros, medical dictionary, to all electronic medical record data entry. This should include error checking of reference charts, beeper numbers, phone numbers, and so forth.			
13	The ability to scan documents into electronic medical records. Also, it would be helpful to be able to scan existing paper reports into electronic medical records of living patients on an as-needed basis.			
14	Provide a web portal for referring vets.			
15	Provide a web portal for clients.			
16	Ability to generate templates for word-rich reports, e.g., a TPLO is at TPLO, so a template would be very helpful to reduce data entry.			

Health Information Management

Overview	<i>The software should include all of the typical functions needed by a hospital to: manage patient medical records; track the physical location of paper medical records; identify and report any deficiencies in patient medical records; convert paper records to an electronic format; migrate to and maintain electronic health records; code diagnoses and procedures for patient visits; abstract patient visit data to report to external organizations; compile utilization statistics; and generate daily, weekly, monthly and annual reports for administrative, teaching and research purposes.</i>			
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	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
1	Allow authorized users to merge duplicate patient records with audit trail. [Note: It is easy in Vetstar to add clients again (duplicate clients), so that, e.g., we wind up with two "Teddy Smith" that belong to the same owner...we want to stop this from occurring.]			
2	Provide the ability to re-use medical record numbers if recovered from duplicate patients.			
3	Allow authorized users to merge duplicate client (owner) records with audit trail.			
4	Allow authorized users to transfer patients to new clients (owners) retaining a historical record of the previous client (owner) and audit trail. This would include transferring billing, if needed.			
5	Allow authorized users to cancel or merge patient visits and audit trail. For example, if a dog rips out its sutures, and has to come back at 8 PM on the same day for re-suturing.			
6	Support the association of an unlimited number of SNOMED CT codes (or keywords) to each procedure and diagnosis in the master tables. [Note: While we currently use SNOMED, we are looking at keyword search capability - we will still need some type of search capability.]			
7	Support auto coding as procedures and diagnoses are entered in the electronic health record. This is important if we end up using SNOMED; it is less important for keyword searches.			
8	Allow authorized users to assign an unlimited number of SNOMED CT codes and related attributes for each diagnosis and procedure recorded for each patient visit. Again, if we are using SNOMED this is very important. The real issue is: We need to be able to put enough information into the electronic record in whatever format we decide to use.			
9	Provide the ability to create and transmit abstracts of patient visit data including coded diagnoses and procedures to the Veterinary Medical Database (VMDB) or other organizations.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
10	Support the tracking of the physical location of portions (e.g., visits or volumes) of patient paper medical record.			
11	Provide a method to quickly check-in or check-out a large number (batch) of patient paper medical records.			
12	Support Hospital-defined criteria for identification of deficient medical records. We need the ability to check medical records for completeness, i.e., to detect if a medical record is missing a critical piece of information.			
13	Support Hospital-defined criteria for identification of pending results (e.g., laboratory, necropsy, surgery report, and so forth).			
14	Support the automatic modification of patient sex when Hospital-defined charges are posted to the patient visit.			
15	Provide automatic archiving of deceased patients, patients that would be older than X years, patients that have not been to OSU for Y years.			

Pharmacy

Overview	<i>The software should include all of the typical functions needed by a hospital pharmacy to: request medications electronically; track the dispensing of medications to inpatients and outpatients; refill prescriptions; add charges for medications and supplies provided to patients; interface with automated medication dispensing devices; track inventory; prepare reports of controlled substance activity; and generate daily, weekly, monthly and annual reports for administrative, teaching and research purposes.</i>			
1	Allow authorized users to request medications via the patient electronic health record, and provide an electronic work list of pending requests. (This would require a notification to the pharmacy).			
2	Comply with the regulations and standards of the Ohio State Board of Pharmacy for electronic prescription transmission systems.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
3	Allow authorized users to record the return of full or partial quantity of dispensed items. Support entry of fractional quantities for Hospital-defined charges.			
4	Support the assignment of a minimum charge per order to override the actual calculated price for dispensed items.			
5	Maintain a perpetual inventory or interface to an external inventory system such as PeopleSoft (purchasing system).			
6	Support the bi-directional exchange of data with Pyxis automated medication dispensing devices.			
7	Provide the ability to record prescriptions written for external pharmacies.			
8	Comply with all reporting requirements of the Ohio State Board of Pharmacy.			

