

Anexa nr. 1 la Specificații Tehnice

Overview
<u>Form and Structure of Response</u>
Technical proposal
List of all Hardware, Software, licenses, training, etc.(including Model and part number if applicable)
Company Profile
Appendices- Required conformance statements by the supplier
Appendices - The inclusion of manufacturers' data sheets for all components
List of all components defining who will be responsible for installation of each
Financial Proposal
Company Profile
<u>Company Profile</u>
Number of Certified Engineers in the same Project field
Company Experience & the No. of years working in the IT Field
Required conformance statements by the supplier
<u>International Standards/ Recognition</u>
DICOM Conformance statement
IHE Conformance Statement
Valid FDA approval - For the Proposed PACS
CE mark
HIPAA compliance statement
HL7 compliance statement
ISO 9001 certificate
ISO 13485 certificate
Must be listed in KLAS research with above average ranking
Overview
<u>Original RIS/PACS Manufacturer</u>
What is the Original Manufacturer and Product/Brand Name of the PACS proposed?
Confirm that the offered PACS solution is fully Web-based
State your PACS software - previous version and release date

State your PACS software - current version and release date
State your PACS software - next version and estimated release date
Total Number of years in healthcare informatics
Local Partner/Distributor/ Representative
Company Weight / Field Experience
Total Number of years in Business
Total Number of years in Healthcare Informatics
Total Number of successful (Similar Projects) by you (Must Valid Customer list & Reference Sites)
KLAS PACS overall score
Support Competencies
Do you have Regional Call Center - Provide details (country and city) on the location of Service Centre(s)?
Do you provide regional On-line remote monitoring/support?
International Standards / Recognitions
Provide valid FDA approval for the Proposed PACS version/Model - Must attach a copy of the approval
CE marked - Must attach a copy of the approval
DICOM compliance statement - Must attach a copy
HL7 compliance statement - Must attach a copy
HIPAA compliance statement - Must attach a copy
IHE compliance statement - Must attach a copy
ISO 9001 certificate - Must attach a copy
ISO 13485 certificate - Must attach a copy
DICOM services and Storage Format
Complete DICOM conformance statement - and stamped by Original Vendor - must be supplied
Does the proposed PACS uses standard DICOM services?
What is the used format for storage in the proposed PACS system?
Does the proposed PACS comply with DICOM part 10 for storing images?
Does proposed PACS assures "Open/Direct" access to any 3rd Party integration?
Does proposed PACS support different types of Dicom SR SOP Classes (Basic, Enhanced and Comprehensive)?
Does Proposed PACS supports Cardiac Images and Cines?
Does proposed PACS support Mammography CAD SR SOP Classes?
Does proposed PACS support Enhanced SOP Classes for CT, MR, DX, etc....?
Does proposed PACS assure data migration when needed?

<u>IHE Profiles</u>
Demonstrate IHE support for the following IHE profiles by providing IHE compliance documentation
Do you support Scheduled Workflow Profile?
Do you support Patient Information Reconciliation (PIR) Profile?
Do you support PIX/PDQ: Patient Identifier Exchange and Query?
Do you support Key Image Note?
Do you support Consistent Presentation Of Image?
Do you support Access To Radiology?
Do you support Cross-Enterprise Document sharing for Imaging (XDS-I.b)?
Do you support Audit Trail and Node Authentication (ATNA)?
Do you support Consistent Time (CT)?
Do you support Cross-Enterprise Clinical Documents Share (XDS.b)?
Do you support Mammography Image?
HIPPA and GDPR Compliance?
<u>Project Overview</u>
The vendor shall provide the latest available, proven technology and version at time of deployment of the solution
Standards must based on "open architecture", that utilize standard data, image, communication and archival protocols including TCP/IP, DICOM and HL7
Open architecture systems are required to provide greater flexibility for existing system growth and integrated to the PACS during the life of the system
Hardware platforms, storage devices and imaging modalities are examples of components that may be purchased from a variety of vendors and integrated to the PACS during the life of the system
The proposed equipment should highlight compliance to the relevant standards and list these in the submission including any deviations from these standards. Vendors shall submit a detailed DICOM and HL7 conformance statement
Secure remote user access to proposed solution
PACS applications must use a single database / application architecture to ensure proper operation and decrease integration point of failures
PACS system
<u>PACS - General Requirements</u>

