
CHAPTER 13. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS

13-1. INTRODUCTION

This chapter describes the additional steps and considerations that must be made in order to successfully plan for the acquisition, installation and acceptance of diagnostic imaging and therapeutic radiation requirements.

13-2. SCOPE

a. **DIAGNOSTIC IMAGING EQUIPMENT.** This includes any item or equipment which uses electromagnetic waves (either ionizing or non-ionizing radiation) or ultrasonic waves to produce a diagnostic image of a patient, or any item that incorporates such an imaging modality within its function. Examples include:

- (1) Diagnostic x-ray (radiographic and fluoroscopic systems), fixed and mobile.
- (2) Diagnostic ultrasound scanners.
- (3) Gamma cameras and associated image processing computers [including Single Photon Emission Computed Tomography (SPECT) and Molecular Coincidence Detection.]
- (4) Magnetic Resonance Imaging (MRI) systems.
- (5) Computed Tomography (CT Scanner) systems.
- (6) Positron Emission Tomography (PET) systems.

b. **RADIATION THERAPY EQUIPMENT.** Therapeutic radiation equipment includes equipment that uses ionizing or non-ionizing radiation, or electro-magnetic wave emission as part of a direct therapeutic treatment to a patient. Examples include:

- (1) Cobalt therapy systems.
- (2) Linear accelerators.
- (3) Stereotactic Radiosurgery or "Gamma Knife" systems.
- (4) Radiation therapy simulators.
- (5) Therapy planning computers.

13-3. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS

a. All MEDCASE Program requirements for diagnostic imaging and radiation therapy equipment \$100,000 and greater, regardless of BLIC, are centrally managed by the USAMEDCOM. This ensures consistency of application and compliance with Army Medical Department strategic plans.

b. **TARA REVIEW.** The USAMMA Directorate of Materiel Acquisition is responsible for technical review and approval of all diagnostic imaging and radiotherapy equipment requirements (\$100,000 and greater), regardless of BLIC. The USAMMA will return disapproved requirements to the requesting facility for further justification or clarification.

c. TARA VISITS. If your facility has not had a TARA visit within the last four years, contact the TARA team before submitting any diagnostic imaging/radiation therapy requirements. This simplifies the approval process and avoids any unnecessary delays in processing the requirements.

13-4. SPECIAL REQUIREMENTS FOR SUBMISSION AND APPROVAL (ROUTINE)

a. MEDCASE requirements for diagnostic imaging and radiation therapy equipment are identified, initiated, and submitted for approval in the same manner as other MEDCASE Program requirements. Certain additional documentation, coordination, and/or review as described below may be required. A chart that summarizes review criteria for diagnostic imaging, radiation therapy and associated equipment is provided at Appendix F.

b. Pre-acquisition Site Survey (PASS) and Facilities Survey Report (FSR). A PASS or FSR must be prepared for all installed diagnostic imaging or radiation therapy equipment to ensure that all factors bearing on the installation and use of the proposed system have been considered.

(1) A PASS must be prepared for all diagnostic x-ray or radiation therapy equipment that is to be permanently installed in an existing facility.

(2) A FSR must be prepared for all diagnostic x-ray or radiation therapy equipment that is to be permanently installed in a facility that has not yet been constructed. The FSR is a checklist to identify specific features of the facility and the interface with the proposed equipment. The FSR must be coordinated with the HFGA project officer responsible for the project, if one is assigned.

(3) Neither the USAMMA nor the USAMEDCOM require you to submit a PASS or FSR document along with the DA Forms 5027-R/5028-R for the approval process. However, your RMC/MSD may require the PASS/FSR for internal decision making matters such as lead shielding and site preparation costs. If the DSCP is the equipment procurement activity, a PASS/FSR may be required at the time you submit a requisition to the USAMMA.

c. REVIEW BY LOCAL CHIEF OF RADIOLOGY.

(1) All MEDCASE requirements for diagnostic imaging equipment must contain documentation of review and concurrence or comment by the local chief of radiology. This specifically includes all types of imaging systems described in this chapter.

(2) The signature and typed name of the Chief, Department of Radiology is required on the DA Form 5027-R.

13-5. EXECUTION AND ACQUISITION SOURCE

a. FUNDING. Once a diagnostic imaging or therapeutic radiation requirement has received "1A" approval, it is eligible for execution. Funding will be accomplished in accordance with command policy and this manual. If the command is funding the

requirement with HDV funds, it must advise the USAMMA to release those funds to the activity's station account. Once the activity has the necessary funds, it may initiate acquisition action.

b. ACQUISITION SOURCES.

(1) Defense Supply Center Philadelphia (DSCP). Requirements for diagnostic x-ray equipment are normally acquired by DSCP. USAMMA, as the Service Item Control Center (SICC) for medical materiel, will determine the appropriate acquisition source.

(2) Veterans Administration (VA). Requirements for other diagnostic imaging equipment such as diagnostic ultrasound (IDC 3157), gamma cameras (IDC 3021), image-processing computers (IDC 3030) and other selected equipment items may be available from the VA. These same items may be acquired by DSCP. The USAMMA determines the appropriate source of supply.

(3) Other Procurement Sources. With DOD participation in the Shared Equipment Program, other requirements for diagnostic or therapeutic imaging equipment may be satisfied by other contracting entities. The USAMMA will explore additional avenues of satisfying customer requirements through other contracting agencies to derive the best value for the Government.

c. Exceptions to Policy. In accordance with AR 40-61, activities may request an exception to policy in order to locally procure or have an alternate acquisition source procure a diagnostic imaging or therapeutic radiation system.