Laboratory

Overview	<i>The software should include all of the typical functions needed by a clinical laboratory in a hospital to: order laboratory tests; add charges for laboratory tests and services for patients; print specimen labels and requisitions; interface to laboratory instruments and analyzers; monitor quality control (by graphical display); enter and edit results for chemistry, hematology, cytology, serology, parasitology and microbiology tests, (e.g., urinalysis; coagulation; SPE; Coombs testing; blood typing; PCR; immunophenotype; immune chemistry); print, e-mail or fax results; compile utilization statistics; and generate daily, weekly, monthly and annual reports for administrative, teaching and research purposes. Some reminders are patient-based, others are clinician-based. We need to figure out how to make the system work optimally with reminders.</i>			
1	Allow authorized users to order laboratory tests via the electronic health record and have charge posted.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
2	Print a Hospital-defined specimen label, which includes barcode, near the user location at the time each test is ordered.			
3	Optionally print a Hospital-defined paper requisition in the designated laboratory at the time each test is ordered.			
4	Provide an electronic work list of pending requests. This should be continually updated and lab-specific, e.g., only microbiology should see microbiology requests to reduce the number of requests a person must look through to find their request(s). These should be color-coded appropriate to the lab. It would be helpful to also have the option for a given lab to see all lab requests for teaching purposes.			
5	Bi-directional, with industry standard interfaces, e.g., HL-7. We currently have the following instrument, among others: Abbott Cell-Dyn 3500R analyzer; Advia 120; Roche Hitachi 911 analyzer; Roche Cobas 501; Roche Cobas 6000 911 analyzer; Nova medical blood gas and electrolyte analyzer; CCX; automated microbiology analyzer; Diagnostica Stago Compact; Densitometer; ACL; Osmometer. [Note 1: Two other instruments are: (1) the one Dr. Daniels will use to automate typing of bacteria <i>[not known at this time]</i> and (2) the system used by the Ohio Division of Agriculture (ODA) <i>[not known at this time.]</i> [Note 2: The importance of this line item depends on the instrument in question.]			
6	Support unlimited reference ranges for each test for each species. For example, different strains of mice and different breeds of dogs have different reference ranges.			
7	Support selection of a panel of drugs (e.g., based on species, source of specimen, and so on) or individual drugs when resulting microbiology culture and sensitivity tests.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
8	Allow authorized laboratory users to cancel or reject orders and automatically adjust the corresponding charges and electronic health record as appropriate. (Note: For a cancel or reject, the system should also delete the charges as well.) Restrict the modification, cancellation or deletion of orders in the electronic health record for laboratory tests already performed or resulted by the laboratory.			
9	Restrict the display or printing of laboratory test results until verified by authorized laboratory users. Hospital-defined criteria on what results are displayed before verification. Example: In case a partial result, show them as, for example, "pending pathology review." Somehow the results must be designated as preliminary.			
10	Provide electronic notification to requesting current active clinician that finalized results are available. Control over where results are distributed – who gets the results. Standard result options, plus the ability for individual users to request notification for certain results on a test by test basis.			
11	Support displaying graphs of laboratory test results. For example, demographics of patient, lab tests, vital signs, weight, PTR, and so on. Any patient-related field graphed against something else. Also, the ability to have the graphs exported via jpg or other format, and included in the discharge summary, or usable in a presentation.			
12	Allow authorized users to easily define and maintain standard result codes and text, i.e., macros, without programming. For example, when writing out a cytology report, it would be helpful to have a way to put in our own macros, i.e., predetermined text. A way for instruments to generate insertion of macros under a certain setting. Outside macros could also go into the report based on what the labs generate.			
13	Provide ability to track quality control (QC) data.			
14	Provide ability to generate QC graphs (e.g., Westguard Rules format or Levy Jennings).			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
15	Specify panic values: If lab results fall below a certain level, there is a panic value, e.g., if there is a severely low glucose reading. Erroneous values should be called out as well, but panic values should be separate from erroneous values. The intention is to make techs aware via notification in the case of panic values, e.g., species-specific variations.			
16	Notify clinician of need for new submissions. This item relates to the clinician work list. For example, a reminder gets added to the work list, such as "clinical pathology needs more blood on this patient."			
17	Specify sample submission requirements. Specify in-house send out; expected time to result. The test procedure should be available.			
18	Store images as part of patient record. [Also see Radiology]			
19	Customize/modify report format: Reports generated now are difficult to read. For example, "If a result is above a certain threshold value, add this string to the bottom of the report." Show how the result compares to the standard range of this type of data. Include bolding, color, graphical trend lines, and macros (predetermined text). Also, our current reporting system is chronological. We would like the ability to customize the output when there is a large amount of lab data, e.g., the ability to move the data around. Sequential lab data in a readable format would be useful. For example, all potassium values should show up in a sequential manner.			
20	The ability to add comments regarding the results.			
21	Word with spell check added and medical dictionary lookup.			
22	Ability to provide links to reference(s), e.g., html link to a relevant research paper.			
23	Access to data from previous visits (this is similar to and item mentioned in the Radiology section). We would like to see the trends from all units. The ability to put any data side by side, regardless of the visit.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
24	The ability to track inventory, such as disposables. We should have the ability to track hospital inventory in general (via RFID tags, barcodes, or similar technology).			
25	Provide lab alert, e.g., "Instrument down", i.e., a way to communicate with users.			
26	Import data from other labs...ability to package all the labs together, no matter where the data came from – but, to also know where it came from. [Also see Radiology]			
27	For Microbiology: Labels that indicate appropriate lab and sample would be beneficial. The ability to view results from remote locations would be nice. A microbiology program that is easy to input data and search. This program should allow for export into Excel spreadsheets for epidemiologic analysis.			
28	For Clinical Laboratory: Ability to search historical data, and search results online for PIs. Example: All "calciums" higher than 12.5. [See Reporting and Data Retrieval]			
29	For Clinical Laboratory: Checklist for Lab Information System: (a) quality control functionality, including Westgard Rules; (b) requisition reports; (c) storage of patient data (with no achieving required); (d) support multiple analyzer interfaces; (e) secure; (f) calculations; (g) import/export data in HL-7 format; (g) web results reporting; (h) reference lab interfaces; (i) remote ordering; (j) can export result and billing data; (k) importing orders; (l) report format flexibility; (m) order entry.			
30	Provide the ability for clinicians to send out tests to outside labs and receive email results back that will them to conveniently accept the online results into the laboratory information system. Example: Currently, Burkhard lab receives results to their personal email accounts for Immunophenotyping, but must cut and paste the sheet into VADDS using the word processing option. Also, we would like the ability to add images, (e.g., photos, radiographs), to the system.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
31	Capability to order different kinds of panels. Customizable groupings of assays that can be run, including the ability to have add-ons that may not be on the standard list.			
32	For ordering tests and diagnostics, the ability to drill down menu of lists to get to the specific situation. For example, for radiographs, the ability to link them to body systems and species. This information needs to be known before the order is made. Ideally, this could be done via a touch screen, but a list or drop down list would be sufficient.			

Radiology

Overview	<i>The software should include all of the typical functions needed by an internal radiology department in a hospital to: order radiology procedures; add charges for radiology exams, services and supplies for patients; print requisitions; enter and edit professional reports; compile utilization statistics; and generate daily, weekly, monthly and annual reports for administrative, teaching and research purposes. Ideally, the software would include all that would be in a Radiology Information System, or it would actually be a Radiology Information System that integrates with the VCIS system. (In this latter case, VCIS would populate the DICOM fields in the RIS system, and the request would appear on the central computer. One would be able to send the request to individual rooms, thereby not adding the data at all.)</i>			
1	Allow authorized users to order radiology procedures via the electronic health record and have charge posted.			
2	Optionally Print a Hospital-defined paper requisition in the designated radiology location at the time each test is ordered.			
3	Provide an electronic work list of pending requests with an interface to the modality.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
4	Support the display of digital images retrieved from a Merge Fusion PACS server in the electronic health record.			
5	Restrict the display or printing of radiologists reports until verified by authorized users, i.e., they can be seen, but should clearly indicate that the results are draft or provisional. Also, the ability to generate a list of reports that are finished, but are not yet verified.			
6	Restrict the modification, cancellation or deletion of orders in the electronic health record for radiology procedures already performed or resulted by the radiology department.			
7	Allow authorized users to easily define and maintain standard result codes and predetermined text (i.e., macros) without programming. This should also work for speech recognition (Dragon Naturally Speaking), as it relates to report generation.			
8	Provide the ability to receive and track films from external providers (e.g., referring veterinarian). We need the ability to link images that are created somewhere else, e.g., an outside clinic. These images need to be treated seamlessly as if they were our own, but we need to know where they came from also. We need a way to save the images and later link them to the medical record of that patient. We will not put anything into the system until the patient gets a medical record assigned, but we need a way to later link these images with the medical record once it is established.			
9	Instructions should be linked to the procedure, i.e., the images you need to get...the ability to have the information before really ordering it. For example, check on the different possible foot studies that can be done before actually ordering a specific study.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
10	We need a way to graphically display how our business is going – e.g., how many CT's have we had over the last 12 months or the ability to do a year to year comparison of the month. [Note: This is a financial accounting function, but we want to point it out here as well.]			
11	Would like to see the previous data on a given patient, e.g., previous lab reports, previous radiology images. Would like these to be, e.g., tabs on the screen while viewing the patient's information. Also, a link between the report and the image, i.e., if you are viewing the report you can retrieve the image, and vice versa. This could perhaps be achieved by integrating a DICOM viewer into the VCIS system.			

