SB 8-75-MEDCASE

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300 10 March 2004

Effective until rescinded or superseded

REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS

You can improve this publication. If you find any mistakes, or you know a way to improve it, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the U. S. Army Medical Materiel Agency, ATTN: MCMR-MMT, Fort Detrick, MD 21702-5001.

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SPECIAL NOTICE

THIS SUPPLY BULLETIN IS DEDICATED ENTIRELY TO THE PROCEDURES USED FOR THE MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) PROGRAM

THIS EDITION SUPERSEDES IN ITS ENTIRETY ***SB 8-75-MEDCASE*** DATED 10 MARCH 2001

AN OVERVIEW OF THE MEDCASE PROGRAM

The Medical Care Support Equipment (MEDCASE) is a centralized funding program providing the capital investment equipment required to support Army health care activities at fixed Army Medical Treatment Facilities (MTFs) throughout the world.

Equipment requirements originate at the activity level. They are reviewed and approved depending on the dollar value, at the following levels:

(1) Activity.

(2) Regional Medical Command (RMC)

(3) the U. S. Army Medical Materiel Agency (USAMMA), and

(4) the U. S. Army Medical Command (USAMEDCOM).

Approved and disapproved requirements are recorded in the Army Medical Department (AMEDD) central database (the MEDCASE Requirement and Execution {MRE} system) maintained by the USAMMA.

The USAMMA receives MEDCASE funds from the USAMEDCOM. MEDCASE funds are managed and controlled in the MRE system for participating RMCs, their regional activities and Major Subordinate Commands (MSCs). Activity Commanders prioritize approved requirements and execute them either through local purchase procedures or by requisition to a wholesale supply source.

The USAMEDCOM is the proponent of the MEDCASE program. The USAMMA administers the program and is the proponent for the MRE system as well as provides consultant services to the Army Medical Department.

MEDCASE CUSTOMER FEEDBACK SHEET

This Supply Bulletin is produced to provide guidance to Logistics Personnel and other MEDCASE program customers on establishing MEDCASE requirements to support Army health care activities at fixed Army MTFs throughout the world.

The feedback sheet below requests your proposals for improving the next edition of this Supply Bulletin. It also serves as a vehicle for submitting questions, problems and proposed solutions pertaining to the MEDCASE program. The goal is to make future editions of this Supply Bulletin as informative and effective as possible.

CUSTOMER FEEDBACK For SB 8-75-MEDCASE Dated 10 March 2004

Response From:

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_____

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Telephone:_____ FAX: _____

E-mail: _____

To the USAMMA Website: http://www/usamma.army.mil

FEEDBACK (Please provide any constructive criticism about this edition):

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Send this sheet with comments to:

United States Army Medical Materiel Agency
ATTN: MCMR-MMT-C
1432 Sultan Drive
Fort Detrick, MD 21702-5001
DSN 343-4328 / Commercial 301-619-4328

OR

Contact our Customer Relationship Management Office (MCMR-MMB-CRM) from our website at **http://www.usamma.army.mil**, select **CONTACT US**. Or from the homepage, under **Contact USAMMA**, click on the website and either send any additional feedback through the website facility or call us at the phone number shown.

We look forward to hearing from you.

CHAPTER 1. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) GENERAL INFORMATION

1-1. INTRODUCTION

The MEDCASE Program is a centrally managed, Department of the Army (DA)-level program which utilizes Defense Health Program (DHP) Procurement funds for the acquisition of capital investment equipment for fixed Army Medical Department (AMEDD) Activities worldwide. The program also manages the approval and acquisition of investment equipment requirements that are funded by medical Military Construction (MILCON) Army funds for major medical construction projects.

1-2. PURPOSE AND APPLICABILITY

The purpose of this publication is to establish procedures and to implement or clarify policies for the execution of the MEDCASE program. It is applicable to all MEDCASE program participants worldwide. In cases where the instructions in this publication and a published Army Regulation are in conflict, the Army Regulation has precedence.

1-3. RESPONSIBILITIES

a. The U. S. Army Medical Command (USAMEDCOM). The USAMEDCOM is the MEDCASE program manager and the proponent of MEDCASE program policy. The USAMEDCOM:

(1) Publishes MEDCASE program policy.
(2) Develops and defends the MEDCASE program budget.
(3) Determines program-funding ceilings for Regional Medical Commands (RMC) and Major Subordinate Commands (MSC).

b. Functional Consultants. Functional consultants review and provide propriety approval or disapproval for all MEDCASE program requirements.

c. The Diagnostic Imaging and Radiotherapy Subcommittee (DIRS). The DIRS is a subcommittee of the Strategic Technology/Clinical Policies Council (STCPC). This subcommittee provides recommendations to the STCPC on MEDCASE program requirements for diagnostic imaging and radiation therapy equipment.

d. The U.S. Army Medical Materiel Agency (USAMMA). The USAMMA administers and executes the MEDCASE program for the USAMEDCOM, as well as:

(1) Determines the adequacy of MEDCASE Program Requirements (MPRs) and rejects those which are inadequate or which are not eligible for funding through the MEDCASE program.

(2) Is the proponent for the MEDCASE Requirements and Execution (MRE) System. Provides technical assistance for online access to the MRE system for management purposes.

(3) Controls and accounts for MEDCASE funds, managed in the MRE

system, for participating organizations as directed by the USAMEDCOM. Maintains funds files within the MRE System through the posting of funds distributions, commitments and obligations.

(4) As the Service Item Control Center (SICC) for medical materiel, determines the appropriate acquisition source for all MEDCASE requirements.

(5) Receives and processes requisitions for MEDCASE executions from program participants, and forwards them to the appropriate source of supply for procurement.

(6) Serves as the liaison between program participants and wholesale sources of supply.

(7) Publishes SB 8-75-MEDCASE.

(8) Coordinates with activities of the Defense Logistics Agency (DLA), Army commands, command surgeons and Army Health Care activities in matters relating to MEDCASE program management.

(9) Administers the Technology Assessment/Requirements Analysis (TARA) program.

(10) Serves as the functional consultant, appointed by USAMEDCOM, for reviewing and providing propriety approval or disapproval for MPRs for diagnostic imaging and radiation therapy equipment.

e. The RMCs and MSCs manage the development and execution of MEDCASE requirements within their command in accordance with USAMEDCOM policy, and:

(1) Review and approve or disapprove MPRs, before they are forwarded to USAMMA.

(2) Develop and publish command guidance for MEDCASE program implementation within their command.

(3) Direct the distribution of excess equipment within their command to meet equipment requirements, as appropriate.

(4) Monitor and ensure program execution in accordance with USAMEDCOM guidance and command goals.

f. MEDCASE Program Participants:

(1) Develop equipment requirements consistent with mission needs. Also, develop equipment requirements for construction/renovation projects in accordance with project milestones and published guidance.

(2) The activity commander shall review and approve or disapprove requirements in accordance with established MEDCASE policy and procedures.

(3) Ensure information provided on MPRs is complete and accurate.

(4) Maintain a record of program management decisions regarding prioritization and execution of MPRs prior to the beginning of each Fiscal Year.

(5) Ensure equipment items received through the are accounted for, installed, maintained and used.

(6) Report and dispose of excess equipment in accordance with AR 40-61 (Medical Logistics Policies and Procedures).

(7) Utilize exchange/trade-in of replacement equipment to the maximum extent possible.

g. The U.S. Army Health Facilities Planning Agency (USAHFPA):

(1) Provides, through the Health Facilities Project Officer assigned to construction projects, assistance to the local Chief of Logistics in the development of equipment requirements to support the project.

(2) Provides propriety review of all Budget Line Item Code (BLIC) "MB" MEDCASE requirements.

1-4. DEVIATIONS

Requests for deviation from the procedures stated in this publication should be directed with complete justification 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

CHAPTER 2. MEDCASE PROGRAM POLICIES

2-1. INTRODUCTION

This chapter summarizes, interprets, and clarifies the MEDCASE program policies. Any recommended changes, or requests for exception, to these policies should be forwarded through Command channels, with complete justification, to the

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

2-2. MEDCASE PROGRAM ELIGIBILITY

a. ELIGIBILITY CRITERIA. Equipment may be considered eligible for the MEDCASE program subject to the following criteria:

(1) It is classified as capital investment-type equipment with a unit price equal to or greater than the DHP threshold of $250,000.

(2) It is required to accomplish or support a health care mission at a fixed (i.e., Table of Distribution and Allowances [TDA]), Army Medical Department, Reserve Component, or Tri-Service medical activity.

(3) It is a nonexpendable end item, or a nonexpendable component or accessory to an end item, which will be accounted for on the activity's property book.

(4) It is not centrally managed and funded through another DA-level program.

(5) It is not required to accomplish a Base Operations (BASOPS) function.

(6) It is not required to provide back up to existing equipment.

b. Approval for Non-Medical Equipment. The criteria stated above determines whether a requirement is eligible for acquisition through the MEDCASE program; however, certain types of equipment require separate approval and authorization before they can be acquired, regardless of program eligibility. Generally, nonmedical items of equipment require separate approval. This separate approval does not constitute MEDCASE program approval, but must be obtained prior to functional consultant review.

c. MEDCASE Funding of Equipment Managed by Another DA Program. Nonmedical equipment, which is normally managed and funded by another DA level program, such as security, may be considered for funding through the MEDCASE program. However, this is only done after the activity commander determines that the primary program will not be able to support an immediate mission requirement of the health care activity. A MEDCASE submission for such a requirement must include the following items:

(1) Documentation of the appropriate program approval,

(2) A statement from the appropriate manager indicating when funding through that program would be available,

(3) And a statement from the activity commander describing the mission impact, if acquisition of the equipment is delayed until funding through the normal program is available.

d. TDA AUTHORIZATION AND TYPE CLASSIFICATION. AR 40-61 serves as the authorization for medical equipment, except for Army-adopted (i.e., standard, type classified) medical equipment. Nonmedical equipment with a unit or system cost which meets or exceeds the DHP threshold requires TDA authorization and type classification exemption in accordance with AR 71-32 (Force Development and Documentation-Consolidated Policies). This is accomplished at the supporting command level following submission of the MPR. The MPR will accompany documentation for separate approval by the activity. Property Book authorization for nonmedical equipment is in AR 71-32. When assignment of a Line Number is obtained by the USAMEDCOM, the equipment becomes authorized on the activity's TDA.

2-3. SPECIAL ELIGIBILITY CRITERIA

a. In cases where questions arise concerning the application of MEDCASE program eligibility criteria, clarification should be requested through command channels to the USAMMA, ATTN: MCMR-MMT-C. A completed DA Form 5027-R (MEDCASE Program Requirement) must be included with requests for program eligibility. Questions that cannot be resolved at the USAMMA will be passed to the USAMEDCOM for resolution.

b. Base Operations (BASOPS)

(1) BASOPs is not a term that describes a particular type of equipment; rather, it describes a functional responsibility. BASOPs functions are those that are the responsibility of the installation commander in support of the garrison and its tenants. Examples of BASOPs functions are:

Base communication equipment,
Fire protection,
Grounds maintenance,
Waste disposal,
Common-use automated data processing equipment (ADPE) in support of:
- Standard installation/division personnel system (SIDPERS),
- Standard Army Finance System (STANFINS), and
- Other installation level ADPE.

(2) Equipment for BASOPS functions is the funding responsibility of the host installation and is therefore, not eligible for the MEDCASE program, except Walter Reed Army Medical Center (WRAMC) and Fort Detrick. A cognate factor in determining funding responsibility is whether or not the TDA appropriately authorizes the item, and where property book accountability is maintained. If it is authorized

on the installation's TDA, accounted for on the installation commander's property book, and it is for a BASOPs function, then it is not eligible for the MEDCASE program.

c. EQUIPMENT FOR THE INSTALLATION MEDICAL SUPPLY ACTIVITY (IMSA). As prescribed by AR 40-61, the IMSA is operated by and is an integral part of the installation. It is not appropriate to acquire MEDCASE equipment through the installation IMSA. This does not include equipment that is needed solely in support of the BASOPs mission (with the exception of WRAMC and Fort Detrick).

d. MATERIEL DISTRIBUTION SYSTEMS (MDS). Hospital MDS consist of mobile lockers, shelves and/or carts which are configured by number and type to the specific requirements of an activity for the distribution of medical supplies, pharmaceuticals and/or patient meals. Hospital MDS will be considered for MEDCASE program eligibility on a case-by-case basis, provided that:

(1) The total MDS meets the eligibility criteria.

