

SB 8-75-MEDCASE GLOSSARY - 2001

<u>Abbreviation/Acronym</u>	<u>Definition</u>
A	
A/E	Architect/Engineering
ACN(s)	Asset Control Number(s)
ADPE	Automated Data Processing Equipment
AM	A document identifier code for MILSTRIP transactions
AMEDD	Army Medical Department
AMEDDPAS	Army Department Property Accounting System
AP	Accounts Payable
AS	A document identifier code for MILSTRIP transactions
AVF	Asset Visibility File
B	
BASOPS	Base Operations
BCE	Base Level Commercial Equipment
BLIC	Budget Line Item Code
C	
CCP	Consolidation Containerization Point
CEEP	Capital Expense Equipment Program
CICA	Competition in Contracting Act of 1984
CLIN	Contract Line Item
COL	Customer Order List
CONUS	Continental United States
CT	Computed Tomography
D	
DA	Department of the Army
DCSIE&FM	Deputy Chief of Staff for Installations, Environment, and Facility Management
DGSC	Defense General Support Center
DHP	Defense Health Program
DIRS	Diagnostic Imaging and Radiotherapy Subcommittee
DFARS	Defense Acquisition Regulation Supplement
DLA	Defense Logistics Agency
DMO	Defense Medical Facilities Office
DMS	Defense Messaging System
DOD	Department of Defense
DOIM	Directorate of Information Management
DPW	Department of Public Works
DSCP	Defense Supply Center Philadelphia
E	
EC(s)	Essential Characteristics
EDL	Equipment Data List
ESOC	Emergency Supply Operations Center

<u>Abbreviation/Acronym</u>	<u>Definition</u>
F	
FAR.....	Federal Acquisition Regulations
FOB.....	Free On Board
FSR.....	Facilities Survey Report
FSS.....	Federal Supply Schedules
FY.....	Fiscal Year
G	
GFE.....	Government Furnished-Contractor Installed Equipment
H	
HDV.....	High-Dollar Value
HFPO.....	Health Facilities Project Officer
HPO.....	Health Physics Officer
I	
IAW.....	In Accordance With
ICU.....	Intensive Care Unit
IDC.....	Item Description Code
IDC.....	Item Description Code
IFT.....	Interfund Transfer
IMA.....	Information Mission Area
IMAE.....	Information Mission Area Equipment
IMO.....	Information Management Officer
IMSA.....	Installation Medical Supply Activity
J	
JSN.....	Joint Service Number
J&A.....	Justification and Approval
L	
LAN.....	Local Area Network
LOAs.....	Letters of Authority
LOGCAT.....	Logistical Category
LUC.....	Local Use Code
M	
MDS.....	Materiel Distribution System
MEDCASE.....	Medical Care Support Equipment
MFRCL.....	Medical Facilities Room Contents List
MILCON.....	Military Construction
MIPR.....	Military Intradepartment Purchase Request
MPR.....	MEDCASE Program Requirements
MRE.....	MEDCASE Requirements and Execution
MRI.....	Magnetic Resonance Imaging
MRO.....	Materiel Release Order

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<u>Abbreviation/Acronym</u>	<u>Definition</u>
MSC.....	Major Subordinate Command
MSTFs.....	MEDCASE Support and Transmittal Forms
MTF(s).....	Medical Treatment Facility(ies)

O

O&M.....	Operations and Maintenance
OASD.....	Office of the Assistant Secretary of Defense
OCONUS.....	Outside the Continental United States
OTSG.....	Office of the Surgeon General

P

PAC.....	Participant Action Code
PASS.....	Pre-Acquisition Site Survey
PBAC.....	Program Budget Advisory Committee
PET.....	Positron Emission Tomography
PFD.....	Program For Design
POC.....	Point of Contact
POM.....	Program Objective Memorandum

R

RCS.....	Record Control Symbol
RDD.....	Required Delivery Date
RDTE.....	Research, Development, Test and Evaluation
RMC.....	Regional Medical Command
RMS.....	Requisition Management System
ROD.....	Report of Discrepancy
RTC.....	Requirements-Type Contracts