The proposed PACS Viewing application should be full web based application and should be working on all popular internet browsers like (Chrome, IE, Safari, Firefox)
The proposed PACS should provide zero foot print viewing application to facilitate referring physicians viewing process in any device and without any specific requirements in the used clients
The proposed RIS/PACS must be of the same manufacturer
The proposed PACS must be true Web-based
The proposed PACS shouldn't restrict the number of connected modalities. (Unlimited number of Modalities)
The proposed PACS should support DICOM JPEG 2000 Lossless, JPEG Lossless and Lossy compression.
Does proposed PACS support different Dicom SR SOP Classes (Basic, Enhanced and Comprehensive)? (Storing and viewing)
Supports storage and encapsulation of non-DICOM media objects in DICOM
Supports storage of media objects in their native format (i.e. store media objects on disk without any conversion, wrapping or encapsulation)
Normalize media object metadata by adding, updating, moving, prefixing, suffixing and more to the metadata attributes prior to archiving
Allows visible-light image capture and documentation directly from mobile devices (smartphones and tablets)
Captures media directly from non-DICOM devices (i.e. scanner via TWAIN interface)
Replicates storage of media across redundant storage devices
Ability to store all media in their native format without wrapping, conversion, or encapsulation in some other format
PACS - display of studies (Please Mention Number of Concurrent Users)
The System shall support multi language in both worklist, viewer and Admin tool.
The images could be displayed in Series and Stack mode.
Viewing Protocols Should be based on user preferences
The ability to view Cine-loop/ Multiframe Images: such as Ultrasound and Angiography studies
The ability to view Cine-loop/Multiframe Images could be divided to single static image
Window Width / level (WW/WL) preset function based on modality
The proposed PACS must support Zoom Functions and Real size display
The proposed PACS must support Scout image, Scout lines, and selecting respecting image
The proposed PACS must support Spine labeling shall be available
The proposed PACS must have the ability to compare different studies.

The System shall support “Digital Breast Tomosynthesis”.
The System shall support “MRI-Diffusion” workflow
The System shall support SUV measurement tool.
The proposed PACS must support Fetal Measurements for calculating GA and EFW
The proposed PACS must support PET/CT fusion
The System shall have the ability to measure Fetal Biometry (CRL, BPD, AC, and HC).
The System shall have the ability to calculate both “Fetus Weight” & “Delivery Date” and compare the results to the “Fetal growth charts”.
The System shall have the ability to save fetal measurements as presentation state file.
The System shall have the ability to send both “Fetal Measurement” and “Growth Charts” to report.
The proposed PACS must support advanced measurements such as but not limited to (Cardiothoracic ratio, cobb angle and 4 point angle).
The system shall have the ability to send key images to either “Film” or “Report”.
System shall have Peer review workflow and Statistical Peer review reports.
System shall have Discrepancies module.
The admin can control groups and permissions for Peer Review.
The proposed PACS should have the ability to Enable the user to search for different status of the “Peer Review” or “Discrepancies” studies.
The proposed PACS should Enable the user to merge studies of a patient to another patient according to the user rights.
The proposed PACS must Enable the users to chat inside the system.
The proposed PACS must Enable the users to drag and drop study into the chatting dialog and enable the other user to view it.
The system shall have the ability to get detailed information about number of received studies for every modality in a specific period.
The proposed PACS must support getting detailed information about the relation between users and reports for ex. The number of reports which is Typed, Verified or Dictated by a specific user.
The proposed PACS must allow authorized users to assign studies to different users\groups whenever needed.
The system shall have the ability to display all the selected patient prior studies using a user friendly “Patient Timeline” page.
The proposed PACS must support optimizing the workflow of matching images for the dental FMX.