(2) The MDS is an initial requirement that will replace a mode of distribution that does not utilize an integrated system. Additions to, or replacement of, an existing MDS shall not be MEDCASE eligible. The replacement of MDS components through the MEDCASE program may be considered only if the component by itself meets MEDCASE eligibility criteria.

(3) The nonexpendable components of the MDS are to be accounted for on the activity property book.

e. NURSE CALL SYSTEMS.

(1) Nurse call systems are personal property (fixed) in accordance with (IAW) Army Regulation 735-5 (Policies and Procedures for Property Accountability). Nurse call systems are not considered as installed building equipment (DA PAM 420-11, *Project Definition and Work Classification*). This means nurse call systems must be purchased with DHP Procurement - MEDCASE funds when the dollar threshold meets or exceeds $250,000. Minor construction or repair funding cannot be used to purchase new, replace, or upgrade nurse call systems.

(2) The MEDCASE program funds all approved equipment and installation costs. The USAMEDCOM, Deputy Chief of Staff for Installations, Environment, and Facility Management (DCSIE&FM), site preparation program, funds site preparation and utility rough-in requirements.

(3) Facility managers and Chief Property Management Branches should determine if their system needs to be replaced or updated. Factors such as reliability, maintainability, and technical obsolescence must be considered. The appropriate Item Description Code (IDC) is "4072".

f. SETS.

(1) A set is defined as an aggregate of components, expendable, durable and/or nonexpendable, which maintains its integrity and identity as a set throughout its useful life, is accounted for as a nonexpendable end item, and is used by a health care provider for a specific clinical procedure. This includes the requirement to control the components and replace them as necessary to maintain

the integrity of the set. A set should be acquired as a single end item, using a single catalog number that refers to an established list of components. Requirements for sets, which are not acquired under a single catalog number, will be considered on a case-by-case basis. A "set" will not be considered MEDCASE-eligible if it appears that its sole purpose is to aggregate the unit costs of individual expense-type items in order to reach the DHP threshold.

(2) Sets may be considered eligible for the MEDCASE program regardless of the unit price of their components. NOTE: This policy does not apply to standard, type classified, medical equipment sets that are identified as service-regulated items in AR 40-61.

(3) The replacement of components through the MEDCASE program may be considered only if the component by itself meets MEDCASE eligibility criteria.

g. MEDICAL EQUIPMENT SYSTEMS.

(1) A system is defined as a collection or assemblage of component items, which must function together to accomplish a given objective. A system's components are usually physically connected, and usually cannot function in the absence of its other components.

(2) Systems may be considered eligible for the MEDCASE program, regardless of the unit price of their component end items, provided that the system itself meets the eligibility criteria. A "system" will not be considered MEDCASE-eligible if the replacement of components through the MEDCASE program may be considered only if the component by itself meets MEDCASE eligibility criteria.

(3) It appears that its sole purpose is to aggregate the unit costs of its component end items in order to reach the DHP threshold. Requirements for systems will be considered on a case-by-case basis.

h. COMPONENTS.

(1) Components are defined as sub-elements or sub-assemblies of a set or system that are integral to the basic function of that set or system. Components of sets are those items which are integral to the set and which are identified and accounted for on its component listing. Components of systems are those component end items which must function together to accomplish the basic purpose of the system and which are identified on the approved MPR.

(2) Nonexpendable components must be accounted for on the activity property book as prescribed by the Army Department Property Accounting System/ Defense Medical Logistics Standard Support (AMEDDPAS/DMLSS).

(3) Components that are necessary to make the set or system complete (regardless of unit price) may be acquired using MEDCASE funds when acquired with a MEDCASE-eligible set or system. The acquisition of components subsequent to or separate from the set or system may be eligible for the MEDCASE program provided that the eligibility criteria are met. A system shall be considered to exist one or more components are part of and function within the context of a whole to satisfy a documented requirement.

i. ACCESSORIES.

(1) Accessories are items that enhance or provide additional capabilities to an end item. An accessory may be expendable, durable, or nonexpendable; whereas a component is a functional element of a set or system, an accessory is considered to be a supplementary item. A transducer for an ultrasound scanner is a component of that end item. Additional transducers, which provide additional capabilities, are considered to be accessories to the end item.

(2) Accessories that are required to provide the full range of functions intended for an end item or a system, and are identified on the approved MPR, may be acquired using MEDCASE funds at the time the MEDCASE-eligible end item or system is acquired. The acquisition of accessories through the MEDCASE program subsequent to or separate from the end item or system may be considered, provided that eligibility criteria are met.

j. UPGRADES.

(1) Upgrades to existing medical diagnostic/therapeutic equipment acquired through the MEDCASE program may be considered on a case-by-case basis for MEDCASE eligibility. Upgrade can be accomplished through the acquisition of a system modification or software that meet the eligibility criteria.

(2) Upgrades/modifications to equipment or systems, which are not approved through the MEDCASE program, are considered service or maintenance in nature and shall not be MEDCASE-funded, regardless of cost.

(3) Repair parts are not eligible for the MEDCASE program. Spare parts are eligible for the MEDCASE program only at the depot level.

k. Eligibility For Medical Military Construction (MILCON) Projects.

(1) Equipment that is required to complete a medical construction project is subject to the same review and eligibility criteria as all other MEDCASE program submissions.

(2) Requirements for Government Furnished-Contractor Installed Equipment (LOGCAT "B"), and for (LOGCAT "C") requirements that have a unit cost less than $250,000 must be acquired using local DHP Operations and Maintenance (O&M) funds.

l. Refurbishment.

The use of MEDCASE DHP funds to refurbish an existing piece of equipment is prohibited. Local DHP O&M funds should be used for refurbishment of existing equipment.

2-4. EQUIPMENT REPLACEMENT

a. GENERAL. Equipment will be replaced only when justified and supported by valid clinical need, demonstrated deficiency, or sound economic rationale. The age of an otherwise functional item of equipment shall not by itself be accepted as sufficient justification for replacement. MEDCASE program submissions must clearly

demonstrate, with supporting documentation where appropriate, why an item of equipment is no longer acceptable for use. Factors that commonly support equipment replacement are:

(1) Maintenance experience, including excessive one-time or cumulative maintenance expenses or an unacceptably high frequency of repair.

(2) Technological obsolescence which unacceptably inhibits or degrades the quality of health care provided, or the introduction of new technology which improves treatment or diagnostic accuracy, or reduces pain or morbidity.

(3) Economic return through demonstrated cost reduction, increased efficiency and productivity, or conservation of manpower, supplies and utilities.

(4) RETENTION FOR BACKUP. Equipment that is replaced through the MEDCASE program will not routinely be retained for back up. Hospital commanders must sign a separate memorandum authorizing equipment retention. This memorandum must be submitted with the MPR/MSTF.

c. NEW FACILITY CONSTRUCTION. The replacement of equipment associated with new facility construction is subject to the same requirements for justification, which apply to routine replacement and modernization.

2-5. UTILIZATION OF EXCESS EQUIPMENT

The utilization of excess equipment shall be the first consideration and the preferred means for meeting an equipment requirement. SB-75-S3, dated 20 March, specifies the procedures for identifying, reporting, and redistributing excess MEDCASE.

2-6. PROPERTY ACCOUNTABILITY

a. PROPERTY BOOK ACCOUNTING. In order to be eligible for MEDCASE funding, a requirement must be a nonexpendable end item or a nonexpendable component or accessory to an end item; therefore, equipment acquired through the MEDCASE program must be accounted for on the activity property book in accordance with:
AR 710-2 (Inventory Management Supply Policy Below the Wholesale Level),
AR 735-5, AR 40-61, and the
AMEDDPAS/DMLSS guidance.
Under Chief Finance Officer (CFO) Compliance Act all documentation affecting capital value of the equipment will be kept in physical files throughout the life of the asset (e.g., contracts, invoices, site prep, installation, production engineering, etc.) to include documentation related to disposals transfers in from other federal activities, exchanges, and trade-ins. This file must be maintained for the entire life of the equipment. For more information see SB-8-75-11
Para 5-6. This policy applies to all equipment acquired with MEDCASE funds. Equipment acquired through the MEDCASE program will not be accounted for as "installed property" on the installation engineer's property book.

b. UNINSTALLED EQUIPMENT. Accountability for equipment acquired through the MEDCASE program will be established at the time the equipment is received by the activity. This policy specifically includes "uninstalled" equipment awaiting installation or the completion of site preparation.

2-7. FINANCIAL MANAGEMENT

a. Funds Control.

(1) The USAMEDCOM programs and receives DHP-MEDCASE funds. They release MEDCASE funds to USAMMA for management, control, and execution, and notify the RMCs and MSCs of the amount released. USAMMA establishes, controls and maintains funds accounts for MEDCASE participants in the AMEDD central database, the MEDCASE Requirements and Execution System, in conjunction with USAMEDCOM guidance.

(2) The MEDCASE Requirements and Execution (MRE) System is the AMEDD central database for funds control of DHP-MEDCASE funds. The USAMMA is the proponent of this system and is the central accounting office for these funds.

b. FUNDS ALLOCATION.

(1) The USAMEDCOM determines funding ceilings for RMCs and MSCs as soon after the beginning of the execution year as possible. Commands may request adjustments to their funding allocation in writing from the USAMEDCOM.

(2) The RMCs will advise the USAMMA of funding ceilings to be established for their regional activities.

(3) Participating activities will maintain an internal record of the status of their MEDCASE funds release.

(4) USAMEDCOM may withdraw any uncommitted, unobligated funds from RMCs and MSCs based upon failure to meet commitment and/or obligation targets. The USAMEDCOM can and will "roll-up" uncommitted/unobligated funds for centralized execution in the third quarter of the execution year and possibly earlier if financial circumstances dictate.

c. PROGRAM EXECUTION.

(1) The USAMEDCOM will establish overall program execution targets. RMCs and MSCs will develop an execution plan that establishes targets and milestones for the commitment and obligation of their command allocation.

(2) Participating activities are responsible for the judicious management and use of MEDCASE funds.

(3) The USAMMA will fund the execution of approved program requirements through the issuance of Letters of Authority (LOAs), the funding of requisitions or issuance of a Military Interdepartmental Purchase Request (MIPR).

2-8. NONCOMPETITIVE ACQUISITION

Department of Defense (DOD) policy requires that acquisitions be made on a competitive basis to the maximum practical extent. Equipment requirements shall be evaluated based upon a specific, but generic, need and described in terms of

minimum essential characteristics. In cases where such needs and characteristics can only be met by noncompetitive acquisition, the provisions of the Federal Acquisitions Regulations (FAR) and the Defense Acquisition Regulation Supplement (DFARS) must be satisfied.

CHAPTER 3. DEVELOPMENT OF MEDCASE REQUIREMENTS

3-1. INTRODUCTION

a. MEDCASE REQUIREMENTS. A MEDCASE requirement is a need for an item of equipment, the acquisition of which is eligible for funding through the MEDCASE program. A requirement equates to a single end item or system.

(1) MEDCASE requirements are forecasted and initiated by each MEDCASE program participant and are submitted through command channels for review and approval or disapproval. The unit price and functional area of the equipment requirement determine the level of approval authority.

(2) Approved and disapproved MEDCASE requirements are retained in the program database of the MRE System. Approved requirements may be executed when it is determined that funds are available.

b. REQUIREMENTS DEVELOPMENT. The process of requirement development includes three broad functions. Unless otherwise specified in this manual, local or command directives may establish specific procedures and responsibilities for the accomplishment of these functions. The following paragraphs describe the functions that must be accomplished at the activity level during the three phases of requirements development:

(1) The identification of requirements. This includes the forecasting of requirements for equipment replacement and modernization, and the identification of equipment requirements to meet additional missions, advancements in technology or standards of medical practice.

