



## REQUEST FOR PROPOSAL

REQUEST DATE:

PROPOSAL DUE DATE:

### CLIENT INFORMATION

ORGANIZATION:	
Address 1:	
Address 2:	
City/State/Zip:	
Website Address:	

### CONTACT INFORMATION

Primary Contact:		Title:		Phone/Email:	
Additional Contact Person:		Title:		Phone/Email:	
Additional Contact Person:		Title:		Phone/Email:	

### MRI EQUIPMENT (if RFP is for two or more MRI Units please provide additional Unit(s) information in comment section)

Manufacturer:				Model:		Field Strength (T):	
Year Mfg.:				Install Date:		Avg. Scans/Yr.	
Current Contract:				Contract Term:		Exp. Date:	
Include Cryogenes:	YES		NO	If yes, current supplier:			
Refurbished Unit:	YES		NO	Current Planned Maintenance Schedule:			

### CT EQUIPMENT (if RFP is for two or more CT Units please provide additional Unit(s) information in comment section)

Manufacturer:				Model:			
Year Mfg.:				Install Date:		Avg. Scans/Yr.	
Current Contract:				Contract Term:		Exp. Date:	
Refurbished Unit:	YES		NO	Current Planned Maintenance Schedule:			

### INJECTOR INFORMATION (if RFP is for two or more Injectors please provide additional information in comment section)

Manufacturer:				Model:			
Year Mfg.:				Install Date:			
Current Service Vendor:				Contract Term:		Exp. Date:	

### PRINTER INFORMATION (if RFP is for two or more printers please provide additional information in comment section)

Manufacturer:				Model:			
Year Mfg.:				Install Date:			
Current Service Vendor:				Contract Term:		Exp. Date:	

<b>TYPE OF AGREEMENT</b>			
<b>FULL SERVICE</b> <input type="checkbox"/>	Includes labor & travel 24x7, replacement parts, preventative maintenance as recommend by OEM, uptime guarantees, on-site guarantees, cryogens/cooling to unit, power conditioning units, coils, shipping costs	<b>LABOR ONLY</b> <input type="checkbox"/>	Predetermine labor rates for scheduled and overtime hours. Replacement parts, cryogens, power conditioning units, coils, shipping costs, etc.. not included
<b>PREVENTATIVE MAINTENANCE</b> <input type="checkbox"/>	Planned / Preventative Maintenance (PM) as recommended by OEM during predetermined hours. Preferred Rates for Labor and Travel outside of coverage hours.	<b>PARTS ONLY</b> <input type="checkbox"/>	Replacement parts supplied. Labor is client's responsibility.
<b>OTHER:</b>			

<b>AGREEMENT TERM:</b>		MONTHS
<b>AGREEMENT START DATE:</b>		

<b>PAYMENT TERMS</b>		
	Monthly Payments at	\$
	Quarterly Payments at	\$
	Annual Payments at	\$
	Single Payments at	\$

**COMMENTS:**

PLEASE forward to [cshields@shieldsprocare.com](mailto:cshields@shieldsprocare.com) or by facsimile to 617-687-5841 THANK YOU!