(1) The USAMMA, ATTN: MMT-C, Fort Detrick, MD, is the approving authority. Request for exception to policy must be forwarded by memorandum through command channels to the:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMT-C
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001

(2) Requests should cite the availability of local or alternate acquisition source purchasing and contracting support to accomplish the acquisition, and a brief justification for the exception.

13-6. EXTENDED INSTALLATION

a. Extended installation is an acquisition strategy whereby a single vendor is awarded a contract to supply and install a safe functional system. It requires the manufacturer to interface their equipment to the existing room and utilities. This strategy includes as a minimum, connecting with existing utilities and furnishing and installing support structures for the equipment. Cosmetic work will not be included in the scope of work or contract, and will be the responsibility of the customer and shall not be performed by the contractor.

(1) Extended installation is currently being offered by DSCP. Activities that desire "Extended Installation" must budget and ensure availability of MEDCASE DHP Procurement funds to accommodate the limited site preparation portion of the project. The request must be annotated on the DD form 1348-6. Eligibility for "Extended Installation" will be evaluated on a case-by-case basis by DSCP upon receipt of a requisition. General guidelines and typical systems that may be satisfied with extended installation are:

- (a) All DOD/VA universal x-ray rooms will be honored
 - (b) Cardiac catheterization systems
 - (c) Special procedures systems
 - (d) Radiographic/fluoroscopic systems (limited)
 - (e) Computed Tomography (CT) scanners
 - (f) Radiographic systems (case-by-case basis only)
 - (g) Replacement system must be similar to existing system
- (2) The requesting activity shall provide the following information with their requisition:
- (a) Point of contact with commercial and DSN phone numbers
 - (b) Five sets of single-line room drawings showing existing utilities and equipment layout and proposed layout.
 - (c) Preliminary work statement of what is required.

13-7. AWARD AND ACCEPTANCE

a. **CONTRACT AWARD BY DSCP.** Once a contract for a diagnostic imaging system has been awarded by DSCP, both the customer and the contractor are advised of specific responsibilities. The principal responsibilities and actions required following award is:

(1) **Site Visit.** Within 30 days following award of contract for a diagnostic imaging system, the contractor is required to visit the receiving activity to survey electrical power and other identified site preparation requirements. The contractor is required to provide complete equipment layout plans for the system, as well as room preparation drawings and instructions.

(2) **Activity Action.** The activity is responsible for using the plans and drawings provided by the contractor to initiate action to accomplish site preparation.

(3) **Required Delivery Date (RDD).** The contract will identify the RDD for the system. Sixty days prior to that date, the activity is required to review site readiness to determine if delivery and installation can proceed on schedule. If delivery must be delayed due to problems with site preparation, or other unanticipated problem, the activity must immediately contact DSCP by telephone DSN 444-2896, or commercial 215-737-2896, to advise them of the problem. **NOTE:** Storage costs charged by the vendor due to customer-initiated delays must be borne by the activity and **cannot** be financed with MEDCASE funds.

(4) **Contract Problems.** The activity should immediately notify the USAMMA if it is suspected or known that the vendor is not fulfilling his/her responsibilities under the provisions of the contract.

b. **X-RAY ACCEPTANCE.** Upon completion of installation, the vendor must notify DSCP-MX or the applicable VA contracting office in writing, that the system is ready for acceptance inspection. X-ray acceptance inspection is performed at government expense by technicians from one of the Medical Equipment Repair Activities assigned to the

USAMMA, or by BMETs assigned to the local organization. If the system fails acceptance inspection, a portion of the total payment is withheld from the contractor and returned to the Government. A detailed explanation of x-ray acceptance procedures is provided in Appendix F.

c. **WARRANTY.** Diagnostic imaging systems acquired by the DSCP include a one-year warranty against defective material, workmanship and performance. Glassware (i.e., x-ray tubes or image intensifiers may be subject to a prorated charge based upon age or use). Any extension of the warranty period must be funded by the activity using DHP O&M funds.

d. **AWARDS BY THE VA.** Unless otherwise arranged with the VA, inspection and acceptance of equipment acquired by the VA for the DOD is the responsibility of the receiving activity.

(1) The vendor is required to notify the VA when the equipment has been installed and is ready for inspection. The VA will send the activity a form letter requesting an acceptance inspection be performed. The activity is asked to complete the form, notifying the VA of the actual date that the unit was turned over to the activity for use, and should note any deficiencies that may be later taken into consideration for warranty purposes.

(2) The VA will withhold final payment and the start of the warranty period until reported deficiencies are corrected; however, the VA will automatically accept, start the warranty period, and make final payment if the activity's response is not received by the suspense date stated in the letter.

e. **LOCAL PROCUREMENT.** If the exception to policy was granted for local procurement, then the acceptance of diagnostic x-ray systems acquired through local procurement is the responsibility of the activity and must be accomplished in accordance with the protocol established by the contracting officer. Commands may require submission of acceptance reports, and the creation and maintenance of acceptance documentation. Activities that do not have the qualified personnel or necessary equipment to perform an acceptance inspection may request support through command channels to the:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMT-C
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001

13-8. SPECIAL PROCEDURES

a. **FACTORY REFURBISHMENT.** Requests for removal, factory refurbishment, and reinstallation of LOGCAT "F" equipment must also be submitted for approval on DA Forms 5027-R/5028-R. Maintenance records of the actual equipment to be refurbished must be provided.

b. **UNIVERSAL ROOM.** LOGCAT "F" requirements that are to be installed into the HFPA approved 'Universal Room' do not require individual site surveys. Instead, a single FSR, with appropriate drawings, may be provided with the overall procurement package.