(2) The initiation of MEDCASE requirements. This includes the preparation of the DA Form 5027-R (*MEDCASE Program Requirement*) and DA Form 5028-R (*MEDCASE Support and Transmittal Form*), the obtaining of separate approvals (when required), and the assigning of a MEDCASE Asset Control Number (ACN) and Budget Line Item Code (BLIC). Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R.

(3) The submission of MEDCASE requirements. This includes the assembly of a completed DA Form 5027-R/5028-R with all attachments and supporting documentation through applicable channels.

3-2. IDENTIFICATION OF REQUIREMENTS. This is normally the responsibility of the user, although some requirements may be identified by other sources, such as a Hospital Risk Management Committee or the TARA team. Generally, MEDCASE requirements are identified based upon one of the following reasons:

a. ROUTINE REPLACEMENT.

(1) The user based upon maintenance, technology, and/or economic considerations forecasts the routine replacement of existing equipment.

(2) To assist the user, AMEDDPAS/DMLSS and the Joint Medical Asset Repository provide an Equipment Replacement Report. This report is available by property book and hand receipt and identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. While life expectancy alone is not an acceptable justification for replacement, this report provides a "starting point" for evaluating equipment for possible replacement. MEDCASE managers must provide users with this report on a periodic basis or upon request.

b. NEW TECHNOLOGY. Primarily the user identifies new products arising from advancements in technology. Sources of information commonly include professional publications, professional development conferences, consultant visits, and equipment vendors.

c. NEW MISSION. New missions assigned to an activity must be evaluated as soon as possible to determine if they can be supported by existing equipment. The activity or agency assigning the new mission as well as the activity receiving the new mission must conduct this evaluation. The directive assigning the new mission must be identified on the DA Form 5027-R.

d. MILITARY CONSTRUCTION. New requirements for equipment may arise as a result of facility construction or renovation project, which provides an increase in either the size or the capability of the activity.

3-3. INITIATION OF REQUIREMENTS

a. A MEDCASE requirement is initiated by the preparation and processing of a DA Form 5027-R and a DA Form 5028-R. This is the responsibility of the user or the requester. The DA Forms 5027-R and DA Form 5028-R must be initiated once it has been determined that a need which has been identified cannot be met through the use of existing or reported excess assets.

b. The DA Forms 5027-R/5028-R are the basic documents of the MEDCASE program. Appendix B provides instructions for the preparation of DA Form 5027-R and DA Form 5028-R. Together they provide an auditable record that documents the need, coordination, and approval of a MEDCASE requirement. MEDCASE program participants, MSC/RMCs, and USAMMA are responsible for ensuring that DA Forms 5027-R/5028-R are complete, adequate, accurate, and equipment requested is eligible for funding with MEDCASE funds. The requesting activity must maintain copies of all DA Forms 5027-R/5028-R for audit purposes.

(1) DA Forms 5027-R/5028-R must be prepared for each eligible MEDCASE requirement. As an exception, multiple quantities of a single line item may be requested on a single DA Form 5027-R/5028-R provided that the items are identical, the maintenance information for each item being replaced is provided and the justification on the DA Form 5027-R MPR is adequate for the total quantity. An ACN will be assigned to each item identified on the DA Form 5027-R.

(2) MEDCASE requirements shall be described in generic terms using the Standard Item Descriptions provided in Appendix A. Requirements will not be described by brand name. Where necessary for clarity, a brand name reference may be included following the generic item description; this will not be accepted as an endorsement of that particular brand.

(3) Each individual block on the DA Form 5027-R must be completed. Continuation sheets may be used where necessary provided there is a clear reference to the block being continued. It is acceptable to leave a block on the DA Form 5027-R blank with a reference to "see attached sheet."

(4) The DA Form 5027-R must include a justification that clearly establishes the need for the item requested.

(5) If required for clarity, a copy of manufacturer's literature will be attached to the DA Forms 5027-R/5028-R as an enclosure. The enclosure of manufacturer's literature does not constitute endorsement of that brand.

(6) The initiator or requester certifies the requirement described on the DA Form 5027-R is valid and that the justification provided is accurate to the best of his/her knowledge. The initiator's release also certifies that consideration has been given to the availability of existing or excess assets, and that none are available that will meet the requirement.

(7) If the requirement is not a TARA-generated approved requirement, regardless of cost, you are required to provide the additional information requested in Appendix G.

3-4. TECHNOLOGY ASSESSMENT/REQUIREMENTS ANALYSIS (TARA)

If your facility had a TARA visit within the last four years, no Business Case Analysis (BCA) or detailed justification is necessary for TARA identified requirements. A MEDCASE package with a BCA is required if this is a new requirement or your TARA was more than four years ago, Appendix G provides instructions for preparation of a BCA.

3-5. ASSIGNMENT OF A MEDCASE ACN

Each MEDCASE requirement is identified by an ACN. ACNs are used to track requirements throughout the review and approval process, and are the means by which requirements are identified and funded in the MRE system. (See Figure 3-1)

FIGURE 3-1. ASSET CONTROL NUMBER

ITEM DESCRIPTION CODE (IDC)	FISCAL YEAR (FY)	SEQUENCE CODE (SEQ)
Is determined by the AMEDD Standard Item Description in Appendix A	The target FY for execution	A unique, locally assigned, 3-position number used to identify a specific requirement.
3265	04	001
X-ray apparatus, Tomography, Computerized	FY 98	Identifies the specific requirement for a CT X-ray system

a. CONSTRUCTION OF AN ACN. MEDCASE ACNs consist of three elements and each is explained:

(1) An IDC. The IDC is a four-position numeric code that relates to a standard item description for each type of equipment. Accurate IDCs are necessary for tracking and identifying equipment in automated property accounting and asset visibility systems. Appendix A provides a list of standard IDCs by functional area and in nomenclature sequence.

(2) Fiscal Year (FY) Code: The FY Code refers to the fiscal year in which acquisition of the requirement is anticipated. For routine submissions, this will be the FY of the budget year, i.e., the next fiscal year. For urgent or emergency requirements, this will be the FY of the current or execution year.

(3) The SEQ Code: SEQ is a three-digit code assigned locally from an ACN control register in accordance with local or command procedures. Normally, the activity MEDCASE manager maintains the ACN control register.

b. ASSIGNMENT OF AN ACN. An individual ACN shall be assigned to each requirement. In cases where multiple items are requested on a single DA Form 5027-R/5028-R, an ACN will be assigned for each item.

c. RECORDING ACNS IN AMEDDPAS/DMLSS. For MEDCASE program participants utilizing AMEDDPAS/DMLSS for property accountability, the ACN must be entered when establishing a Planning Record.

d. UNIQUE ACNS. The USAMMA/USAMEDCOM Unique Asset Control Numbers (ACNs). Sequence numbers 700 through 999 are reserved for the USAMMA use only. Sequence numbers 700 through 799 will be used for Picture Archiving Communications Systems (PACS) Sequence numbers 900 through 999 identify TARA recommended items. The USAMMA will use sequence Codes from this block of numbers in special cases where circumstances prevent the timely requesting of a new ACN from the activity. This technique is intended to allow uninterrupted processing of requirements. When a 700,800 or 900 series ACN is used, the USAMMA will notify the activity.

3-6. ASSIGNMENT OF A BUDGET LINE ITEM CODE (BLIC)

a. GENERAL. MEDCASE funds and requirements are divided into six categories that are identified by a BLIC. These categories describe the purpose for which the equipment and funds are required. The AMEDDPAS/DMLSS and the MRE system incorporate a two position BLIC Code. Input and output transactions in both the AMEDDPAS/DMLSS and MRE utilize the two-position BLIC code.

(1) BLIC UR: Replacement and Modernization. Identifies funds and equipment required to replace, upgrade, or modernize existing equipment or to provide new or expanded capabilities.

(2) BLIC CF: Clinical Investigation. Identifies funds and equipment required to support the AMEDD's Clinical Investigation Program.

(3) BLIC PC: Pollution Control. Identifies funds and equipment required to support the AMEDD's Pollution Control Program.

(4) BLIC DA: Drug Abuse and Control. Identifies funds and equipment required to support the AMEDD's Drug Abuse Prevention and Control Program.

(5) BLIC NF: New Facilities Equipment (DHP-funded). Identifies funds and equipment required to equip medical MCA-funded construction/renovation projects.

(6) BLIC MB: New Facilities Equipment for Medical Military Construction Projects. Identifies funds and equipment required to equip medical MILCON new construction/renewal projects.

b. RESPONSIBILITY. All MEDCASE requirements must accurately reflect the appropriate BLIC on the DA Forms 5027-R/5028-R. The BLIC is entered on the forms by the activity MEDCASE manager.

3-7. JUSTIFICATION OF REQUIREMENTS

a. GENERAL. Adequate clinical, logistical, or economic justification for MEDCASE requirements is absolutely essential to the integrity of the MEDCASE program. All requirements will be justified. The justification is the responsibility of the user or the initiator of the requirement, although it is the responsibility of every individual who releases a requirement to evaluate and, if appropriate, to question the justification provided.

b. JUSTIFICATIONS. Justifications should be entered in the appropriate space on the DA Form 5027-R. Continuation sheets may be used where necessary, provided there is a clear reference to the block being continued. It is acceptable for the justification block on the DA Form 5027-R to reflect, "see attached sheet." Justifications must be concise.

(1) Minimum Essential Characteristics (ECs). A justification should state the minimum essential characteristics of the item requested and provide a clinical or functional reason for each.

(2) Justifications must be supported by Facts. General statements such as, *"...required to meet an increase in workload "* will **not** be accepted unless the actual increase in workload is quantified and explained. Justifications that cite maintenance problems experienced with existing equipment must be supported by documentation of those maintenance problems. Such documentation is provided by the Equipment Maintenance Activity and must accompany the DA Forms 5027-R/ 5028-R through the review and approval process.

(3) Capabilities versus Requirements. Justifications must relate the capabilities requested to the actual requirements of the activity. A requirement justification that explains in great detail the technological advantages of a type of equipment will not be accepted unless the activity’s need for those advantages is explained. The phrase "state-of-the-art," is not an acceptable justification unless the specific "state-of-the-art" capabilities and the need for those capabilities are described. Justifications must not repeat or paraphrase manufacturer's literature.

c. DA Form 5027-R Justification Block. The justification block on the DA Form 5027-R prompts the initiator to answer specific questions regarding the requirement. These questions must be clearly and concisely responded to. In addition, the initiator must ensure that the justification adequately addresses the following questions/areas:

(1) What is the requested item to be used for? Why is the item needed?
(2) How will the item be used with other equipment?
(3) What are the advantages of the requested item over equipment currently in use or available on the market? Why are these advantages needed?
(4) Have specific details been presented regarding cost-benefit, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?
(5) What will be the impact upon mission accomplishment if the requested item is not acquired?
(6) Is the anticipated workload provided?
(7) Has consideration been given to the use of available excess assets to satisfy this requirement?

3-8. THE ARMY MEDICAL DEPARTMENT PROPERTY ACCOUNTING SYSTEM (AMEDDPAS/DMLSS)

a. GENERAL. The AMEDDPAS/DMLSS is a standard Army system utilized by fixed AMEDD activities worldwide. AMEDDPAS/DMLSS provides the capability to plan for, acquire, account for, manage equipment maintenance and maintain property.

b. REQUIREMENTS MODULE. The Requirements Module enables activities to plan equipment acquisitions. This function and associated transactions allow for a systematic plan for the equipment needs of an activity's ongoing operations, technological innovations or change of mission. It provides a variety of tools for the management of an activity's MEDCASE program. Properly used, this module will provide management information applicable to each phase of the development of MEDCASE requirements. Detailed guidance regarding the use of the Requirements Module is contained in the AMEDDPAS/DMLSS user's manual.

c. EQUIPMENT REPLACEMENT REPORT. To support the identification of candidates for equipment replacement, AMEDDPAS/JMAR provides the Equipment Replacement Report, which can be produced as required by property book or by hand receipt. This report identifies equipment that may be eligible for replacement based upon date-in-service and life expectancy. Although the age of equipment is not in itself justification for replacement, this report must be used by the activity to identify items of equipment that may warrant further evaluation.

d. PLANNING RECORD. Once the activity/RMC/MSC commander has approved a MEDCASE requirement, it is ready to be submitted through command channels for review and approval as deemed appropriate. The MEDCASE manager updates the planning record by entering a Participant Action Code (PAC) of "1" and requesting transmission to USAMMA.