S

SAILS.....	Standard Army Intermediate Level System
SEQ.....	Sequence Number
SICC.....	Service Item Control Center
SIDPERS.....	Standard Installation/Division Personnel System
SOP.....	Standard Operating Procedure
SOW.....	Statement of Work
SPECT.....	Single Photon Emission Computed Tomography
STANFINS.....	Standard Army Finance System
STCPC.....	Strategic Technology/Clinical Policies Council

T

TARA.....	Technology Assessment/Requirements Analysis
TASO.....	Training and Audiovisual Support Office
TDA.....	Table of Distribution and Allowances
TFO.....	Transaction for Others
TMDE.....	Test, Measurement and Diagnostic Equipment

U

<u>Abbreviation/Acronym</u>	<u>Definition</u>
UDO.....	Undelivered Order
USACEHNC.....	U. S. Army Engineering and Support Center
USAHFPA.....	U.S. Army Health Facilities Planning Agency
USAMEDCOM	U.S. Army Medical Command
USAMMA.....	U.S. Army Medical Materiel Agency

V

VA.....	Veterans Administration
VI.....	Visual Information

W

WAN.....	Wide Area Network
WRAMC	Walter Reed Army Medical Center

MEDCASE PROGRAM REQUIREMENT			1. DATE (YYYYMMDD)
For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG			
2. ACTIVITY (Name and Address)		3. FROM (Div, Dept or Svc)	4. ASSET CONTROL NUMBER
5. TDA-UIC	6. HAND RECEIPT CODE	7. BUDGET LINE ITEM CODE	
8. REQUIREMENT SUBMISSION <input type="checkbox"/> NEW (1 st Submission) <input type="checkbox"/> RE-SUBMISSION	9. POINT OF CONTACT	10. PHONE NUMBER	
11. STANDARD ITEM DESCRIPTION OR GENERIC NOMENCLATURE (See SB 8-75 MEDCASE)			
12. EXTENDED/SYSTEM DESCRIPTION		13. QUANTITY	14. UNIT PRICE
15. JUSTIFICATION			
15a. HOW IS THE FUNCTION NOW BEING ACCOMPLISHED?			
15b. WHY IS THIS EQUIPMENT REQUIRED? (Workload data, new technology, cost reduction, maintenance costs, equipment down time or nonavailability/obsolescence of current methods, etc.)			
15c. IMPACT IF EQUIPMENT IS NOT PROVIDED			
16. ARE PERSONNEL ASSIGNED AND TRAINED TO OPERATE EQUIPMENT? (If No, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO			
17. SPECIAL EQUIPMENT CATEGORY <input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC NF) <input type="checkbox"/> CLINICAL INVESTIGATION PROGRAM (BLIC CF) <input type="checkbox"/> FOR NEW OR RENOVATED FACILITY (BLIC MB) <input type="checkbox"/> POLLUTION CONTROL PROGRAM (BLIC PC) <input type="checkbox"/> DRUG ABUSE/CONTROL PROGRAM (BLIC DA) <input type="checkbox"/> REPLACE, MODERNIZE, OR ACQUIRE EQUIPMENT FOR EXISTING FACILITY (BLIC UR) <input type="checkbox"/> REPLACEMENT NORMAL <input type="checkbox"/> REPLACEMENT ACCELERATED <input type="checkbox"/> NEW MISSION <input type="checkbox"/> MODERNIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> UPGRADE <input type="checkbox"/> EXCESS <input type="checkbox"/> LEASE			
18. ITEM BEING REPLACED? <input type="checkbox"/> YES <input type="checkbox"/> NO	19. NSN/MCN	20. MMCN	21. SERIAL NUMBER
22. MODEL NUMBER	23. LOCATION	24. DISPOSITION <input type="checkbox"/> RETAIN AS BACK-UP <input type="checkbox"/> TURN IN AS EXCESS <input type="checkbox"/> TRADE-IN	
25. I CERTIFY THE INFORMATION ON THIS PAGE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
25a. TYPED NAME AND TITLE OF REQUESTOR		25b. SIGNATURE	
26. THIS EQUIPMENT IS NECESSARY FOR THE ACCOMPLISHMENT OF THIS ACTIVITY'S MISSION.			
26a. TYPED NAME AND TITLE OF CHIEF OF DIV/DEPT/SVC		26b. SIGNATURE	

