

TO WHOM IT MAY CONCERN

Attn. **IMSP AMT Buiucani**

Ref: **Tender Committee No. ocds-b3wdp1-MD-1767344084118
(21536383) 72200000-7 – Software programming and
consultancy services**

We, **IMAGE Information Systems Europe GmbH** the official manufacturer of **iQ SYSTEM PACS**, having our registered office at **Lange Str. 16 18055 Rostock, Germany**, hereby declare that the offered software solution is fully compliant with the requested technical specifications. Official confirmation of compliance is provided through the duly completed Technical Annex Form attached to this submission. Also we confirm that the iQ System PACS it is fully integrated with the product **RIS_BIT** manufactured by **LIVARTIX Ltd** - Romania

Jan. 19th, 2026

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Technical Annex

	Technical specification requested by the contracting authority	Compliance
	USER PROFILE MANAGEMENT	
1.	The software must provide access to the list of users, allow the creation of a new user, activate or deactivate the user, delete the user	YES
2.	The software must define rights for user profiles.	YES
	REPORTING MODE	YES
	TEMPLATE MANAGEMENT	YES
3.	The software must allow the creation of patient files.	YES
4.	The software must allow the creation of templates in the following formats: text or Microsoft Word.	YES
5.	The software must allow the creation of templates per study type (examination).	YES
6.	The software must allow the creation of template content with the insertion of a header sheet with the institution's logo.	YES
7.	The software must allow the insertion of macros into the template.	YES
8.	The software must allow the creation and editing of a template for modifications.	YES
9.	The software must allow the deletion of the template.	YES
10.	The software must allow the duplication of a template and a file.	YES
11.	The software must allow the template and folder to be reorganized.	YES
	REPORT MANAGEMENT	YES
12.	The software must allow the creation, editing, and deletion of a report.	YES
13.	The software must manage the status of the report (Draft / To be verified / Validated)	YES
14.	The software must allow reports to be printed.	YES
15.	The software must allow reports to be downloaded.	YES
16.	The software must allow access to a list of studies (studylist)	YES
17.	The software must allow easy searching using filters.	YES
18.	The software must allow the study to be opened in an HTML viewer (zero footprint/no local installation).	YES
19.	The software must allow the study to be opened in a workstation when it is installed and available.	YES
20.	The software must allow the study to be downloaded as a PDF file.	YES
21.	The software must allow additional files (previous reports or conclusions, medical history) to be uploaded for the study.	YES
22.	The software must allow the display of information about the study and the patient, as well as the patient's history.	YES
23.	The software must allow DICOM images to be sent (pushed) via DICOM nodes.	YES
24.	The software must allow DICOM, PDF, PNG/JPEG files.	YES
25.	The software must allow the loading of new DICOM studies.	YES
26.	The software must allow the upload of non-DICOM studies.	YES
27.	The software must allow users who have sent an imaging investigation to receive notifications when the report has been completed and uploaded to PACS.	YES

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28.	The software must allow the status of an investigation to be displayed (imaging investigation completed, doctor's conclusion uploaded for validation, conclusion validated, report sent to specialist/attending physician).	YES
29.	The software must allow patients to access their studies using an individual number and password provided by the provider.	YES
30.	The software must allow patients easy access to their studies via the internet without the need to create a patient user account.	YES
	PATIENT PROFILE MANAGEMENT	YES
31.	The software must provide access to the patient list and allow the creation and editing of new patients.	YES
32.	The software must allow editing of patient information.	YES
33.	The software must allow merging of patients in case of duplicates.	YES
34.	The software must allow the deletion of patients and all related studies, visits, and images.	YES
35.	VISIT MANAGEMENT	YES
36.	The software must create visits for patients.	YES
37.	The software must create studies within visits	YES
38.	The software must allow visits to be searched for.	YES
39.	The software must allow visits to be displayed in a daily and weekly calendar, indicating the day and time of the scheduled visit and separately for each imaging and radiology office.	YES
40.	The software must allow the duration of the visit to be set for each type of imaging investigation.	YES
41.	The software must allow the visualization of planned examinations globally and separately/isolated for each location (CMF, CMF office, CCD, CCD office).	YES
42.	The software must allow the creation of an emergency visit.	YES
43.	The software must allow the visit to be edited.	YES
44.	WORKLIST MANAGEMENT	YES
45.	The software must provide access to a worklist.	YES
46.	The software must allow the status of studies to be indicated (scheduled, pending, completed, canceled)	YES
47.	The software must allow the work list to be printed.	YES
48.	DICOM NETWORK MANAGEMENT	YES
49.	The software must allow the management of DICOM node configuration in accordance with DICOM standards.	YES
50.	The software must allow the addition, deletion, and testing of DICOM nodes.	YES
51.	STUDY MANAGEMENT	YES
52.	The software must allow the deletion of the Study.	YES
53.	The software must display DICOM tags	YES
54.	The software must edit the study information.	YES
55.	The software must regenerate the unique study identifier.	YES
56.	The software must reallocate the entire study.	YES
57.	The software must re-assign the selected images to another patient.	YES