(1) MRE Interface. When the MEDCASE manager enters a transaction it is automatically generated and sent to update the MRE database.

(2) It is the responsibility of the activity to ensure the requirement on the MRE interface report is in the MRE system.

3-9. SUBMISSION OF REQUIREMENTS

Once the DA Forms 5027-R/5028-R are initiated, it must be staffed through the activity for local review and approval. Coordination of the DA Forms 5027-R/ 5028-R are generally the responsibility of the initiator or requester.

a. COORDINATION OF THE DA FORMS 5027-R/5028-R. Coordination is necessary to ensure that the item requested is appropriate and can be installed and/or supported by the activity. The most common review activities are provided space on the DA Form 5028-R for comment and concurrence. Documentation of additional review may be attached as separate enclosures. Coordination with the following areas within the activity must be considered for all MEDCASE requirements as discussed in the following:

(1) Equipment Maintenance Activity. All MEDCASE requirements must be reviewed and commented upon by the equipment maintenance activity, which is responsible for the maintenance and repair (or for maintaining a service contract) for the equipment requested. Under no circumstances will the maintenance block on the DA Form 5028-R be considered "Not Applicable." The maintenance activity is responsible for determining if the item requested can be supported, either through in-house maintenance or by service contract. For MEDCASE requirements which request the replacement of existing equipment, the maintenance activity is also responsible for determining if replacement is justified from a maintenance perspective, and enters specific information obtained from maintenance records onto the DA Form 5028-R. The maintenance activity also provides a current copy of the maintenance record to be forwarded with the DA Forms 5027-R/5028-R.

(2) Engineer. All MEDCASE requirements that require installation or site preparation must be reviewed and commented upon by the engineering activity that provides facility support. The engineering activity is responsible for determining if the equipment requested can be installed and operated in the facility, and estimating requirements for site preparation, if necessary. Of particular importance are the availability of power, drainage, ventilation, and other utilities that may be required for the operation of the equipment. The HFPO or Project Point of Contact (POC) must sign in the Engineer Block if the project is a medical MILCON project.

(3) Information Management Officer. All MEDCASE requirements which have Information Mission Area Equipment (IMAE) associated with them must be reviewed by the activity's Information Management Officer (IMO). The IMO is responsible for determining if the equipment requested requires separate IMA approval as prescribed by AR 25-1.

(4) Health Physics Officer (HPO). The HPO review and clearance is required for all MEDCASE requirements, which emit radiation, microwaves, laser, radio waves, or has radioactive materials as a component. HPO clearance may be granted if all regulatory requirements are, or shall be, met.

(5) Review by the local Chief of Radiology. All MEDCASE requirements for diagnostic imaging or radiation therapy equipment must be reviewed by the local Chief of Radiology whether or not it will be operated within the Department of Radiology. The concurrence and signature of the Chief of Radiology must appear on the DA Form 5027-R, if more space is needed use a separate enclosure.

(6) Resources Manager. All MEDCASE requirements that:

(a) require maintenance by service contract;
(b) allow termination of a service contract;
(c) are justified based upon economic return or savings must be reviewed by the activity resources manager. The resource manager determines the impact of the requirement upon the activity operating budget to ensure that it can be supported, and verifies economic analysis used in the justification. Resources manager comments and signature must appear on the DA Form 5027-R.

(7) Logistics. The Logistics Division is the proponent for the activity's MEDCASE program. The Chief of Logistics is responsible for ensuring that a MEDCASE requirement is:

(a) eligible for the MEDCASE program;
(b) properly coordinated (to include the screening of excess assets), with all of the necessary signatures; and
(c) ready to be submitted to the activity commander for review and approval. The Chief of Logistics must recommend approval or disapproval of all MEDCASE program requirements.

b. ROLE OF THE PROGRAM BUDGET ADVISORY COMMITTEE (PBAC). The PBAC is an advisory committee established by the commander to recommend funding and other resource utilization priorities to the commander. The PBAC neither approves nor disapproves MEDCASE requirements. The PBAC does not review DA Forms 5027-R/ 5028-R before they are forwarded for final review and approval. The prioritizing of the MEDCASE requirements must be accomplished prior to the end of October in the year of execution.

c. LOCAL APPROVAL. Once the DA Forms 5027-R/5028-R are initiated and coordinated within the activity, the activity commander reviews and approves or disapproves the requirement. This authority will not be delegated. The release of the DA Forms 5027-R/5028-R by the activity commander designates approval of the requirement and certifies that the requirement represents a valid, justified need for the accomplishment of the activity's mission. The Commander also determines whether or not an item to be replaced should be turned in or retained.

d. REGIONAL MEDICAL COMMAND/MAJOR SUBORDINATE COMMAND APPROVAL. The requirement is forwarded to the RMC Commander for approval/disapproval after the activity commander reviews and approves the requirement. The RMC Commander authority will not be delegated. Upon RMC/MSC approval all DA form 5027R/5028R must be sent to USAMMA for OTSG consultant review.

e. DOCUMENTS REQUIRED FOR SUBMISSION. MEDCASE DA Forms 5027-R/5028-R which have been approved by the activity commander are submitted (as applicable) for final review and approval. Requirements must be submitted as complete packages, i.e., the DA Forms 5027-R/5028-R with all appropriate supporting documentation and enclosures. The following list of documents that typically comprise a MEDCASE program submission are:

(1) DA Form 5027-R
(2) DA Form 5028-R
(3) Maintenance records on equipment that is to be replaced
(4) Documentation of separate approval for nonmedical items
(5) Manufacturer's or vendor's price quote and literature
(6) Business Case Analysis (Appendix G)

3-10. OBJECTIVES FOR MEDCASE PROGRAM SUBMISSIONS

a. GENERAL. MEDCASE requirements must be submitted as the activity commander approves them. They should not be held at the activity and submitted in batches at routine intervals. Routine MEDCASE Program requirements are submitted during the budget year (i.e., during the FY preceding the FY in which the equipment is to be acquired.). Requirements that are deemed by the local activity commander to be urgent are submitted for approval during the current execution year.

b. PROCESSING OBJECTIVES. RMCs may establish processing objectives for their subordinate activities. Unless otherwise specified by command policies or procedures, activities should consider an average of 30 working days as the goal for the completion of internal review and approval.

3-11. MILITARY CONSTRUCTION (MILCON) PROJECT REQUIREMENTS MANAGEMENT (BLIC "NF" AND "MB")

a. PLANNING FOR THE EQUIPMENT. Requirements must be started before construction begins. This ensures that sufficient funds are allocated for the equipment in advance of construction. Chapter 11 provides an overview of the events and the responsibilities associated with a project. The following paragraphs discuss the development of MEDCASE requirements for a new or renovated facility.

b. MANAGEMENT OF MEDICAL MILCON PROJECTS. MEDCASE requirements for medical MILCON projects are intensively managed at the activity, and the command level. Each project is identified within the MEDCASE system by a Project Code. Activities must add the project code to the Project Code File in the AMEDDPAS/DMLSS requirements module to ensure correct interface with the MRE system. A project code is obtained from USAMMA for each facility project.

c. ASSIGNMENT OF A BLIC. Equipment requirements developed as part of a medical MILCON project are assigned one of the two following MEDCASE BLICs. These BLICs identify the type of funds that will be used to execute the requirement. To determine the appropriate BLIC, the activity must determine the Logistical Category Code (LOGCAT) assigned to that type of equipment. LOGCATs are explained in Chapter 11, paragraph 11-3.

(1) BLIC "NF" requirements are funded with DHP MEDCASE funds. BLIC "NF" requirements equate to LOGCAT C equipment.

(2) BLIC "MB" requirements are funded with medical MILCON funds which are set aside by the Corps of Engineers for the acquisition of equipment through the MEDCASE program. BLIC "MB" requirements equate to LOGCAT "E" and "F" equipment.

d. JUSTIFICATIONS FOR BLIC "NF" AND "MB" REQUIREMENTS. Justifications for equipment required as parts of a project are subject to the same scrutiny as requirements within other BLICs. In order to ensure that justifications provided are adequate, the activity should address the following:

(1) If the DA Forms 5027-R/5028-R are for a replacement item of equipment, include supporting documentation such as maintenance records for the item being replaced. This requirement is no different from that which is required for a BLIC "UR" submission.

(2) If the DA Form 5027-R/5028-R are for equipment which is needed to meet the requirements of a larger facility or expanded capabilities, describe the difference between the old and new facilities, and explain what existing assets can and cannot be used.

(3) Do not assume that the approving authority can consider the fact that a requirement is listed on the Equipment and Casework Schedule, or has been identified by the transition committee, as justification by itself. Every requirement must stand on its own merits and clearly explain why the equipment requested is required.

e. SUBMISSION OF REQUIREMENTS.

(1) BLIC "NF" and "MB" requirements may be submitted up to five years before the anticipated year of execution. Requirements, which require installation, must be submitted in time to allow for sufficient acquisition lead-time to prevent construction delays. The ACNs shall reflect the FY of the year in which execution is expected. These requirements must be developed and submitted in time to routinely flow through the MEDCASE review process, and to allow adequate procurement lead-time following approval and funding. Activities must plan to have "1A" approval on individual requirements no later than 12 months prior to the execution year.

(2) Requirements that are not funded will be purged from the MEDCASE database at time of Beneficial Occupancy. Requests for exceptions to the policy, for DA Forms 5027-R/5028-R submission and/or funding must be submitted through command channels to USAMMA, ATTN: MCMR-MMT-C, for evaluation on an individual case-by-case basis.

f. REVIEW CRITERIA FOR ON-HAND EQUIPMENT. It is AMEDD policy that existing assets be used to meet the equipment requirements of construction/renovation projects to the maximum extent feasible. The review and evaluation of equipment requirements and existing assets must take into account the potential obsolescence of equipment at the time the new facility will be occupied. Also, consideration must be given to the cost of removing, transferring and reinstating existing equipment, as well as the useful life of on-hand assets if there is slippage in the occupancy dates due to construction delays. A project shall not be viewed as an opportunity to acquire all new equipment for a facility. Replacement of existing equipment must be fully supported and justified through the MEDCASE-approval process. The following criteria may be used as a guide in evaluating existing equipment:

(1) Equipment having at least 24 months of useful life remaining at the time of planned occupancy of the new facility, should be used in the new facility unless the equipment would be technologically obsolete or cannot be made to conform to safety standards or project design. Equipment that is essential to operations in both the old and new facility may be considered for replacement if the equipment cannot be

removed, transferred, and reinstalled in time to prevent curtailment of essential services.

(2) Equipment in place. Normally not eligible for MEDCASE funding. Equipment in place which will have at least 12 months of useful life remaining at the time of planned occupancy of the new facility, should be used in the new facility unless the equipment would be technologically obsolete.

g. EARLY REPLACEMENT OF EQUIPMENT. If, during the review process, it is determined that an item of equipment must be replaced due to maintenance or technological reasons before it would otherwise be moved to the new facility, it should be replaced as a BLIC "UR" MEDCASE requirement. Consideration will be made on a case-by-case basis.

3-12. INITIATION OF BLIC "NF" AND BLIC "MB" REQUIREMENTS

a. EQUIPMENT PLANNING. For planning purposes, there are two categories of equipment that must be programmed for a medical MILCON project.

b. LOGISTICAL CATEGORIES (LOGCATS). Government Furnished-Contractor Installed Equipment (GFE). [Note: Few items, if any, are MEDCASE eligible.] GFE items are those LOGCAT "E" items that are listed in the final design drawings and contract specifications for the new facility. The government must provide this equipment to the construction contractor, who is responsible for their installation. It is essential that these items are made available to the contractor by various deadlines established in the construction contract; otherwise, the government may be liable for costs associated with a project delay. The Health Facilities Project Office (HFPO) assigned to the project will advise the activity of the required delivery dates for GFE.

c. X-RAY EQUIPMENT. Note: Typically MILCON funded. X-ray systems are LOGCAT "F" items, and are installed by the equipment vendor as part of the purchase contract. The technical complexity of these systems requires considerable effort to adequately prepare the necessary documentation for their approval and purchase. Because of their high dollar, long acquisition lead times are often experienced, especially for overseas customers.