MEDCASE SUPPORT AND TRANSMITTAL FORM

For use of this form, see SB 8-75 MEDCASE; the proponent agency is the OTSG

1. ACTIVITY		2. ASSET CONTROL NUMBER	
EQUIPMENT MAINTENANCE ACTIVITY			
3. DO YOU SEE PROBLEMS WITH PROVIDING MAINTENANCE SUPPORT? (If Yes, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. MAINTENANCE WILL BE PROVIDED <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> SERVICE CONTRACT		5. ANNUAL MAINTENANCE COST	6. TRAINING TYPE <input type="checkbox"/> NONE <input type="checkbox"/> ONE TIME <input type="checkbox"/> RECURRING
7. REPLACED ITEM WITH MAKE AND MODEL			
8. LIFE EXPECTANCY (Years)	9. DATE IN SERVICE (YYYYMM)	10. MCEL COST	11. EXPENDED COST
12. EQUIPMENT AND INSTALLATION CHARACTERISTICS <input type="checkbox"/> REQUIRES INSTALLATION <input type="checkbox"/> COMPLEX <input type="checkbox"/> ROUTINE <input type="checkbox"/> REQUIRES TURNKEY INSTALLATION <input type="checkbox"/> EXISTING EQUIPMENT REQUIRES DE-INSTALLATION <input type="checkbox"/> ADDITIONAL ELECTRICAL SUPPORT OR EMERGENCY POWER		13. THE JUSTIFICATION PROVIDED HAS BEEN REVIEWED AND THE STATEMENTS REGARDING MAINTENANCE HAVE BEEN VERIFIED. THE REPLACEMENT OF THE ITEM <input type="checkbox"/> IS <input type="checkbox"/> IS NOT SUPPORTED BASED UPON MAINTENANCE CONSIDERATIONS.	
14. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		15. SIGNATURE	
ENGINEER (Health Facility Project Officer for BLIC NF & MB)			
16. ARE SITE MODIFICATIONS, UTILITIES OR OTHER COSTS INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. ESTIMATED SITE PREPARATION COSTS	18. WITHIN THE SCOPE OF THE PROJECT (BLIC NF OR MB)? <input type="checkbox"/> YES <input type="checkbox"/> NO
19. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		20. SIGNATURE	
INFORMATION MANAGEMENT OFFICER			
21. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> N/A			
22. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		23. SIGNATURE	
RESOURCES MANAGEMENT OFFICER			
24. NON-MEDCASE COSTS ASSOCIATED WITH THIS REQUIREMENT ARE WITHIN CURRENT OR ANTICIPATED RESOURCES OF THIS ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. THE ECONOMIC CONSIDERATIONS CITED (In Justification) HAVE BEEN VERIFIED AND ARE ACCURATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		27. SIGNATURE	
RADIOLOGY REVIEW			
28. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND (Comments attached) <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
29. TYPED NAME AND TITLE OF REVIEWING OFFICIAL		30. SIGNATURE	
LOGISTICS REVIEW			
31. I HAVE REVIEWED THIS REQUEST AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL			
I CERTIFY THIS REQUEST IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. REQUESTED EQUIPMENT IS ELIGIBLE FOR MEDCASE ACQUISITION.			
32. TYPED NAME OF LOGISTICS CHIEF		33. SIGNATURE OF LOGISTICS CHIEF	
ACTIVITY COMMANDER REVIEW			
34. I HAVE REVIEWED THIS REQUEST AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		35. EQUIPMENT REPLACED WILL BE <input type="checkbox"/> TURNED IN <input type="checkbox"/> RETAINED <input type="checkbox"/> N/A	
36. TYPED NAME OF ACTIVITY COMMANDER		37. SIGNATURE OF ACTIVITY COMMANDER	
REGIONAL MEDICAL COMMAND (RMC) REVIEW			
38. I HAVE REVIEWED THIS DOCUMENT AND RECOMMEND <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		39. RMC CONSULTANT ACTION CODE	
40. TYPED NAME OF RMC COMMANDER		41. SIGNATURE OF RMC COMMANDER	

By Order of the Secretary of the Army:

ERIC K. SHINSEKI
General, United States Army
Chief of Staff

Official:

JOEL B. HUDSON
*Administrative Assistant to the
Secretary of the Army*

Distribution:

To be distributed in accordance with initial distribution number (IDN) 340005,
requirements for SB 8-75 Series.