The system shall have the ability to view Image in teeth chart
The proposed PACS must support Emergency department Discrepancies workflow
Patient portal Module to be included with the PACS System
The proposed PACS must support MRI Diffusion and CT perfusion workflow
The proposed PACS must support Patient history timeline for prior relevant studies
The PACS system shall include a Critical Results Module to communicate directly between the Referring Physician and the Performing Physician\Radiologist.
The critical results module shall include the capability of acknowledgments for both of the Radiologist and Referring Physician
The proposed PACS system shall include the capability of preform XDS transactions. for example: to act as Imaging document source and imaging document consumer to fit any enterprise environment
The proposed PACS must have Dashboard displaying the following:
Number of studies per day
Number of reports per day
Online users
Total studies count/ modality
Total report counts/status
Modalities timeline
Total studies count/top 5 Modalities
The proposed PACS must support Displaying reports statistics, viewed studies and reports count per modality, date, etc.
The proposed PACS must have web based tool for PACS monitoring.
All system logs should be available through web based tool
The proposed PACS must support displaying and printing the CAD marks & outlines
The proposed PACS must support Mammography Automatic Alignment
The proposed PACS must support Displaying the CAD Summary for the selected CAD report
The proposed PACS must have the ability to Draw and Display FROC curve if the CAD report contains needed details
<u>PACS - MPR/MIP (Please Mention Number of Concurrent Users)</u>
MIP (Maximum Intensity Projection)
User license for MIP - (Maximum Intensity Projection)
User license for MPR - Spine licenses (Multi-Planar Reconstruction)

User license for MPR - Oblique licenses
User license for MPR - Bi Oblique licenses
User license for MPR - Curved licenses
User license for MPR - Cross Curved licenses
Reporting
The offered solution should be web based and able to work from any internet browser.
The application should be multi-Lingual (English, French , Romanian ... etc.)
The system should be fully integrated with Microsoft's word package.
The solution should offer an easy way to import, edit and insert report templates to use it later in quick reporting.
The reporting tool should have the ability to automatically populate report header that includes needed patient demographics such as patient name, date of birth, etc.
The offered reporting tool should allow authorized users to print the final report.
The system must differentiate signed from unsigned reports. Privileged users can verify and sign reports. The signature can be used as a trigger for the purpose of viewing results.
The system must support partial validations, e.g. in case the medical report needs to be validated by two users. This is often the case when reports made by assistants need a review by the medical supervisor
Depending on their rights, users should be able to manually define whether they want the report to be partially validated or fully validated.
The User can view other necessary images / documents while writing the report (scanned documents , attached files with the exam, pre-typed clinical notes, etc.)
Scanned documents can be fully displayed.
Reports can be viewed/printed from PACS, RIS with the same GUI and same application.
The solution should support an integrated Voice Recognition.
The system should support digital dictation. Dictation tool to be loaded automatically while viewing the images
Dictation tool should be fully integrated with Philips mic
The recorded dictations should be automatically loaded for transcription (ordered by priority / creation date), or selected from a Work list.
Information related to the patient, the request and its exams, the addressees, etc. can easily be included in the report.

The proposed system must support automatic population of different report templates according to exam type or user.
The proposed PACS must have the capability of reporting through a multiplatform, reporting through different OS (windows, mac, Linux, iOS and android) and different mobile devices.
A copy of the report can be sent on demand by fax or email, or printed.
The proposed system must support distribution of preliminary and final reports via HL7.
The proposed Reporting tool must support SMS generation to be sent to the patients and Referring Physicians upon report verification in automatic and manual modes.
Different layout types are available to generate automatically reports for original or additional report recipients (Referral)
<u>Patient Portal</u>
The proposed system must include a web based patient portal
The proposed system should allow authorized user to provide a secure login to the patient
The proposed system should allow authorized user to either print the patient credentials on a paper or send it via an email
The proposed system should allow the facility to add their log on the patient portal login page
The proposed patient portal should allow the patient to view his/her radiological images and reports and all other non-dicom objects through his portal.
<u>Access and Image Sharing</u>
Provides secure e-mail and URL sharing options
Provides a native (not integrated 3rd party) web based non-diagnostic clinical viewer
Provides a native (not integrated 3rd party) web based diagnostic viewer
Provides a native (not integrated 3rd party) zero download viewing solution that does not require Flash, Silverlight, ActiveX Controls, Click Once Apps, or similar
Provides a native (not integrated 3rd party) device specific viewing app for Android
Provides a native (not integrated 3rd party) device specific viewing app for iOS
Provides a native (not integrated 3rd party) zero footprint viewing solution that writes zero (no) clinical data to local client devices (i.e. laptop, workstation, tablet, smartphone, etc.)
Provides a native (not integrated 3rd party) viewing solution that is capable of visualizing both DICOM and non-DICOM media. Non-DICOM media includes support for PDF, JPEG, PNG, AVI, MP4, and TIF formats without requiring media to be wrapped in DICOM
Provides a URL based API for image enabling 3rd party EMR's, portals
Provides interoperability via XDS and SMART FHIR

Provides a referring physician portal solution

Provides a patient portal solution

Provides release controls on patient's medical records within portal solutions

Enables access to view images within portal solutions

Enables access to view image reports within portal solutions

Provides access to structured data within portal solutions (i.e. medications, allergies, labs, etc.)

Provides a CD/DVD Web-based upload solution of DICOM media

Provides a CD/DVD Web-based upload solution of non-DICOM media

Provides manual metadata reconciliation capabilities when uploading

Can associate uploaded media to a patient and exam/visit/encounter through DMWL or PACS queries

Provides a CD/DVD export solution

Patient should have the capability to view his/her radiological images and reports and all other non-DICOM objects through the zero footprint portal and /or mobile devices

Radiology Information System RIS

RIS - General Requirements

The proposed RIS must be the same manufacturer of the proposed PACS system

The proposed RIS must support unlimited concurrent users for each of the required modules listed below

IHE Technical Framework Compliant - please provide official document

HL7 Compliance Interface with any other systems via HL7 protocols

HIPAA Compliant trail required

Tracing user actions are managed (Audit Worklist)

The proposed RIS must provide data encryption for secure network transmission

Web-based Interface - please confirm if it is 100% web-based? Or use 3rd party utilities?

Shall be able to search patient by last name, first name, date of birth and social security number

Shall be able to view patient histories

Shall be able to scan and send patient document

Shall be able to enter and notice patient medical alert

Support ADT interface with HIS (Hospital Information System) to receive patient demographic data

Shall be able to perform ADT functions independent of hospital's ADT system in the event the hospital's ADT system is unavailable
Shall be able to generate patient ID automatically and manually
Shall be able to generate patient by each institution ID issuer
the Proposed RIS system shall provide an Inventory Module
Shall be able to generate multiple statistics reports based on different criteria like patients, procedures and modality types, orders
Shall be able to enter patient insurance information
Automatic as well as manual backup of database possible. Automatic messaging system about backup status (successful/fail)
Context sensitive user manual available, also for the master data.
Master data configuration can be done by local administrators via a user friendly user

RIS - Integration

Support ADT interface with HIS (Hospital Information System) to receive patient demographic data
Shall be able to perform ADT functions independent of hospital's ADT system in the event the hospital's ADT system is unavailable
Must be able to send new order message to HIS
Must be able to send cancel order message to HIS
Shall be able to integrate with active directory of Hospital
Patient registration via HL7 interface.
Order is created in the HIS and the data is electronically sent to the RIS, where the order is scheduled.
Direct order scheduling from HIS in the RIS scheduler possible, a hybrid workflow can also be implemented (e.g. x-ray orders are scheduled directly, CT orders are scheduled manually in the radiology).
Patient info update from RIS to other systems by HL7

RIS - Patient Management (Please Mention Number of Concurrent Users)

A patient can be searched and retrieved by means of several criteria, such as, but not limited to: last name, first name, date of birth, patient ID, Modality, admission number, National ID and Military ID
Shall be able to retrieve and view patient histories
Shall be able to scan and send patient documents
Shall be able to enter and notice patient medical alert

Shall be able to generate patient ID automatically and manually

Shall be able to enter patient insurance information

The RIS title bar shows the most important information about the currently selected patient. The displayed information such as DOB, health warning etc. can be configured in the system settings.

RIS supports the work with shortcuts, which open dialogue windows or display certain information. The most important patient information is accessible to all users.

Possibility to connect scanner and add scanned documents to patient documentation archive related to patient or examination using a bar code for patient identification.

Automatic printing of several documents after patient registration (patient clarification, examination label, barcode).

Printing can be configured for each location differently. Printed documents are saved in the multimedia archive.

Possibility to add multimedia documents (image, pdf, word, sound, video) and link them with patient, visit or examination.