3-13. CENTRAL REQUIREMENTS

a. GENERAL. There may be cases where it is determined that it would be advantageous to generate consolidated MEDCASE equipment requirements for approval and/or acquisition. Advantages of such action could include: the standardization of an item, the ability to apply funds for a large requirement without decrementing activities' accounts, ensuring the timely or coordinated receipt of equipment by several activities, or the economies which may be obtained through the competitive acquisition of large quantities of equipment.

(1) A consolidated acquisition pertains to the consolidation of approved MEDCASE requirements for central acquisition by a designated procurement activity.

(2) A central requirement pertains to the identification, initiation, coordination and approval of a MEDCASE requirement. Central requirements may be

executed by either a consolidated acquisition or by decentralized local procurement by the designated activities.

b. DEVELOPMENT OF CENTRAL REQUIREMENTS. Central requirements may be developed and submitted for approval using a single DA Form 5027-R/5028-R with a listing of the activities designated to receive the equipment included as an enclosure. A central requirement provides sufficient justification to support the acquisition of the equipment for all of the designated activities and where applicable to include maintenance summaries. The activity preparing the central requirement is responsible for the preparation of the purchase description acquisition of the equipment.

(1) The USAMEDCOM may generate central requirements for Medical Treatment Facilities (MTF). In such cases, there is no requirement for the receiving activity to generate a DA Form 5027-R or a DA Form 5028-R. Activities must establish the requirement in the Requirements module of AMEDDPAS/DMLSS.

(2) The USAMMA will assign an ACN for each activity and notify the activity of the ACN and request they assign and provide a document number in order to process the requirement for procurement. USAMMA will notify the activity and the activity will update AMEDDPAS/DMLSS with a due in.

c. COORDINATION. Central requirements and/or consolidated acquisitions require careful coordination to ensure that activities are provided with the information necessary to post MEDCASE records and establish property accountability.

CHAPTER 4. APPROVAL OF MEDCASE REQUIREMENTS

4-1. INTRODUCTION

a. GENERAL. All MEDCASE program requirements must be approved for propriety. The level of approval is determined by the unit price of the requirement. The USAMEDCOM, the RMCs, MSCs, or the USAMMA retains the prerogative to review and override approvals on an exception basis.

(1) MEDCASE requirements will be evaluated based upon MEDCASE program eligibility, adequacy of justification and documentation, and the capabilities and mission requirements of the requesting activity. MEDCASE requirements that are determined to be ineligible for the MEDCASE program, insufficiently justified or documented, or which are determined to be beyond the capability and mission of the requesting activity shall be disapproved.

(2) The review of MEDCASE requirements shall include an evaluation of administrative accuracy to include the proper completion of the DA Form 5027-R/ 5028-R, the use of proper nomenclature, and the assignment of an appropriate IDC. Requirements that are not administratively correct will not be approved.

(3) If your facility had a TARA visit within the last four years, no BCA or detailed justification is necessary. That is, a MEDCASE package is not required.

b. APPROVAL VERSUS FUNDING. The determination of MEDCASE program approval is made based upon propriety of need, and not related to the present or the anticipated availability of funding. Approved MEDCASE requirements constitute a database against which funding may be applied based upon AMEDD, command and activity priorities.

c. RESUBMISSION OF DISAPPROVED REQUIREMENTS. Requirements that have been disapproved by the USAMEDCOM, RMC, MSC or USAMMA may be resubmitted. They will be resubmitted using the same ACN within 120 days after the disapproval action code is entered into the MRE system (after 120 days, the ACN becomes inactive in MRE, and will not be reinstated). Requirements resubmitted after 120 days must be assigned a new ACN. Resubmissions must address the reasons for which the requirement was disapproved. Correspondence regarding the disapproval, and the actions or additional information provided by the activity, become parts of the requirement documentation and should be forwarded with the resubmission.

d. MEDCASE NONMEDICAL REQUIREMENTS. MEDCASE nonmedical, MEDCASE-eligible commercial-type equipment ($250,000 and greater) must be submitted for USAMEDCOM "type classification exemption" and approval for inclusion in the TDA.

4-2. ACTIVITY/RMC/MSC COMMANDER REVIEW AND APPROVAL

a. GENERAL. Activity/RMC/MSC Commanders review, approve or disapprove all MEDCASE requirements that originate within their activity. This authority will not be delegated.

b. EVALUATION AND APPROVAL. The Activity/RMC/MSC Commander will:

(1) Evaluate and conduct a functional review of each requirement, and approve or disapprove based on propriety need.

(2) Forward all requirements to USAMMA (as applicable) for coordination and final approval/disapproval.

c. REDISTRIBUTION OF RMC ASSETS. All RMCs may direct the redistribution of excess assets within their RMC to meet validated MEDCASE requirements, as appropriate.

d. NONMEDICAL REQUIREMENTS. Commands will process requirements for nonmedical items of equipment for type classification exemption and TDA approval in accordance with AR 71-13.

e. COMMAND-PROCESSING OBJECTIVES. All RMCs use an average of 21 working days as an objective for processing MEDCASE requirements from the date received to the date forwarded to the USAMMA.

4-3. USAMEDCOM/OTSG CONSULTANT REVIEW AND APPROVAL

a. The USAMEDCOM Consultants review and approve or disapprove for propriety all RMC/MSC approved DA Forms 5027-R/5028-R which have a unit cost of $250,000 or more.

b. GENERAL. The USAMMA receives and reviews all requirements submitted for the consultant approval. The USAMMA is responsible for the requirements database.

(1) The USAMMA ensures that MEDCASE requirements are ready for functional review and final approval/disapproval with respect to program eligibility and adequacy. Requirements that are not MEDCASE-eligible will be disapproved. Requirements which are not correct, or do not have sufficient information/ documentation for the functional consultant's review, will either be disapproved or have the deficiency resolved. When necessary, the USAMMA will provide administrative comments on the requirement transmittal to enhance the review by the consultant.

(2) The USAMMA posts the action codes (see Table 4-1) assigned by the consultant to the MRE system. The USAMMA will notify activities and commands of disapproval action. Activities must query the MRE system for requirement approval/disapproval actions.

(3) The USAMMA will maintain a record copy of DA Forms 5027-R/ 5028-R approved or disapproved by the functional consultant representative.

4-5. MEDCASE ACTION CODES

a. ACTION CODES. The MEDCASE action code reflects approval or disapproval action taken by the TARA, or the OTSG clinical consultant. Only requirements that are assigned a "1A" approval action code may be funded through the MEDCASE program (see Table 4-1).

(1) MEDCASE participants must closely monitor the approval status of requirements that have been submitted for MEDCOM/OTSG clinical consultant review.

(2) MEDCASE action codes reflect approval/disapproval status only, and do not relate to the funding status of a requirement or to the availability of funds for a requirement.

b. EXPLANATION. The MEDCASE action code is a two-character data element. With the exception of the action codes 5A, 5M, 4M, which are deferral codes to indicate special administrative processing, MEDCASE action codes reflect either approval or disapproval. The alpha character indicates either the reason for disapproval or qualifies an approval.

TABLE 4-1. MEDCASE ACTION CODES

ACTION CODE		DEFINITION
RMC/ MSC	Clinical Consultant	
	5A	Receipt confirmation, by the USAMMA, of AMEDDPAS/DMLSS interface from submitting activity.
	5M	The MRE system was pre-loaded with a requirement resulting from a TARA visit. 1A action code will be assigned after approval from the activity and RMC commanders is received. This code is only assigned by USAMMA
	1A	Approved by the MEDCOM/OTSG clinical consultant.
	4M	Requirement is receiving special administrative reviews prior to assignment of a final 4P command approval. No further action required by originator.
	4P	Awaiting MEDCOM/OTSG consultant approval/disapproval.
	3B	Disapproved. Item is beyond your mission requirements.
	3C	Disapproved. Justification for requested equipment is inadequate. Submit additional justification.
	3D	Disapproved. Documentation required was not submitted with DA Forms 5027-R/5028-R. Resubmit with complete documentation.
	3E	Disapproved. Professional personnel are not currently authorized/assigned to your activity with qualifications to operate this equipment.
	3F	Disapproved. Communication (meeting/conversation/note/letter) has or will indicate reason for disapproval.
	3G	Disapproved. Incorrect IDC was assigned.
	3H	Disapproved. Equipment requested is not eligible for the MEDCASE program.
	3R	Disapproved. Rejected for administrative reasons. Communication (meeting/conversation/note/letter) has or will indicate reason.

NOTE: Disapproved/rejected requirements may be re-justified within 120 days after disapproval. After 120 days, the ACN automatically becomes inactive and will not be reinstated. Resubmissions after 120 days must use a new ACN.

4-6. EXPIRATION OF UNFUNDED MEDCASE REQUIREMENTS

a. APPROVED REQUIREMENTS. Approved unfunded MEDCASE (BLIC CF, DA, PC and UR) requirements remain active for three FYs. MEDCASE MILCON (BLIC MB) requirements remain active for five years.

> Example: **MEDCASE** requirement with a fiscal year of "03"in the ACN will remain active until 30 September 2005.
>
> Example: **MILCON** requirements with a fiscal year of "03"in the
> ACN will remain active until 30 September 2007.

At the end of three or five FYs, whichever is applicable, remaining unfunded requirements will be automatically purged from the AMEDD central database at the USAMMA. These requirements will no longer be able to be executed. In the case where a requirement expires and there is still a valid need, action should be initiated by the activity to resubmit the documentation with a new ACN.

b. DISAPPROVED REQUIREMENTS. Disapproved or rejected MEDCASE requirements will be purged from the central database at the USAMMA 120 days from date of disapproval action, unless action is taken by the activity to re-justify the requirement or comply with consultant instructions.

c. CERTIFICATION OF ACTIVE REQUIREMENTS. Approved MEDCASE requirements remain active for obligation purposes until they are executed or expire. MEDCASE participants must periodically review their approved unfunded requirements, validate current prices, and delete those requirements that are no longer needed.

CHAPTER 5. EXECUTION OF MEDCASE REQUIREMENTS

5-1. INTRODUCTION

a. Execution refers to the expending of MEDCASE funds for the acquisition of approved MEDCASE requirements. MEDCASE requirements are funded by participating activities in the order determined by Strategic Technology/ Clinical Policies Council (STCPC), using the MEDCASE funds released to the activity's station account by the command. Any deviation from that plan must be approved by the MEDCOM. There are three methods for executing MEDCASE requirements, local purchase, requisitioning or an alternate acquisition activity:

b. Local Purchase. To execute requirements by local purchase, the USAMMA issues an LOA directly to the participating activity. The LOA provides a fund citation (drawn from the activity's station account), which the activity applies to a DA Form 3953, (Purchase Request and Commitment) for local purchase. The issuance of an LOA constitutes a commitment of MEDCASE funds. Procedures for requesting and managing LOAs are contained in Chapter 7.

c. Wholesale Supply System. To execute MEDCASE requirements through the wholesale supply system, an activity submits a DD Form 1348-6 (DOD single Line Item Requisition System Document) to the USAMMA. The USAMMA applies a MEDCASE funds cite to the 1348-6 (drawn from the activity's station account) and passes the requisition to the appropriate source of supply. The submission of a funded requisition to a wholesale supply source constitutes an obligation of MEDCASE funds. Procedures for requisitioning MEDCASE requirements are contained in Chapter 6. Appendix D contains an example of DD Form 1348-6 for use in preparing requisitions for MEDCASE requirements.

d. Alternate Acquisition Activity. To execute MEDCASE requirements through an alternate acquisition agency, i.e., the U.S. Army Engineering and Support Center (USACE-HNC), Huntsville, AL, an activity submits a DD Form 1348-6 to the USAMMA. The USAMMA applies a MEDCASE fund cite to a Military Interdepartmental Purchase Request (MIPR), drawn from the activity's station account. The requisition or the MIPR is passed to the alternate acquisition activity. The acceptance of a reimbursable MIPR by the performing acquisition agency constitutes an obligation of MEDCASE funds. The acceptance of a direct cite MIPR constitutes a commitment of MEDCASE funds. Chapter 8 provides procedures for requisitioning alternate acquisition activity MEDCASE requirements.