Field Service

Overview	<i>The software should include all of the typical functions needed by a mobile healthcare service operating off-line from a hospital to: add new clients and patients; update client and patient demographic data; view historical medical record data for a subset of patients; open new patient visits; add charges for services and supplies rendered to patients; add new medical record data; and subsequently synchronize data with the hospital master database.</i>			
1	Support the automatic assignment of temporary client account numbers and/or patient medical record numbers in the field while off-line and then later allow these numbers be changed to permanent numbers when the mobile data is synchronized with the hospital master database. This is specific to the equine service. The concept is the same software as in the Hospital, but can have a mobile configuration – can collect data in the field, then sync when you get back or sync from the field. The field service tends to work in batches; they do their data entry in the truck. We would like the ability to have multiple “companies” run on the software (e.g., Marysville).			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
2	Provide the ability to search and retrieve patients by barn location. Search by boarding location, patient location, or billing location fields.			
3	Provide the ability to quickly add a user-specified set of charges to multiple patients at one time. Facilitate speedy entry of charges, e.g., if vaccinate all horses in the same boarding facility or barn. There needs to be a way to add or delete patients or people from a list.			
4	Ability to tie in to GPS for location address of the patient.			

Billing, Accounting and Financial Management

Overview	<i>The software should include all of the typical functions needed by a hospital business office to: record charges for services and supplies rendered to patients; enter adjustments; print invoices; calculate and apply finance charges; print periodic statements; accept cash, check and credit card payments; balance cashier drawers; enter mail payments; record inter-departmental charges and payments; manage payment plans for delinquent accounts; send dunning notices; track internal and external collections activities; maintain inventory; make price changes; and generate daily, weekly, monthly and annual financial reports.</i>			
1	Allow authorized users to override standard charges during order entry. Prohibit unauthorized users from overriding standard charges during order entry.			
2	Support discounting charges based on Hospital-defined billing codes or client types. This could be part of the customer's profile.			
3	Support printing a single invoice of detailed charges for all services, sections and departments at any time during the patient visit and at patient discharge with invoice number that is stored in systems. That is, there will be no different billing for different services.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
4	Support splitting invoices among multiple clients based on percent of ownership of the patient.			
5	Generate periodic account statements in Hospital-defined format based on client billing cycle.			
6	Provide the ability to calculate and apply finance charges on unpaid balances to client accounts based on Hospital-defined criteria and late fees for no payment.			
7	Inventory of supplies: Maintain a perpetual inventory of Hospital-defined items stored in multiple locations or interface to an external inventory system such as PeopleSoft.			
8	Provide ability to change prices by group or category using percent amount or fixed amount with optional rounding to nearest Hospital-defined amount and ability to edit individual or groups of prices.			
9	Provide ability to make price changes effective on a future date.			
10	Support retaining all account detail (i.e., charges, payments, and adjustments) and corresponding audit trail data on-line indefinitely or provide archive access. This item relates to how long to keep the data in an active state. We do not want to have to archive things if we have enough physical storage.			
11	Support a Hospital-defined chart of accounts for general ledger entries.			
12	Provide real-time and historical accounts receivable aging reports for Hospital-defined selection criteria, or, at least store the reports.			
13	Maintain a history of price changes for each procedure code.			
14	Revenue and adjustments tracking over multiple hospital-defined fields, including: clinicians, visit type, referring veterinarian, service, time, species, and so forth.			

Reporting and Data Retrieval

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
Overview	<i>The software should include all of the typical reporting functions needed by a hospital such as: daily admission, census and discharge reports; daily charges report - detail and summary; daily charges by provider; daily payments report – detail and summary; financial summary report; daily general ledger detail report; monthly and year-to-date charges and payments; accounts receivable aging; and daily, weekly, monthly and annual reports for administrative, teaching and research purposes.</i>			
1	Provide the ability to search, compile and report patient data using multiple criteria such as species, diagnoses, laboratory test result values, search terms, etc., for clinical research. We don't want this to be a feature that bogs down the server, e.g., yesterday's data is okay for medical data. We would like advanced searches with easily exportable results. For example, the ability to choose which fields to export...the ability to define and save a search...a search and export engine. We also want accession statistics, and if we still use SNOMED codes, those as well.			
2	Allow authorized users to quickly retrieve previously identified patient visits, radiographic images, laboratory results, invoice totals, etc., of interest for future teaching, research purposes, or bill analysis. We also want to make sure this feature does not bog down the server.			
3	Support the cross-tabulation of charges, payments and adjustments by service, section and/or provider as may be required of a practice plan for clinical faculty. We also want to make sure this feature does not bog down the server.			
4	Provide native ODBC access to the database from third-party products to create special reports or data exports that are not included in the software.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
5	Include a simple, easy-to use ad hoc report writing capability for authorized users.			
6	Allow the Hospital to create its own complex reports using any data in the database without complex programming.			
7	Provide the ability to schedule the automatic execution of reports.			
8	Development would like to track and identify potential VIP clients. Multiple-defined client fields, or search on high bills.			
9	Ability to do surveillance of common trends, e.g., vomiting, diarrhea, urinary issues. The ability to also identify new issues or illnesses from these data. We want to be able to look at historical or laboratory findings to discover emerging or historical outbreaks. We also want the ability to send these data somewhere else for analysis.			