RIS - Scheduling (Please Mention Number of Concurrent Users)

Shall be able to display Daily, Weekly, Monthly Chart

RIS shall Display time slots by room, date, modality, or department

Shall be able to reschedule by cut & paste, and drag & drop features

Shall be able to print bar code

Shall display colors classified by study priority

Shall be able to block time slot for modality maintenance

Shall be able to view patient information and procedure information

Shall be able to assign a special procedure to a specific station

Shall be able to search all the of the ordered procedures by modality

Shall be able to double booking

Shall be able to occupy time slots for patients, referring physician, and dummy patient

Shall be able to search patient and create an order in the scheduling chart

Shall be able to alter patient-status as "arrived" in the scheduling chart

Shall be able to print scheduling confirmation sheet

Shall be able to change procedure in the scheduling chart

Shall be able to modify duration for a procedure

Shall be able to cancel scheduling and cancel procedure in the scheduling chart

Shall be able to schedule patients based on medical staff, Supplies, and Equipment

Shall be able to schedule patients based on specific equipment
Orders are adaptable and exams can be added/deleted/changed
Cancellation of orders with reason
Appointments can be scheduled via phone for already existing patients as well as new patients, without having to register the patient details
Automatic calculation of appointment duration depending on examination type and patient status (walking/sitting/lying) as well as modality type
Possibility to search for free time slots for an examination, taking into account opening times/public holidays, searching start date and patient preferences.
Fast scheduling of emergency patients in the examination room.
Overlapping of appointments is possible
Printing of appointment slips for the patient
Possibility to create/change the comment text in appointment
Deleted appointments can be displayed in the DPC.
Possibility to change appointment view depending on date/time
Display of appointments in week-view per room
Direct switching between week-view of one modality and day-view of several modalities possible
Possibility to remove any room from appointment planner screen
Possibility to display room groups depending
On examination type (MR, CT, US...)
Administration and display of recurring events (opening times, public holidays, preparation time for modality)
Possibility to print a day list of appointments
Scheduling of patients in waiting list (stand-by) without fixed time, for any room
Display of user appointments per user or user group (doctors, MTRA, administrators, registration)
Switching to the exam room directly from the appointment in the scheduler
Pregnancy survey possible before examination starts
Module nuclide management for nuclear medicine examinations allows for an easy documentation of inbound/outbound of Nuclides. The latest stock is calculated Automatically.

RIS - Order Entry & Search (Please Mention Number of Concurrent Users)

Must be able to send new order message to HIS by using HL7
Must be able to send cancel message to HIS using HL7
Shall be able to enter primary physician and ordering physician

Shall be able to search procedures by modality, body part, CPT code, and procedures in the same order
Shall be able to search patient order by exam status
Shall be able to check preparation instruction for a special procedure
Shall be able to alert patient medical alerts when to create an order
When order has multiple procedures, the user must be able to cancel one or more procedures in the same order
Support procedure conflict functionality
Orders can be planned on call without date/time. On call list is automatically forwarded to the next day.
Automatic search for already existing patients and warning sign in the patient registration process

Patient search by patient number, name, Family name, DOB. Similarity filter provides creation of already existing patients.

Patient search via filters, which can be defined by the user and saved.

Possibility to enter case-specific remarks during the examination

Possibility to enter an exam comment

Multiple examinations can be confirmed at once (responsible technician and reporting doctor are chosen simultaneously)

RIS - Worklist for technicians & Technologists (Please Mention Number of Concurrent Users)

Shall be able to view patient information

Must be able to search procedures by accession number and modality

Shall be able to change exam status from "Arrived" to "In Progress", "Complete" "Halted" and "Canceled"

Shall be able to change procedure room when a modality is out of order

Shall be able to add new procedure into the order

Shall be able to change procedure

Shall be able to modify study information

Shall be able to create an order to an unmatched image

Shall be able to delete study - by restricted rules

RIS - Reporting, Worklist for Interpretation & Transcription (Please Mention Number of Concurrent Users)

Support integrated digital speech mic and voice recognition system

Shall be able to hold dictation

Shall be able to change exam status "Examined" to "Dictated"

Shall be able to sort all of the matched studies to dictate

Shall be able to insert a pre-defined report

Shall be able to open report template
Shall be able to send report to a referring physician by e-mail or fax
Shall be able to insert user's scanned document into a report
Shall Support MS Word report template
Shall be able to sort all the "Dictated" studies
Shall be able to merge report

RIS - Administration, control and configuration possibilities

Users and access rights can be easily managed via groups. Individual access rights are also possible. User rights can be copied to other users, to make the creation of new users as easy as possible.