5-2. FUNDING MEDCASE REQUIREMENTS

a. Activities will be funded as a result of the STSPC.

b. Requirements Listing.

(1) The MEDCASE Requirements and Execution (MRE) System. The MRE central database at the USAMMA provides status of all requirements in an online, real time mode. Chapter 10 provides information pertaining to online access to the MRE system.

5-3. FUNDS MANAGEMENT AT THE STATION

a. GENERAL. MEDCASE funds are released by the USAMEDCOM to the USAMMA. MEDCOM advises the USAMMA how to distribute funds among the subordinate activities. Upon this advice, the USAMMA establishes accounts within the MEDCASE requirements and execution system that indicate the amount of funds for which each activity is authorized. These accounts are referred to as "station accounts."

b. Program Release. The program release is the actual distribution of funds by the USAMMA into the station accounts as directed by the commands. It will be made available as soon after 1 October of the execution year as possible. The program release is divided by BLIC (See Chapter 3), and funding status is resident in the MRE central database at the USAMMA. Status of all station accounts is available in an online, real- time mode. Chapter 10 provides information pertaining to online access to the MRE system.

c. PROGRAM STATUS. Activities are responsible for execution of their program release, to include current commitments, obligations, and "free balance," by BLIC and by project, if applicable.

(1) Commitments. A commitment is an administrative reservation of funds. It constitutes the "setting aside" of funds for a specific purpose. MEDCASE program commitments occur when the LOA (Letter of Authority) is issued for the local purchase of a MEDCASE requirement, or upon acceptance of a direct cite MIPR. Appendix C provides an example of an LOA. Commitments become obligations when a contract or delivery/purchase order from the local purchase action is posted to the MRE system.

(2) Obligations. An obligation is a legal reservation of funds. An obligation occurs when a contract or delivery/purchase order is posted to the MRE system or upon the submission of a funded requisition (DD Form 1348-6) to a wholesale level of supply or acceptance of a reimbursable MIPR by the performing acquisition agency. Appendix D provides an example of a requisition.

(3) Free balance. An activity's free balance is the amount of funds available; that is, the amount of the activity's program release which has not been executed. To determine the free balance, the following formula is used:

PROGRAM RELEASE - COMMITMENTS - OBLIGATIONS = FREE BALANCE

MEDCASE requirements are funded and executed from an activity's station account free balance. The free balance is referred to as the "uncommitted and unobligated balance" on MRE system reports.

5-4. EXECUTION OF BLIC "MB" REQUIREMENTS

a. GENERAL. BLIC "MB" funds are medical MILCON funds appropriated by Congress for a health facility project that are set aside to procure Logistical Category responsibility (LOGCAT) "E" and "F" equipment for the new facility.

(1) The Army Corps of Engineers has forwarded all MILCON funds for LOGCAT "E" and "F" equipment to the USACE-HNC for control. The USACEHNC has the responsibility for the procurement of all LOGCAT "E" and "F" equipment.

(2) Funding BLIC "MB" requirements. Activities will not receive a BLIC "MB" funds release.

(3) Requisitions. All BLIC "MB" requirements will be executed by forwarding a requisition to USAMMA as prescribed in Chapter 6. The USAMMA will forward requisitions for LOGCAT "E" items to USACEHNCH for procurement.

b. MRE REQUIREMENTS FOR BLIC "MB". Because BLIC "MB" requisitions forwarded to USACEHNC are not funded through the MRE, those BLIC "MB" requirements will not be reflected as "FINANCED" in the MRE system. Instead, the USAMMA will enter "HNT" into the Local Use Code (LUC) field, and enter the customer's requisition document number into the "Nomenclature" field. This information is reflected in the Requirements portion of the MRE system.

5-5. RECEIPT PROCESSING

a. RECEIPT PROCESSING LINKS. The Receipt processing links the MEDCASE, property accountability, and asset visibility in an audible database. This consists of accounting for the new item on the property book, and submitting a Receiving Report.

b. PROPERTY BOOK ITEMS. All items of equipment procured through the MEDCASE program must be accounted for on the activity property book. The ACN and IDC fields in the AMEDDPAS/DMLSS property record must be correct. The nomenclature should be generic and consistent with standard item descriptions in Appendix A. Attention should be directed toward compliance with procedures for AMEDDPAS/DMLSS and command guidance.

c. MEDCASE RECEIVING REPORTS. MEDCASE Receiving Reports must be forwarded to the:

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

CHAPTER 6. WHOLESALE SUPPLY SYSTEM (REQUISITIONS)

6-1. INTRODUCTION

a. GENERAl. Requisitions for approved MEDCASE requirements are submitted by activities through the USAMMA to an alternate acquisition source or to a wholesale supply source. Examples of wholesale supply sources, and their RICs are:

(1) The Defense Supply Center Philadelphia (DSCP) (S9M)
(2) The Veterans Administration, (VA) (VAA)

b. MANDATORY USE. Requisitions are used for the following types of equipment:

(1) Standard stocked or centrally procured items (Acquisition Advice Code [AAC] "D" or "H") for all MEDCASE participants.
(2) Nonstandard and standard nonstocked items (AAC other than "D" and "H") for OCONUS MEDCASE participants. (NOTE: Not mandatory, see Chapter 7).
(3) Diagnostic imaging and therapeutic radiation systems, for all MEDCASE participants.

c. USE OF REQUISITIONS BY CONTINENTAL UNITED STATES (CONUS) AND OUTSIDE CONTINENTAL UNITED STATES (OCONUS) ACTIVITIES.

(1) The wholesale supply system does not usually provide procurement support to CONUS activities for nonstandard equipment, except for diagnostic imaging systems.
(2) OCONUS activities obtain most of their approved MEDCASE requirements by requisition.
(3) Requests for exception to policy to acquire by local procurement must be justified and forwarded in writing to the:

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

6-2. BASIC REQUISITIONING PROCEDURES

a. GENERAL. Requisitions will be submitted only for approved (1A) requirements for which there are sufficient funds in the activity's station account. Requisitions must be submitted to the USAMMA in accordance with Command policy. The USAMMA must receive three (3) copies of requisitions and all supporting documentation.

(1) Radiology systems - DD Form 1348-6, with a manufacture price quote or Equipment Data List (EDL) (see Chapter 12 for further guidance regarding requisitions for diagnostic equipment).
(2) All requisitions for nonstandard items requesting acquisition through restricted competition (i.e., "sole-source") must include a Justification for less-than-full-and-open Competition. Chapter 14 contains guidance regarding the Competition in Contracting Act (CICA).

b. DD FORM 1348-6. The DD Form 1348-6 is the basic document used for most requisitions. It must be completed in correct MILSTRIP format with additional exception data provided as shown on the samples provided in Appendix D. The DD Form 1348-6 must be submitted to USAMMA in three (3) copies. Two useful references which can be used when preparing DD Form 1348 series MILSTRIP requisitions are:

(1) Chapter 3 of this SB and, AR 725-50, The Requisitioning, Receipt, and Issue System.

(2) The DLA CUSTOMER SUPPLY ASSISTANCE PROGRAM HANDBOOK. This publication may be obtained by contacting the DLA customer assistance representative in your geographic area.

6-3. OVERVIEW OF REQUISITION PROCESSING

The following brief description shows some of the major steps involved in processing a MEDCASE requisition through the USAMMA to a wholesale supply source

a. UNAVAILABLE EXCESS ASSETS. After a final, unsuccessful check for available excess assets that could meet the requirement, a requisition (DD form 1348 or 1348-6) is prepared in MILSTRIP format, and the necessary supporting documents are attached. At least three (3) complete copies are prepared.

b. REQUISITION SUBMISSION. The requisition, with supporting documentation, is forwarded to USAMMA in accordance with command policy. A Due-In is entered into the AMEDDPAS/DMLSS, which updates the Funds Control Journal. Appendix D provides an example of a requisition (DD Form 1348-6).

c. REQUISITION PROCESSING AT THE USAMMA. The USAMMA edits the requisition, verifies that it is for an approved (1A) requirement, ensures that funds are available in the station account, posts the execution to the MRE system, and forwards the requisition to the appropriate wholesale supply source. This transaction obligates funds. The obligation will be reflected in the activity's Funds account in the MRE system as an Undelivered Order (UDO).

d. REQUISITION PROCESSING AT WHOLESALE ACTIVITY. The wholesale supply activity receives the requisition and processes it for acquisition and/or delivery. The USAMMA receives supply and shipment status in MILSTRIP format, where it is posted to the MRE. Shipment status will cause the previously recorded obligation to move from the UDO stage to the "accounts payable" (AP) stage in the MRE system.

e. RECEIPT PROCESSING. The activity receives the item and forwards a receipt confirmation DD Form 250 (Materiel Inspection and Receiving Report) or DD Form 1155 (Order For Supplies or Services) to the USAMMA. For BLIC "MB" requisitions, a receiving report (DD Form 250 or DD Form 1155) must also be submitted to:

U.S. Army Engineering Support Center
P.O. Box 1600
Huntsville AL 35807-4301

The activity also posts the receipt to its property accounting records.

f. SHIPMENT/BILLING. Based upon shipment information, the supply center has used funds from its stock fund to pay the supplier (nonstandard and nonstocked items only) for direct delivery to the activity. The wholesale supply source in turn forwards a bill (called an Interfund Transfer [IFT]) to the USAMMA for reimbursement.

g. FUNDS DISBURSEMENT. The USAMMA receives the IFT and makes a disbursement of MEDCASE funds to the wholesale stock fund. This obligation moves from the accounts payable stage to the disbursement stage and this "Liquidates" the obligation.

6-4. WHOLESALE SUPPLY SOURCE ACTIONS

a. STATUS. The wholesale supply system transmits status in MILSTRIP format to USAMMA, Status is also listed in the MRE system. MILSTRIP status will normally occur in the following sequence:

Non-standard/non-stocked items:

1st status (AE1 card)	BD	Requisition has been received by the wholesale supply source and is under review.
2nd status (AE1 card)	BZ	Requisition is delayed in contracting. Upon contract award, additional status will be provided.
3rd status (AE1 card)	BV	Item has been contracted for shipment to requisitioner. An AB card will also be provided which indicates the contract number.
4th status (AS1 card)		Shipment Status.

b. REQUEST FOR ADDITIONAL INFORMATION.

(1) Occasionally, a wholesale supply source will require additional information (such as clarification of specifications, accessories or color) from a customer before it can complete procurement action. When this happens, the wholesale supply source will notify the customer requesting the information. An information copy of the request is to be provided to the USAMMA by the supply center.

(2) The customer must reply to the wholesale supply source within the suspense date established. Normally there is a 21-day suspense. If the activity does not meet the suspense, the supply center will reject (C status) the requisition, and it will have to be resubmitted. Supply center rejections and cancellations deobligate funds.

(3) Activities must provide an information copy of all correspondence sent to a wholesale supply source to the:

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

c. Only the USAMMA may certify additional funds. If a customer receives a request for additional funds, the request must be referred to the USAMMA.

d. PROCUREMENT LEAD TIMES. Procurement lead times for nonstandard, nonstocked items are generally established by the dollar value, as well as the technical complexity of the requirement. As a guide, the following timeframes provide a rough estimate of procurement lead times for DSCP.

(1) $250,000 to $500,000: 120 days.
(2) Award over $500,000: 150-180 days.
(3) Requisitions that require synopsis: add 30 days to the above estimates.

e. ASSIGNMENT OF DOCUMENT NUMBERS BY THE USAMMA. When a requisition is rejected or canceled in error by a wholesale supply source, the USAMMA will attempt to resubmit the requisition. Because supply centers will not accept the same document number, the USAMMA will either assign a new document serial number using an alpha character in the serial number field (i.e., W74MYG-9185-0013 would be resubmitted as 7185-A013), or assign a new document number using document serial numbers which are reserved for the USAMMA (8550-8999). When this occurs, the USAMMA will notify the customer so that the document register and due-in records may be adjusted accordingly.

6-5. SHIPMENT OF MEDCASE ITEMS

a. CONUS ACTIVITIES. CONUS activities will receive shipment from vendors by commercial carriers and freight forwarders.

b. OCONUS ACTIVITIES. When USAMMA processes a customer's requisition, the "ship to" address of the Consolidated Containerization Point (CCP) at either Defense Depot Tracy (for the Pacific) or Defense Depot Mechanicsburg (for Europe) is entered on the requisition.

(1) Military air transport may be used for OCONUS shipment. Special requests for military air transport require the activity to provide a local transportation fund citation.

(2) Surface shipment will be used for items with high volume or weight.

(3) In some cases, suppliers may ship smaller, low-dollar value items directly to the requisitioner via parcel post.

c. COMMERCIAL AIR. Commercial air shipment is used only in emergency situations. MEDCASE funds cannot be used to pay for commercial air shipment; therefore, in cases where commercial air is requested, the activity will be required to provide a local transportation fund citation.

6-6. MANAGEMENT OF REQUISITIONS

a. SUBMISSION OF REQUISITIONS. Activities must ensure that their requisitions are received by the USAMMA. All requisitions must be posted to the Property Book Officer's (PBO) nonexpendable document register, and a due-in established in AMEDDPAS/DMLSS property records. Requisitions that have been submitted by the activity, but do not appear in the MRE system should be followed-up telephonically to the USAMMA.

b. PRIORITY MODIFICATIONS. Requests for priority upgrade should be submitted by AM card to the supply center by Defense Messaging Service (DMS).

c. OVERDUE SHIPMENT. Tracer action should be initiated for overdue shipments through the local transportation office in accordance with MILSTAMP procedures. A shipment should be considered overdue if it has not been received within 90 days of the ship date as reflected on the AS card or MRE system.

6-7. RECEIPT PROCESSING

a. The MEDCASE manager, the PBO, and the biomedical equipment maintenance activity must establish a coordinated procedure for the receipt of equipment acquired through the MEDCASE program.

b. PROPERTY ACCOUNTABILITY. Accountability for equipment acquired through the MEDCASE program will be established at the time the equipment is received by the activity. This specifically includes "uninstalled" equipment that is awaiting installation or the completion of site preparation. If necessary, uninstalled equipment may be accounted for on a separate hand receipt. Maintenance information can be loaded into AMEDDPAS/DMLSS after the completion of installation. The "date-in-service" should be adjusted, as necessary, to reflect the date when installation is completed.

c. ACCEPTANCE INSPECTION. Equipment should be inventoried and inspected for visible damage as soon after receipt as possible. Damage and/or missing items or components should be reported by submission of a Report of Discrepancy (ROD) in accordance with AR 735-11 Uniform Settlement of Military Freight Loss and Damage Claims) and AR 735-11-2 (Reporting of Item and Packaging Discrepancies). Acceptance should not be delayed until operational testing is possible as long as the equipment is complete and apparently undamaged. Operational deficiencies should be corrected through enforcement of the warranty.

d. RECEIVING REPORT. Receipt must be reported to the USAMMA upon receipt of equipment by immediate submission of a DD Form 250 or DD Form 1155.

CHAPTER 7. LOCAL PURCHASE AND LETTERS OF AUTHORITY (LOA)

7-1. INTRODUCTION

a. GENERAL. The local purchase of approved MEDCASE requirements is accomplished through the application of MEDCASE funds to a local purchase request. The purchase request is forwarded by the activity to its supporting Purchasing and Contracting activity. An electronic LOA provides the MEDCASE funds from the USAMMA to the activity.

b. LOCAL PURCHASE. Both CONUS and OCONUS activities may use local purchase, provided that purchasing and contracting support is available.

c. LOCAL PURCHASE OF EQUIPMENT. Local purchase is used for the following types of equipment:

(1) Nonstandard equipment.
(2) Standard, nonstocked items AAC other than "D," or "H").

d. LOCAL PURCHASE OF EQUIPMENT NOT AUTHORIZED. Local purchase may not be used for the following types of equipment:

(1) Standard, stocked (AAC "D," or °H"), or centrally procured items.
(2) Diagnostic imaging systems.
(3) Therapeutic Radiation systems.

Note: Exceptions must be requested through the U.S. Army Medical Materiel Agency, ATTN: MCMR.MMT-C, 1423 Sultan Dr., Ste 100, Fort Detrick MD 21702-5001.

7-2. OVERVIEW OF THE LOCAL PROCUREMENT PROCESS

The following is a brief description of the steps involved in the local purchase process:

a. EXCESS ASSETS. After a final, unsuccessful check for available excess assets that could meet the requirement, the station requests an LOA in accordance with Chapter 7, paragraph 7-3 b., below.

b. LOCAL PURCHASE DOCUMENTS. Activities must prepare the necessary local purchase documents (e.g., DA Form 3953) prior to requesting the LOA so there will be no delay in processing the requirement when the LOA is received.

c. LOA. The USAMMA will provide the electronic LOA. The LOA commits funds for a specified period of time, usually 120 days, for the purchase of the ACNs specified on the LOA. Appendix C shows examples and explains the LOA and an amended LOA.

d. LOA PROCESSING. The activity receives the LOA and certifies funds availability on the DA Form 3953, then forwards it to the supporting procurement office for action. It is not necessary to provide the contracting office a copy of the LOA.

e. PURCHASING AND CONTRACTING. Purchasing and Contracting places an order and awards a contract. A copy of this contract is provided to the MEDCASE manager at the Activity.

f. ACTIVITY MEDCASE MANAGER. The activity MEDCASE manager annotates the LOA with document number and returns the LOA with a copy of the contract to the USAMMA.

g. The USAMMA. The USAMMA receives the LOA and contract and posts the obligation as "undelivered order" (UDO) in the MRE system and the accounting system.

h. RECEIVING REPORTS. The activity receives the item from the supplier and forwards a receiving report to the paying office indicated on the contract. Local AMEDDPAS/DMLSS records are updated with the receipt.

i. RECEIPT PROCESSING. Upon receipt of the receiving report, the paying office will verify receipt against their copy of the contract and pay the supplier when the bill (invoice) is received. Receiving reports must be submitted in a timely manner so the paying office can take advantage of prompt payment discounts. Failure to submit a receiving report in a timely manner usually results in the payment of interest and penalties, and these will be charged to the operating funds of the receiving activity.

7-3. LOA MANAGEMENT

a. FUNDING AUTHORITY. The LOA grants authority to cite MEDCASE program funds and incur obligations for equipment by local purchase.

(1) The electronic LOA certifies the availability of MEDCASE funds for the local procurement of the specific requirement(s) listed by ACN on the LOA. The issue of an LOA constitutes a commitment of MEDCASE funds.

(2) Obligations (contract awards) shall not exceed the amount specified without the prior written approval of the USAMMA. The funding authority is valid until the expiration date indicated on the LOA.

(3) Funds cited on an LOA will be used only for items that are eligible for funding through the MEDCASE program. This is limited to MEDCASE-eligible equipment, components and/or accessories, and the installation thereof. MEDCASE funds are specifically excluded from the funding of site preparation or first destination transportation charges (NOTE: First destination transportation charges that are included in the contract line for the equipment, i.e., Freight On Board [FOB] destination, may be eligible, See Chapter 15.)

(4) Individual LOAs are issued for single requirements; however, USAMMA may list multiple ACNs on a single LOA provided that the requirements are identical (i.e., the IDCs and standard item descriptions are the same).

(5) Brand name references that may be included in the nomenclature of the requirement do not constitute endorsement or authority for acquisition under less-than-full-and-open competition.

b. LOA REQUESTS. LOAs for approved (1A) requirements may be requested at any time provided that there are sufficient funds available in the activity's station account. LOAs are requested by activities via letter or message addressed to the USAMMA, ATTN: MCMR.MMT.C. Multiple LOAs may be requested on a single message or letter. LOA requests must contain, as a minimum, the following information:

(1) Asset Control Number (ACN)
(2) Dollar amount
(3) BLIC

c. LOA SUSPENSE. LOAs are issued for specific periods of time. Each activity is responsible for maintaining a suspense file of 'working" LOAs to ensure that local purchase action is completed before the LOA expiration date. Contracts cannot be awarded using funds cited on an expired LOA. LOAs are issued for an initial period of 120 days.

d. EXTENSIONS OF LOAS. When an activity determines that a contract award cannot be made prior to the expiration of an LOA, it must request an extension from the USAMMA. In such cases, the activity should try to determine as closely as possible how much additional time is required.

(1) Requests for LOA extensions may be made by letter, telephone, or in writing. Extensions should be requested at least two weeks prior to the expiration of the LOA.

(2) Extensions will be provided electronically by the USAMMA in the form of an LOA amendment.

(3) LOA extensions will normally be granted in 30-day increments. Normally only two 30 day extensions will be granted. Activities may request as an exception an extension for greater than 30 days if it is known that a longer period will be required to award a contract. Request for extensions in excess of 30 days must provide the current status of the procurement action, the estimated award date, and an explanation of why 150 days is not sufficient to make an award.

e. LOA PRICE INCREASES. In cases where the contract award price will exceed the funds cited on the LOA, the station must request an LOA increase from the USAMMA.

(1) The USAMMA will evaluate each request for an LOA increase based on the original value of the requirement. The age of the price estimate, the amount of the increase, and any other factors provided by the requesting activity. Price increases that do not appear excessive will normally be issued without further justification by the activity. For price increases that appear excessive, USAMMA may require further justification to ensure that the item being procured is, indeed, the item that was originally approved. Cases that cannot be resolved by the funds certification officer will be passed to the appropriate consultant for resolution.

(2) LOA increases may be requested by mail, message or telephone. An LOA increase and extension may be requested at the same time. LOA increases should be requested only when the actual contract price is known. This will eliminate the need for multiple LOA amendments.

(3) LOA increases will be released by the USAMMA only if there are sufficient funds in the activity's station account. If there are not sufficient funds available, the activity must request additional funds through their RMC.

(4) LOA increases will be issued in the form of an LOA amendment.

f. LOA PRICE DECREASES. In cases where the contract award price will be less than the funds cited on the LOA, the station may request an LOA decrease from the USAMMA.

(1) LOA decreases will be issued in the form of an LOA amendment.

(2) LOA decreases should only be requested when it is necessary to use the amount "freed" by the decrease to execute or increase the LOA amount of another MEDCASE requirement.

g. LOA AMENDMENTS. LOA amendments are issued electronically. A single LOA amendment may contain both an extension and a price adjustment. The USAMMA may issue a maximum of four LOA amendments. If an additional extension or price adjustment is needed after the fourth amendment, the activity must return the LOA (with amendments) to the USAMMA, and a new LOA will be issued. The USAMMA will not reissue an LOA until it has received the initial LOA.

7-4. BASIC PROCEDURES FOR LOCAL PURCHASE

a. ACTIONS UPON RECEIPT OF AN LOA. Upon receipt of the LOA by the activity, the MEDCASE manager should:

(1) Ensure that the LOA is administratively correct, e.g., it has the correct ACN(s), funds cite, dollar amount, expiration date, activity name, etc.

(2) Enter the fund citation provided on the LOA onto the DA Form 3953. Ensure that the DA Form 3953 is complete and accurate, and includes attachments such as essential characteristics or procurement specifications. The requirement should be clearly defined as to accessories, shipping instruction, installation requirements, and warranty requirements.

(3) Ensure that **only** the requirements identified by the ACNs listed on the LOA are purchased. The purchase of any other equipment with an LOA is not authorized.

b. CERTIFICATION OF MEDCASE FUNDS. LOAs issued by the USAMMA provide the using activity with the authority to certify the availability of MEDCASE funds to the supporting purchasing and contracting activity.

(1) The activity certifies the availability of MEDCASE funds to the purchasing and contracting activity by the signature of an individual designated by the activity commander on the DA Form 3953. The individual(s) designated by the commander are normally the Chief of logistics, the Chief of Property Management, and/or the MEDCASE manager.