Data Conversion

Overview	<i>The Veterinary Teaching Hospital plans to migrate all of its existing HIS data from Vetstar, VADDS and the ancillary FileMaker Pro applications into the new healthcare information system database to preserve the data for patient care, research and business purposes. Also, if it is not practical to migrate all existing HIS data, the vendor must assist the Hospital to convert, at a minimum, the Vetstar data described in the line items below.</i>			
1	Client master (demographic) data.			
2	Client financial (e.g. balance forward, date and amount of last payment) data.			
3	Patient master (demographic) data.			
4	Patient visit (e.g. number, admit date, type, registration, discharge date, doctors, discharge summaries, survey logs, and SNOMED CT coded diagnoses) data.			

	Desired Feature	f(x) exists today in our product	We will integrate f(x) with another vendor's existing product	f(x) not feasible with our product
5	Provide access to previous VADDS lab test results data.			
6	Financial detail to be retained for at least two years.			
7	Include disclaimer like: "This information was converted from a historical system and may not be accurate."			

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SECTION I – VENDOR PROFILE

1. Identify the company name, address, city, state, zip code, telephone, and fax numbers.
2. Identify the name, title, address, phone and fax numbers, and e-mail address of the primary contact person for this project.
3. Provide a brief overview of your company including number of years in business, number of employees, nature of business, and description of clients.
4. Identify any parent corporation and/or subsidiaries, if appropriate.
5. Give a brief description of the evolution of the information system software. Include the date of the first installed site and major developments which have occurred (e.g. new versions, new modules, porting of software). Describe any previous ownership, if appropriate.
6. Indicate the total number of installations in the last 3 years by the year of installation and the total number of current users for the proposed system.
7. Provide a list of five (5) references similar in size and operations to the OSU Veterinary Teaching Hospital. (Include name, contact, address, telephone, system(s) installed and date of installation)

SECTION II – IMPLEMENTATION AND SUPPORT

1. Describe or attach a typical implementation plan or schedule.
2. Describe the training provided including location, number trained and training outline.
3. Provide samples of the Administrative, Systems and User Manuals.
4. Describe the ongoing system support provided by the vendor.
5. Are software upgrades provided as part of the software support contract?
6. How are customer requests for enhancements and customizations handled?
7. Describe the recent history of system enhancements.
8. Describe the company's policy regarding the source code.

SECTION III – TECHNICAL ENVIRONMENT

1. Describe the recommended hardware required to support the proposed system assuming the metrics outlined in the previous section.
2. Name and describe the database management program utilized by the system.
3. Describe the programming language(s) and tools used to develop the system.
4. Describe the file purging/archiving methodology used by the proposed system.
5. What are the warranty periods provided for system and application software?
6. Describe the security system used by the proposed system.

SECTION IV – Functional Requirements

Attachment A, "Desired Features", is divided by major headings. The "Overview" section under each major heading contains the minimum requirements for the VCIS system. Following each Overview section are the specific Desired Features of the OSU College of Veterinary Medicine.

SECTION IV – COST

1. Detail cost of software licenses.
2. Detail cost of any proposed software modifications and enhancements.
3. Detail cost of project management services.
4. Detail cost of training services.
5. Detail cost of data conversion services.
6. Detail cost of any other services.
7. Annual cost for software maintenance and support.

EXHIBIT B: Sample Insurance Form

ACORD™ CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)	
PRODUCER			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED			INSURERS AFFORDING COVERAGE			NAIC #	
			INSURER A:				
			INSURER B:				
			INSURER C:				
			INSURER D:				
			INSURER E:				
COVERAGES							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL POLICY TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR ADD'L LTR. INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PROJECT ☐ LOC	CPP 5017598 AWR	6/21/97	6/21/00	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMPLYOP AGG \$ 1,000,000		
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS	CPP 5017598 AWR	6/21/97	6/21/00	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$		
A	EXCESS UMBRELLA LIABILITY ☒ OCCUR ☐ CLAIMS MADE DEDUCTIBLE RETENTION \$	IMT 4368636	9/26/97	6/21/00	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUS: ☐ OTHER: ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
	OTHER PROPERTY	CPP 5017598 AWR	9/26/97	9/26/00	INST FLOATR 50,000 ANYONE JOB		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
PROJECT TITLE: INQUIRY # _____							
*The Ohio State University and its Board of Trustees are named as additional insured.							
CERTIFICATE HOLDER				CANCELLATION			
Purchasing Department The Ohio State University 2650 Kenny Road Columbus, OH 43210-1060				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, AND FAILURE TO DO SO SHALL BE DEEMED A BREACH OF CONTRACT AND SUBJECT TO THE INSURER'S COSTS OR REPRESENTATIVE			
				AUTHORIZED REPRESENTATIVE			
ACORD 25 (2001/08)							
© ACORD CORPORATION 1988							

EXHIBIT B: Sample Insurance Form (continued)

Contractor Certificate of Insurance Compliance

General Liability

1. Commercial General Liability box must be checked
2. Occurrence box must be checked
3. All other boxes are optional
4. Policy Number
5. Effective and Expiration Dates

Automobile Liability

1. The **Any Auto** box must be checked
2. All other boxes are optional
3. Policy Number
4. Effective and Expiration Dates

Excess Liability

1. The Umbrella Form box must be checked
2. Under Limits – **Excess Liability** can be applied toward the \$2.5 Million
3. Policy Number
4. Effective and Expiration Dates

Description

1. Reference the Inquiry Number
2. Reference Project Title
3. The text **The Ohio State University and its Board of Trustees** be named as “**Additional Insured**” must be typed in the description block (no exceptions)

Certificate Holder

1. Must read as shown on Sample

Cancellation

1. Must read **no less than 30 days** in the space provided
2. On line #2 in the Cancellation Paragraph, delete the words “**Endeavor to**”
3. Delete all words after the word “**Left**”

EXHIBIT C: Standard Instructions and Information

Bidders are cautioned to read this entire document carefully and to prepare and submit their response providing all requested information in accordance with the terms and conditions set forth herein. To be considered, Bidders must submit a complete response to this RFP in the format detailed by the specifications. Proposals must be dated, signed by an official authorized to bind the Bidder to the terms of the proposal and submitted to the Purchasing Department in accordance with the terms and conditions of this RFP.