Customizable password policy
Specific workstation settings allow for individual RIS workplaces

Roaming user profiles, i.e. each user can use any RIS workstation with one's own profile.
Possibility to restrict access to patients (master data, exams, reports etc.) on user level
Logging of changes on patient master data possible, search for deleted patients also possible.
Appointment logging available. Date/time, creator of the appointment as well as deletion and changing of the appointments is recorded.
Search lists for the research of overdue reports, certain cases etc. available.
Tools for corrections are available for the Local administrators. Double patients, cases and referrers can be merged via a user-Friendly graphic user interface.
The RIS patient chart is available in the DPC in the scheduling process. order details such as comments, anamnesis etc. are also displayed.
a RIS user selects the patient from the hospital episode list and creates the order manually.
Customizable labels for orders enable a better overview of them
Order status is updated to the HIS
View on patient list is customizable (columns can be added/removed, sorting can be changed)
Health warnings can be saved for each patient. They are displayed in color in the examination room and can also be added to the RIS title bar.
Direct call-up of on-call patients from the waiting list of the exam room
Automatic documentation of responsible technologist
Automatic documentation of examination start date and time

Display of case relevant data during an examination (insurance, patient history, comment etc.)

Examination end time can be synchronized with the PACS study time

Information about personal availability (day, Week) is available.

Customer Service

Details of the received call to add of a call

Details of the received call to view reports of a call

Details of the received call to view medical history

Display all patient calls to customer service team

User can view all calls also the logged in user can open or close any calls

User can complete Multi-Select drop-down list which contains all users in the system to give the user the ability to select multiple users.

The user able to redirect to customer service module to add a new call

User can send a notifications to the selected users according to the selected status for the call “Open or Close or both”.

User can be add called “Status” for displaying complaints calls status “Open – Closed” with different color code

User can be add called “Reason” for displaying the opening or closing reason to the call.

Add a customer service call like phone number of the caller

User can select the users who want to send the email notifications for them if there is there are calls opened or closed

Add a customer service call like first, middle and last name of the caller

Add the call information to the customer service log

Navigate pages of multiple complaints and select how many complaints to display it
reason for closing the complaint call in the space provided

RIS/PACS - HIS integration

General Requirements

Integration mechanism must be based on DICOM and HL7 standards

The offered RIS/PACS solution shall support all events, statuses, and status changes necessary for proper synchronization to support system-wide work lists

The RIS must notify external application (HIS) when changes occur to certain identified types of information.

Support fully Bi-directional transfer of demographics and status change in information.

Exam status information must be transferred from PACS to RIS to inform the RIS of the completion of an exam.

RIS must update PACS with transactions that affect the identification of a patient, such as merging and unmerging, etc.
The PACS\RIS must provide modality work lists to modality systems, allowing those modalities which support work lists to acquire patient demographic data without technologist input
Describe the different techniques supported in handling a typical message flow, acknowledgement mechanism, queue management, multiple queue support, priority queuing, direct query of data source.

Overview
<u>Integration</u>
Installation, implementation, and integration of RIS and PACS system
Full integration with current HIS system (HIS)
Cost of integration and duration are considered when evaluating the integration offer
<u>Training</u>
Training-Program for Radiologists (number of Seniors)
Training-Program for Radiologists (number of Radiologists)
Training-Program for Technicians / Technologists
Training-Program for Nursing staff
Training-Program for (Reception, Secretary, Transcription)
Training-Program for System Administrator
<u>Support and Service Level</u>
Total years of warranty for Hardware, Software, and other components
Uptime Guarantee for core systems (Server and storage)
Uptime Guarantee for End-user systems (Workstations, PCs and Printers)
Retrieval / system Performance
Support Window weekly (Hours x Days)
Optional: Support Window weekly (Hours x Days)
On-site response time
fix time
Professional Services
<u>Installation and implementation</u>
The vendor must provide a clear project plan using "MS-Project" or compatible application
The vendor must ensure smooth integration of RIS/PACS with the current HIS system

The vendor must provide a clear training plan for the RIS/PACS users
The vendor must provide a clear training plan for the RIS/PACS admins
The vendor must provide a clear testing and acceptance criteria
<u>Post delivery</u>
The vendor should provide the hospital with a 24 hours/7days service strategies to ensure this shall be highlighted
Service Level Agreement (SLA) shall be submitted to cover total of 3 years warranty
The offered SLA must guarantee 96% uptime (Core Components Servers& storage) - Specify in your offer
The offered SLA must guarantee 96% uptime (non Core Components Workstations etc.) - Specify in your offer
The 3 years SLA must cover all updates batches, security issues, and bug fixes
The 3 years SLA must cover all upgrades within the delivered release / version
The 3 years SLA must cover all upgrades including major release of the same products