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UNIVERSITY OF CONNECTICUT HEALTH CENTER
Procurement Operations & Contracts
263 Farmington Avenue, MC4036
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RFP NUMBER:	PROPOSAL DUE DATE:	PROPOSAL DUE TIME:	RFP SURETY:
UCHC 5-2625	March 30, 2015	2:00 PM EST	NA
RFP TITLE: Remote Radiation Treatment Planning Services			

ADDENDUM NUMBER: 1

DATE ADDENDUM ISSUED: March 23, 2015

FOR: The University of Connecticut Health Center

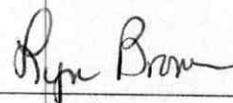
NOTE:

This Addendum must be Signed & Returned with your proposal.

Authorized Signature of Proposer

Company Name

Approved By: _____



[Lynn Brown]
Buyer

(Original Signature on Document in Procurement Files)

UCONN HEALTH

<p>QUESTION #1:</p>	<p>On RFP-05 form, it says subcontracting will not be allowed. Does this translate to me not being able to pay my employees with a 1099?</p>
<p>UCONN HEALTH RESPONSE:</p>	<p>If you were awarded this contract, you are not allow to sub-contract out to other parties.</p>
<p>QUESTION #2:</p>	<p>On the Ethics Form5, what do we put for the start date, end date and how do we address the cost. Do we leave these lines blank?</p>
<p>UCONN HEALTH RESPONSE:</p>	<p>OPM Ethics Form 5 – Consulting Agreement Affidavit - \$50,000.00 or more. Please date accordingly.</p>
<p>QUESTION #3:</p>	<p>On the RFP-03 form, where to we find the forms listed on 9,10?(RFP-11, RFP-12)</p>
<p>UCONN HEALTH RESPONSE:</p>	<p>RFP 11 and RFP 12 are addendum documents</p>
<p>QUESTION #4:</p>	<p>Items B8-B15. The assigned treatment planner has adequate experience in all treatment modalities on treatment planning stations other than RayStation. Upon contract the assigned treatment planner will be trained on RayStation by our contacts at RayStation. How should we proceed in answering these questions?</p>
<p>UCONN HEALTH RESPONSE:</p>	<p>Please respond “yes” or “no” according to current capabilities, and include additional clarifying comments with submission.</p>
<p>QUESTION #5:</p>	<p>Item B1. Please provide some examples of ‘Proposers Equipment’</p>
<p>UCONN HEALTH RESPONSE:</p>	<p>Need clarification. See B1</p>
<p>QUESTION #6:</p>	<p>Item C5. Three treatment plans are required to be sent with RFP. Are you requesting entire treatment plan printout or only screen captures of isodose distribution? Concerns of patient data in full plan printout.</p>
<p>UCONN HEALTH RESPONSE:</p>	<p>Screen shots of representative isodose views, with DVH, are sufficient. Data should be anonymized to exclude patient information.</p>

<p>QUESTION #7:</p>	<p>1. Basic Site Information</p> <p>a. Number of Linear Accelerators? b. Number of new Rad Onc consults / year? c. Breakdown of Diagnosis? d. Number of Radiation Oncologists? e. Average treatments / day? f. Breakdown of Treatment Technique?</p>	
<p>UConn HEALTH RESPONSE:</p>		<p>a. 2 linac, 1 Tomo b. 300 c. Primarily H&N, GI, intracranial, skin, some prostate and breast d. 1 e. 25 f. Approximately 50% IMRT/Tomo; small number of SRS/SBRT</p>