1. **Proposal Submittal:** Proposals should follow the chronology of the RFP. Bidders may return Proposals to the University prior to the Bid Closing Date (as determined by the clock in the Purchasing Department) via, but not limited to: first-class certified mail, return-receipt requested; express mail; hand-delivery; or fax. **SPECIFICALLY, PROPOSALS CANNOT BE ACCEPTED VIA EMAIL.** Bidder's bid form will be accepted only if the University's bid form is signed and dated with reference to the Bidder's bid form as an enclosure. Any bid form that does not include price, payment terms, FOB point, date and a reasonable delivery promise may be considered an incomplete bid. Receipt of a Proposal by the University's mail system does not constitute receipt by the Purchasing Department. Proposals received after the Bid Closing Date/Time will not be considered. Office hours for receipt of quotes are Monday through Friday, 8 AM through 5 PM, ET. Requests for extension of the Bid Closing Date will not be granted unless the University determines, at its sole discretion, that the original Bid Closing Date appears impractical. Notice of any extension will be available in the form of an Addendum to all Bidders.
2. **Signature Required:** The Bidder Signature Page and OSU Certification Form must be signed and completed by the Bidder submitting the Proposal. Failure to sign the Proposal, or submit a signed certification form may disqualify the bid. Any bid, which does not include prices, terms, F.O.B. point, the inquiry number, date and a realistic delivery promise, may be considered an incomplete bid.
3. **Non-Discrimination:** In submitting a Proposal, or performing that which results from an award by the University, the successful Bidder agrees not to discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment because of race, color, creed, religion, sexual orientation, national origin, sex, age, handicap or Vietnam era veteran status. The successful Bidder further agrees that every sub-contract for parts and/or service for any ensuing order will contain a provision requiring non-discrimination in employment as specified above. This covenant is required pursuant to Executive Order 11246, Laws and Regulations of the State of Ohio and policy of The Ohio State University. Any breach thereof may be regarded as material breach of contract or purchase order.
4. **Specifications:** Proposals are requested on the materials and/or services specified. Instructions, manufacturer's model or catalogue numbers, etc., where shown herein, are for descriptive purposes only and to guide the Bidder in interpretation of the quality, design and performance desired, and shall not be construed to exclude the Proposal from offering other types of material or service **unless otherwise noted.** If the description of your offer differs in any way, you must provide a detailed description of your Proposal including pictures and literature where applicable. Unless specific exception is made, assumption will be that you are bidding exactly as specified on this price inquiry.
5. **Pricing:** ALL PRICES MUST BE FIRM and in compliance with RFP specifications. Please review your Proposals carefully, since it cannot be corrected after the Bid Closing Date. Any agreement or purchase order resulting from this inquiry shall require the successful Bidder to adhere to all specified conditions. Failure by the Bidder to meet delivery schedules: to deliver within a reasonable time, as interpreted solely by the University; to make replacement of rejected articles; or any other failure to perform in accordance with the terms and conditions of the inquiry and resultant agreement shall allow the University, at its sole discretion, to rescind or cancel the agreement and purchase in the open market articles or services of comparable grade to replace those rejected or not delivered. Bidder agrees to reimburse the University for any expense incurred in excess of the original contract price on all such purchases.
6. **University Rights:** University reserves the right to reject all, some, or none of the received Proposals and to waive informalities contained in the Proposals which are not inconsistent with law. The University may also waive any minor defects in the Proposals.
7. **Evaluation:** If an award of contract is made, the Bidder whose Proposal, in the sole opinion of the University, represents the best overall value to the University, will be selected. Factors which determine the award are detailed more fully in the specifications, including but not limited to: the Proposal's responsiveness to all specifications in the inquiry; quality of the Bidder's products or services; Bidder's ability to perform the contract; and Bidder's general responsibility as evidence by past performance. Although relative, price will not be the sole determining factor in award of the agreement.
8. **Award:** Unless the Bidder states otherwise, the University reserves the right to award by items, groups of items, or as a whole, whichever is deemed most advantageous to the University. The University also reserves the right to make multiple awards when it is deemed in the best interest of the University.

EXHIBIT C: Standard Instructions and Information (continued)

9. **Freight Terms:** All prices quoted are to be F.O.B. Destination. Unless clearly stated otherwise by the Bidder, prices quoted shall include all charges for transportation, packaging, crate containers, etc., necessary to complete delivery on an F.O.B. Destination basis.

10. **Sales Tax:** The Ohio State University, as an instrumentality of the State of Ohio, is exempt from Ohio sales tax and Federal excise tax, including Federal transportation tax. An exemption certificate will be furnished by the University Purchasing Department upon request.

11. **Invoicing:** As an award recipient, your invoice must match the resultant purchase order on a line-by-line basis. The invoice must be identical in terms of cost; units specified; quantity ordered; and item descriptions. Unless specifically exempted, unit prices must be entered and item total extended on each invoice.

12. **Cash Discount:** Any cash discount offered will be accepted and the University will endeavor to use same; however, only 30 days or more discounts will be considered in computing the net figure of your Proposal for award decisions. Requests for plus discount for non-payment of invoice beyond due date will become a consideration in bid awards.

13. **Samples:** Any samples required for award evaluation must be furnished as requested, free of any expense. Unless destruction of sample is necessary for testing purposes, or retention of sample is required as a quality standard for future items shipped, samples will be returned to Bidder, at Bidder's expense, upon request. Unless necessary or otherwise requested, samples become the property of The Ohio State University.

14. **Compliance:** Bidder warrants that both in submission of its Proposal and performance of any resultant purchase order or contract, Bidder will comply with all applicable Federal, state, local, and University laws, regulations, rules, or ordinances.

15. **Advertising:** No Bidder providing products or services to the University shall appropriate or make use of the University's name or other identifying marks or property in its advertising without prior written consent of the University's Office of Trademark and Licensing.

16. **Informal Bids:** RFP's are informal bids and will not be read at a public opening. Written requests for bid results must include the RFP number and closing date. If Bidder wishes to obtain a copy of the bid tabulation and/or evaluation form once award is complete, Bidder should include a self-addressed, stamped envelope with its Proposal and/or refer to the award table at the OSU Purchasing website (<http://purchasing.osu.edu>).

17. **Proprietary Information:** All evaluation criteria for bids are non-proprietary and subject to public disclosure after contract award. All Proposals, except for items reasonably identified by Bidder as trade secrets or proprietary information, are subject to public disclosure under Ohio Revised Code Section 149.43. Bidder shall be solely responsible for protecting its own trade secret or proprietary information, and will be responsible for all costs associated with protecting this information from disclosure. The University shall keep one (1) copy of the Proposal in accordance with its record retention schedule.

18. **Incurred Expenses:** The Bidder, by submitting a Proposal, agrees that any cost incurred by responding to this RFP, or in support of activities associated with this RFP, shall be the responsibility of the Bidder and may not be billed to the University. The University will incur no obligation of liability whatsoever to anyone resulting from issuance of, or activities pertaining to this RFP.

19. **Ohio or Domestic Preference:** To qualify for the in-state and domestic preferences, the bidder must furnish information as to the location of manufacture of the product being offered. The bidder must further designate that he/she is an "Ohio bidder" or bidder located in a state bordering Ohio or a bidder located in another state of the United States or in a foreign country. When the purchase is made by competitive selection, certification for in-state and domestic preferences is contained in the bid documents (copy attached). The University will rely upon this certification when evaluating a bidder for domestic/in state preferences.

20. **Bid Results:** Bid results and/or award information will be posted to The Ohio State University's Purchasing website at <http://purchasing.osu.edu> for 90 days from the award posting date. To access bid, award or other information you must be a registered vendor (see site for registration). An automated e-mail message will not be issued to announce this award posting; bidders will need to access the website directly to view the information. Every effort will be made to post award announcements within 30 days of the bid closing date. Verbal requests for award information will not be honored.

EXHIBIT D: The Ohio State University's Standard Purchase Order Terms and Conditions

1. **Offer:** The written offer sent by PURCHASER to SELLER is subject to cancellation by PURCHASER without notice if not accepted by SELLER within fourteen (14) days of issuance.
2. **Acceptance and Confirmation:** The written offer sent by PURCHASER to SELLER and The Ohio State University's Standard Purchase Order Terms and Conditions (Rev. 11/2007) (collectively hereinafter referred to as "Purchase Order") constitutes the entire agreement between the parties, unless otherwise specifically noted by PURCHASER on the face of the Purchase Order. Each delivery of goods and/or services received by PURCHASER from SELLER shall be deemed to be upon the terms and conditions contained in the Purchase Order. No additional terms may be added and the Purchase Order may not be changed except by written instrument executed by PURCHASER. SELLER is deemed to be on notice that the PURCHASER objects to any additional or different terms and conditions contained in any acknowledgement, invoice, or other communication from SELLER, notwithstanding PURCHASER'S acceptance or payment for any delivery of goods and/or services, or any similar act by PURCHASER.
3. **Inspection:** All goods and/or services delivered hereunder shall be received subject to PURCHASER'S inspection and approval and payment therefore shall not constitute acceptance. All payments are subject to adjustment for shortage or rejection. All defective or non-conforming goods will be returned pursuant to the SELLER'S instruction at SELLER'S expense. To the extent that the Purchase Order requires a series of performances by SELLER, PURCHASER prospectively reserves the right to cancel the entire remainder of the Purchase Order if goods and/or services provided early in the term of the Purchase Order are non-conforming or otherwise rejected by PURCHASER.

4. **Shipping:** All goods are FOB destination and must be suitably packed and prepared to secure the lowest transportation rates and to comply with all carrier regulations. No charges will be paid by PURCHASER for packing, crating or cartage unless otherwise specifically stated in the Purchase Order. Unless otherwise provided in the Purchase Order, no invoices shall be issued nor payments made prior to delivery. Unless freight and other charges are itemized, any discount will be taken on the full amount of invoice.

All shipments of goods scheduled on the same day via the same route must be consolidated. Each shipping container must be consecutively numbered and marked to show the Purchase Order number. The container and Purchase Order numbers must be indicated on bill of lading. Packing slips must show Purchase Order number and must be included on each package of LCL shipments and/or with each carload of equipment. PURCHASER reserves the right to refuse or return any shipment or equipment at the SELLER'S expense that is not marked with the Purchase Order numbers. SELLER agrees to declare to the carrier the value of any shipment under the Purchase Order and the full invoice value of such shipment.

5. **Time Is Of The Essence:** Time for delivery of goods or performance of services under the Purchase Order is of the essence. Failure of SELLER to meet delivery schedules or deliver within a reasonable time, as interpreted by PURCHASER alone, shall entitle PURCHASER to seek all remedies available to it at law or in equity. SELLER agrees to reimburse PURCHASER for any expenses incurred in enforcing its rights. SELLER further agrees that undiscovered delivery of non-conforming goods and/or services is not a waiver of the PURCHASER'S right to insist upon further compliance with all specifications.
6. **Changes:** PURCHASER may at any time and by written notice make changes to drawings and specifications, shipping instructions, quantities and delivery schedules within the general scope of the Purchase Order. Should any such changes increase or decrease the cost of, or the time required for performance of the Purchase Order, an equitable adjustment in the price and/or delivery schedule will be negotiated by the PURCHASER and SELLER. Notwithstanding the foregoing, SELLER has an affirmative obligation to give notice if the changes will decrease costs. Any claims for adjustment by SELLER must be made within thirty (30) days from the date the change is ordered or within such additional period of time as may be agreed upon by the parties.
7. **Warranties:** SELLER expressly warrants that the goods and/or services covered by the Purchase Order will conform to the specifications, drawings, samples or other descriptions furnished or specified by PURCHASER, and will be of satisfactory material and quality production, free from defects and sufficient for the purpose intended. Goods shall be delivered free from any security interest or other lien, encumbrance or claim of any third party. These warranties shall survive inspection, acceptance, passage of title and payment by PURCHASER.
8. **Statutory Conformity:** Goods and services provided pursuant to the Purchase Order, and their production and transportation shall conform with all applicable laws, including but not limited to the Occupational Health and Safety Act, the Federal Transportation Act and the Fair Labor Standards Act, as well as any law or regulation noted on the face of the Purchase Order.
9. **University Name:** No SELLER providing goods and services to PURCHASER shall advertise the fact that it has contracted with PURCHASER for goods and/or services, or appropriate or make use of PURCHASER'S name or other identifying marks or property without the prior written consent of PURCHASER'S Office of Trademark and Licensing.

