

## Attachment B

### 6550 Pre-procurement Assessment

**Equipment Description:**

**Vendor/Model:**

**Vendor Contact:**

**Requesting Clinical Service:**

#### Medical Equipment Configuration

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> What OS does the system utilize?   |                              |                             |
| <input type="checkbox"/> Can critical security patches be installed without prior vendor approval?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Does the device incorporate a switch or hub into its design?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Is the switch or hub required as part of the system configuration?                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Which Anti-virus software is approved by the device manufacturer?                                |                              |                             |
| <input type="checkbox"/> If server based, does the system require a specific version of Java for proper client operation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> If server based, does the system utilize an ActiveX control for client interaction?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> If yes, specify configuration requirements.  |                              |                             |

#### Authentication and User Accounts

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Is an administrator or power user account required to operate the device? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Is an administrator account required for service?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Can the device be made to require user authentication?                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Does user authentication support Strong Passwords?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Does user authentication support password aging?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Can the device be part of the facility's Windows domain?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

#### Data Handling

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Will the medical device require data backups?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Is ePHI stored only on a drive partition to assist with end of service media sanitization? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> What ePHI data elements are stored on the device?  |                              |                             |
| <input type="checkbox"/> Can ePHI be stored directly to a network drive, rather than local (machine) storage?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

#### Networking

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> What are the LAN/WAN bandwidth requirements for full connectivity/performance? |                              |                             |
| <input type="checkbox"/> What ports in the TCP/IP stack are utilized for network communication?         |                              |                             |
| <input type="checkbox"/> Can unutilized ports be closed without negatively impacting device operation?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Can the device support DHCP for network address configuration?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> How many IP addresses does the device require?                                 |                              |                             |
| <input type="checkbox"/> Can the device operate properly without connection to the Internet?            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Can the target system be addressed via a fully qualified domain name (FQDN)?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

#### Wireless

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Does the device utilize wireless communication?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> If so, what protocols are used?   |                              |                             |
| <input type="checkbox"/> Is any ePHI transmitted via the wireless link?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Does the device support installation of FIPS 140-2 certified wireless security clients? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> If so, which ones?  |                              |                             |

#### Integration with VA Health Care Information Systems

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Has the device been validated with VA's Clinical Procedures package? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Has the device been validated with VA's Vista Imaging?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Does the device have a bi-directional HL7 interface?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> Provide a DICOM conformance statement.                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |