

## **State of South Carolina**

Request for Qualification Amendment 1

Solicitation: Date Issued: Procurement Officer: Phone: E-Mail Address:

5400020715 12/16/2020 Richard Edmondson (843)792-2389 edmondsr@musc.edu Mailing Address: University Procurement, 1 South Park Circle Building #1, Suite 501 Charleston, SC 29407

DESCRIPTION: HCS PACS QUESTIONNAIRE

USING GOVERNMENTAL UNIT: MEDICAL UNIV OF S C

SUBMIT YOUR OFFER ON-LINE AT THE FOLLOWING URL: http://www.procurement.sc.gov SUBMIT OFFER BY (Opening Date/Time): 12/30/2020 @ 2:00 P.M. (See "Deadline For Submission Of Offer" provision) QUESTIONS MUST BE RECEIVED BY: (See "Questions From Offerors" provision) NUMBER OF COPIES TO BE SUBMITTED: See Page 2 **CONFERENCE TYPE: Not Applicable** LOCATION: Not Applicable DATE & TIME: (As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions) AWARD & Award will be posted on **Not Applicable.** The award, this solicitation, any amendments, and any **AMENDMENTS** related notices will be posted at the following web address: http://www.procurement.sc.gov You must submit a signed copy of this form with Your Offer. By signing, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date. (See "Signing Your Offer" provision.) Any award issued will be issued to, and the contract will be formed with, NAME OF OFFEROR the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc. (full legal name of business submitting the offer) **AUTHORIZED SIGNATURE** DATE SIGNED (Person must be authorized to submit binding offer to contract on behalf of Offeror.) **TITLE** STATE VENDOR NO. (Register to Obtain S.C. Vendor No. at www.procurement.sc.gov) (business title of person signing above) PRINTED NAME STATE OF INCORPORATION (printed name of person signing above) (If you are a corporation, identify the state of incorporation.) OFFEROR'S TYPE OF ENTITY: (Check one) (See "Signing Your Offer" provision.) \_\_\_\_ Sole Proprietorship \_\_\_\_ Partnership \_\_\_\_ Other\_\_

COVER PAGE - ON-LINE ONLY (MAR. 2015)

\_\_ Corporate entity (not tax-exempt) \_\_\_ Corporation (tax-exempt) \_\_\_ Government entity (federal, state, or local)

## Question and Answers

- Q-1 Would you be able to find out how many studies need to be migrated and from which PACS?
- $\begin{array}{ll} A\text{-}1 & \text{495 TB in use to MIGRATE} \\ \text{Growth rate is $^{\sim}$ 75 TB/year.} \end{array}$

Annual study volumes into NEW EI PACS (Totals calculated before Covid) totals = 700,472

MUSC Healthcare	
469,475	

Lancaster 2018	
72,391	

Chester 2018	
13,611	

Florence	
	117,000

Marion	
	27,995