EXHIBIT D: The Ohio State University's Standard Purchase Order Terms and Conditions (continued)

10. **Indemnification:** SELLER shall indemnify and hold harmless PURCHASER from any and all demands, causes of action, losses, liabilities, judgments, damages, claims (including but not limited to claims of negligence), costs and expenses (including but not limited to attorney's fees), arising from, caused by or related to the injury or death of any person (including, but not limited to, employees and agents of SELLER in the performance of their duties or otherwise), or damage to property (including property of PURCHASER or other persons), which arise out of or are incident to the goods and services to be provided hereunder. Nothing herein shall require indemnification as to any claims against PURCHASER arising from under the Ohio Worker's Compensation law, unless the claim arises out of services performed by SELLER'S employees on PURCHASER'S property. SELLER'S defense of any claim shall be subject to the Ohio Attorney General's right to appoint counsel and approve settlements.
11. **Warranty of Non-Infringement:**
 - 11.1 SELLER represents and warrants that all goods sold or services performed under the Purchase Order are: a) in compliance with applicable laws; b) do not infringe any patent, trademark, copyright or trade secret; and c) do not constitute unfair competition.
 - 11.2 SELLER shall indemnify and hold harmless PURCHASER from and against any and all demands, causes of action, losses, liabilities, judgments, damages, claims (including but not limited to claims of negligence), costs and expenses (including but not limited to attorney's fees), which arise from any claim, suit or proceeding alleging that PURCHASER'S use of the goods and/or services provided under the Purchase Order are inconsistent with SELLER'S representations and warranties in section 11.1. SELLER'S defense of any claim shall be subject to the Ohio Attorney General's right to appoint counsel and approve settlements.
 - 11.3 If any claim which arises from SELLER'S breach of section 11.1 has occurred, or is likely to occur, SELLER may, at PURCHASER'S option, procure for PURCHASER the right to continue using the goods or services, or replace or modify the goods or services so that they become non-infringing, (without any material degradation in performance, quality, functionality or additional cost to PURCHASER).
12. **Non Discrimination:** In fulfilling the terms of the Purchase Order, SELLER agrees that it will not discriminate against any employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, sex, sexual orientation, handicap or Vietnam veteran-era status. This covenant is required pursuant to federal laws and regulations, including Executive Order 11246, State of Ohio laws and regulations, and policy of PURCHASER. Any breach of this provision may be regarded by PURCHASER as a material and substantial breach of the contract arising from this Purchase Order.
13. **No Findings for Recovery:** SELLER warrants that it is not subject to an "unresolved" finding for recovery under Ohio Revised Code Section 9.24. SELLER further agrees that if this warranty is deemed to be false, the Purchase Order shall be void ab initio as between the parties and the SELLER shall immediately repay to the PURCHASER any funds paid under this Purchase Order, or an action for recovery may be immediately commenced by PURCHASER for the recovery of said funds.
14. **Force Majeure:** Neither PURCHASER nor SELLER shall be responsible for any delay or failure in performance resulting from any cause beyond their control, including, but without limitation to war, strikes, civil disturbances and acts of God. When SELLER has knowledge of any actual or potential force majeure or other conditions which will delay or threatens to delay timely performance of the Purchase Order, SELLER shall immediately give notice thereof, including all relevant information with respects to what steps SELLER is taking to complete delivery of the goods and/or services to PURCHASER.
15. **Confidentiality:** SELLER agrees that it will keep confidential all information regarding the features of any equipment, tools, gauges, patterns, designs, drawings, engineering data or other technical or proprietary information furnished by PURCHASER, and will use such items only in the production of goods and/or services under the Purchase Order, or any other Purchase Orders issued by PURCHASER. Upon the completion or termination of the or other Purchase Orders, SELLER shall immediately return all confidential information to PURCHASER or shall make other disposition of the confidential information as directed by PURCHASER.
16. **Assignment:** SELLER may not assign the Purchase Order, nor any money due or to become due without the prior written consent of the PURCHASER. Any assignment made without such consent shall be deemed void.
17. **Taxes:** Goods and services procured subject to the Purchase Order are exempt from Ohio sales tax, (Ohio Revised Code Section 5739.02), and from federal excise tax.
18. **Termination:** Except as otherwise provided in Section 1 above, the Purchase Order may be terminated at any time by the PURCHASER upon 30 days prior written notice to the SELLER. The Purchase Order may be terminated immediately by the PURCHASER for breach by SELLER of the Purchase Order, provided that PURCHASER has provided SELLER with notice of such breach and SELLER has failed to cure within 10 days of receipt of such notice.

EXHIBIT D: The Ohio State University's Standard Purchase Order Terms and Conditions (continued)

19. General:

19.1 The Purchase Order shall be governed by the laws of the State of Ohio, without reference to any choice of laws rules.

19.2 Failure of PURCHASER to act immediately in response to a breach of this Purchase Order by SELLER shall not constitute a wavier of breach. Wavier of PURCHASER of any default by SELLER hereunder shall not be deemed a wavier of any subsequent default by SELLER.

19.3 All notices under the Purchase Order shall be sent to the respective addresses on the face page of the Purchase Order by certified mail, return receipt requested, by overnight courier service, or by personal delivery and will be deemed effective upon receipt. In the event an addressee refuses to accept delivery, however, then notice shall be deemed to have been served on the date of said refusal of delivery. Postage, delivery charges and other charges shall be paid by the sender. A party may change its address for notice by written notice complying with the requirements of this section.

20. **Campaign Contributions:** By SELLER'S acceptance of this Purchase Order, SELLER hereby certifies to PURCHASER that all applicable parties listed in Division (I)(3) or (J)(3) of O.R.C. §3517.13 are in full compliance with Divisions (I)(1) and (J)(1) of O.R.C. §3517.13.

21. **DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO TERRORISM:** By SELLER'S acceptance of this Purchase Order, SELLER hereby represents and warrants to PURCHASER that SELLER, and those persons set forth in O.R.C. Section 2909.33(C), have not provided any material assistance to any organization identified by and included on the United States Department of State Terrorist Exclusion List, and that SELLER, and those persons set forth in O.R.C. Section 2909.33(C), have truthfully answered "no" to every question on the "Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization." SELLER further represents and warrants that SELLER, and those persons set forth in O.R.C. Section 2909.33(C), have filed said Declaration pursuant to O.R.C. Section 2909.33. If these representations and warranties are found to be false, this Purchase Order is void *ab initio* and SELLER shall immediately repay to PURCHASER any funds paid under this Purchase Order without liability to PURCHASER, or an action for recovery may be immediately commenced by PURCHASER for the recovery of said funds.