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58.	The software must push the selected images/series to DICOM nodes	YES
59.	The software must delete the selected images/series.	YES
60.	The software must allow the history/list of all imaging investigations performed for the selected patient to be displayed.	YES
61.	CACHE STORAGE CONFIGURATION	YES
62.	The archiving software must allow the cache folder to be configured.	YES
63.	The archiving software must allow the import of files from the cache	YES
64.	The archiving software must allow the configuration of automatic cache purging (optimization of hard disk space with storage based on study date/modality/study type/disk space)	YES
65.	SHARING STUDIES	YES
66.	The software must allow automated and manual notifications to be sent to the referring physician (prescriber).	YES
67.	Access to the patient's electronic file by the prescriber – only to have access to patients whom they have referred for investigation.	YES
68.	The software must allow the study to be shared with a guest: patient, other medical institution, including by email with individual and password-protected access to the patient's electronic file in PACS.	YES
69.	The software must allow the study to be shared with an existing user.	YES
70.	The software must allow the display of the study viewing status: viewed by radiologist, viewed by prescriber, viewed by patient.	YES
71.	REGISTRATION AND LOGIN	YES
72.	The web portal must allow registration and login as a healthcare professional, patient, or guest.	YES
73.	The web portal must manage the user's personal information and preferences	YES
74.	HTML VIEWER	YES
75.	MANAGEMENT OF THE REPORT VIEWING AREA	YES
76.	The HTML viewer must allow the report to be exported in PDF format.	YES
77.	The HTML viewer must allow color inversion (white on black / black on white)	YES
78.	The HTML viewer must allow the report management window to be opened (available for the reports module) and an audio recording to be created.	YES
79.	IMAGE VIEWING AREA MANAGEMENT	YES
80.	The HTML viewer is a zero footprint (no installation required) web-based DICOM viewer.	YES
81.	The HTML viewer must display overlay information about the study/image/series and patient.	YES
82.	The HTML viewer must display overlay information about the view (frame index, brightness, contrast, and zoom).	YES
83.	The HTML viewer must allow the study to be exported in different formats (DICOM, JPEG, PDF), a document to be uploaded, and the selected uploaded document to be deleted.	YES
84.	The HTML viewer must allow the configuration of compression parameters (image quality, download speed).	YES
85.	The HTML viewer must allow full-screen viewing, modification of the appearance of the viewing areas, synchronization of the areas: any action performed in one area is also performed in the other areas.	YES
86.	VIDEO MANAGEMENT	YES
87.	The HTML viewer must allow control of video playback of a series (play/pause), stopping video playback of a series, setting the video playback speed.	YES
88.	The HTML viewer must allow easy exit from the viewer and return to the portal.	YES

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89.	DISPLAY OF INSTANCE THUMBNAILS	YES
90.	The HTML viewer must provide a quick overview of all images/series through thumbnails.	YES
91.	The HTML viewer must allow studies to be hidden or displayed as a list of thumbnails.	YES
92.	QUICK ACTIONS AVAILABLE VIA MOUSE	YES
93.	The HTML viewer must allow zooming, panning, and access to the magnifying glass.	YES
94.	The HTML viewer must allow access to length and angle measurements.	YES
95.	The HTML viewer must allow modification of brightness and contrast.	YES
96.	The HTML viewer must navigate through the images in the stack.	YES
97.	DIRECT ACTIONS ON THE ACTIVE IMAGE	YES
98.	The HTML viewer must allow the image to be fitted to the area (Fit to area), Zoom 1:1	YES
99.	The HTML viewer must allow clockwise rotation, counterclockwise rotation, horizontal symmetry, vertical symmetry, and color inversion.	YES
100.	The HTML viewer must allow transformations to be reset.	YES
101.	It must allow automatic routing of studies to other DICOM nodes based on predefined rules, allowing at least:	YES
102.	a. Application of filters (e.g., imaging modality, study date, physician, institution name, etc.) independently or combined with logical operators (AND, OR, NOR); b. Definition of the DICOM node to which studies will be routed; c. Defining when routing will take place; d. Assigning a priority level to the rule; e. Selecting the type of DICOM transfer syntax used for transmission; f. Defining the modality name (AET) used by PACS to communicate with the destination DICOM node.	YES
103.	Must be able to route without storage	YES
104.	Must be able to route with prior review based on: a. method, b. the age of the examination; c. the part of the body examined	YES
	Module Statistics	YES
105.	The archiving software must allow the generation of reports with statistical indicators generated for selected/defined periods of time.	YES
106.	The software must allow the generation of reports with statistical indicators based on the number of referrals for each prescribing physician.	YES
107.	The software must allow the generation of reports with statistical indicators based on the name in the nomenclature of the imaging investigation to be performed.	YES
108.	The software must allow the generation of reports with statistical indicators based on the name in the nomenclature of the imaging investigation performed.	YES
109.	The software must allow the generation of reports with statistical indicators according to each type of imaging investigation (radiography, mammography, ultrasonography, orthopantomography, etc.).	YES
110.	The software must allow the generation of reports with statistical indicators according to each imaging cabinet.	YES
111.	The software must allow the generation of reports with statistical indicators according to the status of the imaging investigation (scheduled, pending, performed, canceled).	YES
112.	The software must allow the generation of reports with statistical indicators according to the viewing status of the imaging investigation (viewed by radiologist, viewed by prescriber, viewed by patient).	YES
113.	The software must allow the generation of reports displaying comparative indicators on statistical data series (at least 4 series displayed simultaneously), for selected/defined periods of time, and for at least the following indicators: by number and type of investigations performed, by radiologist, by prescriber, by number and type of scheduled investigations.	YES