Rev. 11/2007

SCHEDULE A: Pricing Form

Detail cost of software licenses.

Detail cost of any proposed software modifications and enhancements.

Detail cost of project management services.

Detail cost of training services.

Detail cost of data conversion services.

Detail cost of any other services.

Annual cost for software maintenance and support.

- Delivery Information
 - ARO – Delivery can be made _____ days ARO
- Payment Terms
 - (e.g.: 2% Ten, Net 30) _____

Pricing Authorization – Pricing provided herein is authorized by the following:

Company Name: _____

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____



SCHEDULE B: OSU Certification Form

Please check the appropriate box(s) as applicable to the bidder. Failure to complete this form with requested information concerning any of the representations cited below may result in the disqualification of your bid submittal. The University, at its discretion, may disqualify your bid if any such representations are deemed untrue, inaccurate or if any such employment/affiliation creates a potential conflict of interest.

- A. Minority Business Enterprise (MBE)** - The Bidder ☐ **is** ☐ **is not** a State of Ohio Certified MBE supplier (ORC 122.71). See <http://das.ohio.gov/eod/eodmbeoff.htm> to verify MBE status.
- B. Encouraging Diversity Growth and Equity (EDGE)** – The Bidder ☐ **is** ☐ **is not** a State of Ohio Certified EDGE supplier (ORC 123.152). See <http://das.ohio.gov/eod/Edge/Index.htm> to verify EDGE status.
- C. Domestic Preference (Buy America)** - The products(s) ☐ **are** ☐ **are not** produced or mined in the United States of America, its possessions, or Puerto Rico.
- D. Ohio Preference (Buy Ohio)**
- The product(s) being offered are raised, grown, produced, mined or manufactured in Ohio.
☐ **Yes** (No further response is required)
☐ **No** (Go to Question D2)
 - The Bidder has a Significant Economic Presence within the state of Ohio.
☐ **Yes** (Answer a, b, c, below)
☐ **No**
 - Do you have ten or more employees based in Ohio, or seventy-five percent or more of your employees based in Ohio? ☐ **Yes** ☐ **No**
 - Have you paid the required taxes due the state of Ohio? ☐ **Yes** ☐ **No**
 - Are you registered with the Secretary of State?
☐ **Yes** (Charter/Registration No.: _____) ☐ **No**
 - The Bidder is considered a "Border State" Bidder (Indiana, Kentucky, Michigan, New York and Pennsylvania), offering product(s) produced or mined in the border state.
☐ **Yes**
☐ **No**
- E. No Findings for Recovery** – The bidder warrants that it ☐ **is** ☐ **is not** subject to an "unresolved" finding for recovery under Ohio Revised Code Section 9.24.
- F. Conflict of Interest**
- ☐ The Bidder certifies that **none** of the company's directors or principal officers are employed by or affiliated with The Ohio State University.
- ☐ The Bidder certifies that the name(s)/title(s) of the Bidder's directors or principal officers employed by or be affiliated with The Ohio State University are listed below:

Name (print)

Title (print)

Name (print)

Title (print)

Bidder certifies that the above information is true to the best of his/her knowledge.

Signed: _____ Title: _____

Company: _____

Federal Tax I.D. Number _____

Note: The provisions of this form are based upon University and Federal regulations and the requirement of the Ohio Revised Code.

SCHEDULE C: DMA Form

To complete this form, you will need a copy of the Terrorist Exclusion List for reference, which can be found on the Ohio Homeland Security Web site at the following address: <http://www.homelandsecurity.ohio.gov/dma/dma.asp>.

Instructions:

1. Completion of all applicable fields (including the 6 Declaration Statements) is required.
2. This form is specifically designed to accommodate the user to type into the form fields as prompted or print for hand-written entry.
3. Original signature is required.
4. Completed form may be submitted with bid response as referenced on Cover Sheet and in Section III.



Ohio Department of Public Safety
DIVISION OF HOMELAND SECURITY
<http://www.homelandsecurity.ohio.gov>

GOVERNMENT BUSINESS AND FUNDING CONTRACTS In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME FIRST NAME MI
HOME ADDRESS
CITY STATE ZIP COUNTY
HOME PHONE WORK PHONE

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

LAST NAME FIRST NAME MI
BUSINESS/ORGANIZATION NAME FEDERAL TAX ID
BUSINESS ADDRESS
CITY STATE ZIP COUNTY
HOME PHONE WORK PHONE

SCHEDULE C: DMA Form (continued)

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? | ☐ Yes | ☐ No |
| 2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? | ☐ Yes | ☐ No |
| 3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? | ☐ Yes | ☐ No |
| 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? | ☐ Yes | ☐ No |
| 5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? | ☐ Yes | ☐ No |
| 6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? | ☐ Yes | ☐ No |

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

APPLICANT SIGNATURE

DATE

X

PRINT APPLICANT NAME

SCHEDULE D: Bidder Questions Form

Should a Bidder question any section(s) of this document as unclear or as reasonably susceptible to more than one (1) interpretation; discover any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this request for proposal, **the Bidders must fax their questions regarding the specifications by 08/08/08 at 12:00 pm, ET, on this form.** Responses to the questions will be **provided no later than 08/14/08.**

RFP #: 09-29002801AA-SLL

Attn: Sue Ledin – IT Purchasing Manager

Fax #: (614) 688-3494

Company Name: _____

Voice #: () Fax #: () Email: _____

Responses should be directed to: _____
(please print)

Section: _____ Page Number: _____

Question: _____

Section: _____ Page Number: _____

Question: _____

Section: _____ Page Number: _____

Question: _____

Travel to Columbus:

<http://www.experiencecolumbus.com/get-here.cfm>

Directions to the OSU CVM campus and Hospital:

http://www.experiencecolumbus.com/pdf/columbus_area_map.pdf

<http://vet.osu.edu/location.htm>

Lodging:

<http://www.theblackwell.com/>

<http://www.universityplazaosu.com/>

<http://www.experiencecolumbus.com/stay-here.cfm>

Dining:

<http://www.experiencecolumbus.com/dine-here.cfm>

Parking:

Meters are shown on map at <http://vet.osu.edu/location.htm>

Temporary parking permits at <http://tp.osu.edu/visitorsmain/parking/parkingpermits.shtml>