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	Software interface language (at least the following interface languages):	YES
114.	English	YES
115.	Romanian	YES
	PACS software license type	YES
116.	Lifetime license. No subscription.	• YES
117.	Number of individual remote connections to the PACS system (radiologists, prescribers, patients) - unlimited.	YES
118.	The license does not limit the storage capacity in terms of volume and time of DICOM images.	YES
	The hardware system must meet at least the following minimum requirements:	YES
119.	Server type: rack, enterprise	YES
120.	Accepted reference model: Dell PowerEdge R750xs or equivalent.	YES
	Minimum technical specifications	YES
121.	Type/format: rack server, enterprise class	YES
122.	Storage chassis: minimum 12 × LFF 3.5" hot-swap, with backplane and trays/caddies for supplied disks	YES
123.	Processors: 2-socket platform, with 2 processors installed	YES
124.	Minimum total: 24 physical cores and 48 threads	YES
125.	Minimum base frequency: 2.1 GHz (or equivalent performance)	YES
126.	RAM: minimum 128 GB DDR4 ECC RDIMM	YES
	Storage:	YES
127.	2 × enterprise SSD minimum 960 GB each, SAS 12Gb/s interface, 2.5" format + adapter for mounting in 3.5" bay	YES
128.	10 × enterprise HDD minimum 22 TB each, SAS 12Gb/s, 4Kn, 3.5", 7.2K RPM	YES
	RAID controller:	YES
129.	Professional RAID hardware controller, SAS 12Gb/s	YES
130.	Minimum RAID support: 0/1/5/6/10/50/60	YES
131.	Power loss protection cache (BBU/supercap) – mandatory	YES
132.	Network: minimum 2 × 1GbE RJ-45 (integrated or via dedicated card)	YES
133.	Power supply: redundant hot-swap power supplies, minimum 750 W	YES
134.	OS license: Windows Server (legal license, corresponding to the number of cores)	YES
135.	Peripherals: minimum 21.5" monitor, QWERTY keyboard, and mouse	YES
136.	UPS: minimum 2000 VA / 1800 W	YES
	VPN protocol	YES
137.	VPN license for connection nodes: minimum 50 nodes	YES
138.	VPN license validity period: minimum 12 months.	YES
	Information system for remote connection	YES
139.	Software for remote connection to the operating system of the PACS server and viewing and acquisition stations, for servicing the PACS system and connections to it	YES

	Technical specification requested by the contracting authority	Compliance
140.	Duration of remote connection license - minimum 12 months	YES
	Maintenance, work, and configuration services for the PACS server and connection nodes for the warranty period	YES
141.	Installation of the information system (PACS) on server hardware.	YES
142.	Installation of the VPN protocol on all viewing stations and acquisition stations that will be connected to PACS. A total of 33 connection nodes.	YES
143.	Configuration and testing of 33 connection nodes to the PACS system, consisting of the following:	YES
144.	<ul style="list-style-type: none"> Specialist doctor workstations – 30 connections located in: CCD, CMF4, CMF5, CMF6 	YES
145.	<ul style="list-style-type: none"> X-ray machines – 3 units located in CCD and CMF6. 	YES
146.	Integration and configuration of PACS software into the workflow of AMT Buiucani:	YES
147.	<ul style="list-style-type: none"> creation of users with individual rights for 33 connection nodes, 	YES
148.	<ul style="list-style-type: none"> Creation of locations 	YES
149.	<ul style="list-style-type: none"> joint configuration with the beneficiary of standardized image description protocols. 	YES
150.	Training medical staff in the use of the information system interface.	YES
151.	Training technical staff in basic administration of the information system.	YES
152.	Maintenance and technical support for all connection nodes and PACS software during the warranty period - 12 months, including software updates.	YES