(2) DD Form 577 (Signature Cards) for the persons appointed by the commander to certify the availability of MEDCASE funds should be kept on file at the procurement activity and the supporting finance and accounting office.

(3) There is no requirement to provide a copy of the LOA to the purchasing and contracting office.

c. CONTRACT INFORMATION POSTING. Upon contract award, the activity must post the obligation to AMEDDPAS/DMLSS and to the appropriate lines on the LOA.

(1) Copies of all contracts awarded against an LOA must be forwarded to the

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

as early as possible after the award to ensure timely posting of the obligation to the MRE and accounting systems. This will usually be well before the equipment is actually received. This includes partial awards. Upon completion of all procurement actions authorized by an LOA, the LOA and copies of all obligation documents not already provided to the USAMMA must be forwarded to the USAMMA by the activity.

(2) Copies of contracts and LOAs should be returned to the USAMMA.

(3) Activities will establish a suspense file for LOAs and contracts that have been returned to the USAMMA to ensure that the obligations have been properly posted. Obligations not posted within a reasonable period (taking into account mail time), as well as obligations that have been posted erroneously, should be reported to the USAMMA. Such actions are essential for maintaining an accurate free balance of funds in the activity's station account.

(4) Local purchase contracts, purchase orders, or delivery orders, except those administered by the Defense Contract Management Command, must identify the DFAS, San Antonio, TX, Operating Location, as the paying office. The address is:

DFAS-SA/FPA
500 McCullough Ave
San Antonio TX 78215-2100

d. RECEIPT PROCESSING. Once an item is received by the activity, a receiving report (DD Form 250) will be prepared. Receiving reports for locally procured items are documented on either DD Form 250 or DD Form 1155.

(1) Receiving reports must reflect the line number of the contract, purchase order, or delivery order of the item(s) received, as well as the complete accounting classification and LOA number as shown on the obligation document.

(2) The receiving report must be provided to the paying office immediately so that the vendor can be paid promptly. After receipt of the materiel, copies of the receiving report will be forwarded to the USAMMA within 10 working days. This includes receiving reports for partial receipts.

CHAPTER 8. ALTERNATE ACQUISITION ACTIVITY

8-1. INTRODUCTION

The use of an alternate acquisition may be used when appropriate, e.g. the Department of Veteran's Affairs. The authority to use an alternate acquisition activity resides with the USAMMA. The proper instrument to use in this case is a DD Form 448 (Military Interdepartmental Purchase Request [MIPR]).

8-2. OVERVIEW OF THE MIPR PROCESS

The MIPR is used to procure items that cannot be purchased through the local Purchasing and Contracting agency or the DLA supply system. In most cases, the suggested source has a contract in place and delivery orders will be awarded against the main contract. The MIPR will be posted to the MEDCASE Requirements and Execution (MRE) system as a Letter of Authority (LOA).

8-3. MIPR REQUESTS

A request for a MIPR for an approved (1A) requirement may be submitted to USAMMA at any time provided there are sufficient funds available in the activity's station account. MIPR requests must contain, as a minimum, the following information:

a. DD form 1348-6 to include source of Supply with complete mailing address, FAX number, POC, and phone number.

b. All procurement information required for the purchase must be submitted to USAMMA in the MIPR package.

8-4. TYPES OF MIPRS

The MIPR type will be determined by how the source of supply accepts the MEDCASE funds. All MEDCASE MIPRs must be accepted in block 6 of the DD Form 448-2 (Acceptance of M1PR) as either a, b, or c.

a. Block a, (Category I). All Items will be provided through Reimbursement. All reimbursable MIPRs are considered as an obligation of MEDCASE funds when the acceptance form is received at the USAMMA. (See DD Form 448-2)

b. Block b, (Category II). All Items will be procured by the Direct Citation of Funds. All MIPRs accepted by the source of supply as a direct cite MIPR will be considered as a commitment of MEDCASE funds. When the delivery order is awarded and received at the USAMMA the information will be posted to the MRE system as an obligation. (See DD Form 448-2)

c. Block c, Items will be provided by both Category I and Category II as Indicated below. MEDCASE funds can be accepted as both direct cite and reimbursable. When this happens, each of the dollar amounts is posted accordingly in the MRE. (See DD Form 448.2)

CHAPTER 9. PROCESSING OF URGENT AND EMERGENCY MEDCASE REQUIREMENTS

9-1. INTRODUCTION

a. A properly managed MEDCASE program at the activity includes a clear and well-distributed Standard Operating Procedure [SOP]. This SOP explains how to use the MEDCASE program to acquire equipment. Nonetheless, instances will arise where routine requirement approval procedures will not be able to respond in a timely enough manner. A true emergency situation in the MEDCASE program is rare.

b. Urgent Requirements. Urgent requirements are those that must be both approved and executed during the current execution year.

c. Emergency Requirements. Emergency requirements are those in which the item is required to save life, prevent suffering, distress, or loss of faculty or limb.

9-2. URGENT MEDCASE REQUIREMENTS

a. Processing. Unless otherwise indicated, urgent requirements are processed for approval in the same manner as routine MEDCASE program requirements. MEDCASE requirements, which are considered to be urgent, should be clearly labeled as such on the top margin of the DA Form 5027-R, and should contain the FY of the current execution year in the ACN. When an activity has an urgent or emergency MEDCASE they are required to submit a memorandum from the MTF Commander through the RMC Commander to USAMEDCOM. This packet is sent to the MEDCOM and a duplicate packet should also be sent to the USAMMA to begin the OTSG Consultant review process, if necessary. Requests for funding are not to be sent through or to the USAMMA. Funding requests go to USAMEDCOM. For all future requests of MEDCASE funding for urgent or emergencies that do not already have an existing requirement in the database, the memorandum must address the following questions:

(1) Why was the requirement not identified in the MEDCASE program earlier?
(2) Why is the requirement an urgent or emergency?
(3) Why can’t the requirement wait for midyear review or funding next fiscal year?
(4) What is the impact on the mission if this requirement is not funded?

In addition to the above if the requirement is for a non-TARA approved requirement Appendix G must be prepared and submitted.

b. Execution. Urgent requirements must be approved and funding allocated by the STCPC before they can be executed. Once approved and funded the requirement will either be processed using an LOA or a requisition as requested by the activity.

CHAPTER 10. THE MEDCASE REQUIREMENTS AND EXECUTION (MRE) SYSTEM

10-1. INTRODUCTION

The previous chapters dealt with the development, approval and execution of MEDCASE requirements. This chapter deals with the centralized automated system, which controls all parts of the MEDCASE program. The MRE system is the automated system that provides information and data for the management and control of the program.

10-2. THE MRE SYSTEM

a. The MRE System controls all parts of the MEDCASE program above the station level. It is designed to assist in the management of the program and provide detailed information on requirements, execution and financial functions.

b. CAPABILITIES. The MRE system provides:

(1) Automated interface of approval and execution actions.
(2) Automated funds control on all supply and billing actions to preclude over-obligations.
(3) Automated issue and management of Letters of Authority (LOAs).
(4) Automated accounting for Defense Health Program (DHP).
(5) An interface with AMEDDPAS/DMLSS to improve property accountability.
(6) An interface with MILSTRIP systems to improve supply management.

c. SYSTEM OPERATION.

(1) The system processes data received and input. Data is provided by the operating systems of the USAMEDCOMs, RMCs, MSCs and the USAMMA.

(2) The MRE system operates according to policies specified by the USAMEDCOM and USAMMA. Edits are built into the MRE system to control processing. Supported activities must insure their documents are accurate to reduce processing delays.

10-3. RECOMMENDING CHANGES TO THE MRE SYSTEM

Suggested improvements to the MRE system should be made in writing. Letters should be forwarded through command channels to the:

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

The recommended change should be described in detail providing flow charts or example formats where necessary. The USAMMA will provide a written response to all recommended changes indicating either the rationale for disapproval or an intended implementation date.

CHAPTER 11. MEDICAL MILITARY CONSTRUCTION (MILCON) PROJECTS (BLIC "NF" AND "MB" REQUIREMENTS)

11-1. INTRODUCTION

This chapter provides an overview of the events and the responsibilities associated with a medical MILCON project. MEDCASE requirements must meet the eligibility threshold of $250,000 (unit price) under DHP Procurement funding. Items qualifying for MEDCASE BLIC "NF" are, in most cases, those major equipment items not included in the original scope of the project. Specific responsibilities and procedures related to the identification and initiation of MEDCASE requirements associated with medical MILCON projected is provided in Chapter 3.

11-2. OVERVIEW OF A MEDICAL MILCON PROJECT

a. AUTHORITY. The U.S. Congress approves medical MILCON projects. Congressional approval is based upon the description of the project submitted to Congress on a DD Form 1391 (*Military Construction Project Data*). This form is prepared by the installation Directorate of Public Works with major input from the HFPA. The approved construction project is statutorily limited to the work described on the DD Form 1391.

b. PROJECT DESIGN. There is a series of six submittal and design reviews associated with the development of a project, beginning with concept design drawings and leading to final drawings at the Sixth Submittal (S6) design stage. Design reviews are held during the First Submittal (S1) through (S6). Each design review results in an updated set of drawings. Beginning with the Third Submittal (S3) design stage, drawings will reflect room layouts and recommended equipment placement. As the project continues, the architects develop an equipment and casework schedule that provides a room-by-room listing of all equipment requirements. Below is a brief description of each submittal:

(1) First Submittal (S1). The Architect/Engineering (A/E) firm is given the program for design and the design criteria. Working closely with Medical Facilities Design Office, Corps of Engineers, HFPA and the installation, the A/E develops a conceptual design. The A/E provides three alternative block layout schemes with comparative cost estimates. From the three schemes provided, one is chosen.

(2) Second Submittal (S2). This submittal establishes single-line room-by-room floor plans, and the initial interior design narrative.

(3) Third and Fourth Submittal (S3, S4). The third and fourth submittal further refine the design concept with double line floor plans, a design analysis, and equipment layout schedules to ensure all installation requirements are incorporated. The fourth submittal is the final design concept.

(4) Fifth and Sixth Submittal (S5, S6). These submittals are the start of the contract documents. They further develop and delineate the design concept. The documents include a functional concept manual, specification, and by S6, are

technically complete. These final drawings and specifications will become part of contract/bid documents by the various contractors, and used for construction.

c. FUNDING.

(1) There are three types of funding associated with medical MILCON projects:

(a) Medical MILCON funds are appropriated by Congress to build or renovate the facility, and acquire certain items of installed equipment.

(b) MEDCASE funds are programmed by the USAMEDCOM to acquire the equipment. MEDCASE requirements must meet the eligibility threshold of $250,000 (unit price). Items qualifying for MEDCASE BLIC "NF" are, in most cases, those major equipment items not included in the original scope of the project and are necessary to make the new facility "complete and usable."

(c) O&M funds are programmed by the USAMEDCOM to acquire CEEP equipment (unit price less than $250,000) necessary to make the new facility "complete and usable" that is constructing and equipping a facility to enable the facility to achieve the purpose for which it was constructed. For information on requesting O&M funds for initial outfitting of new construction projects, contact the:

CDR, USAMEDCOM
ATTN: MCLO
2050 Worth Rd, Suite 8
Fort Sam Houston, TX 78234-6008
Commercial Telephone 210-221-7119

(2) FUNDS MANAGEMENT:

(a) BLIC "MB": Corresponds to the medical MILCON funds set aside for the acquisition of certain items of installed equipment called for in the project plans. The USACE-HNC, Huntsville, AL, manages medical MILCON funds.

(b) BLIC "NF": Corresponds to the MEDCASE funds that are programmed by the USAMEDCOM for the acquisition of investment equipment required for a new facility.

(c) DHP "O&M": Corresponds to the local operating funds programmed by the activity for the acquisition of CEEP equipment required for a new facility.

d. EQUIPMENT PLANNING. Equipment planning for a project begins when the HFPA uses a computer-generated planning document that lists, room-by-room, the total equipment requirements anticipated for each project. This planning document is known as the Medical Facilities Room Contents List (MFRCL). As the project continues, the architects develop an Equipment and Casework Schedule that supersedes the MFRCL. The equipment and casework schedule provides a "refined" room-by-room listing of equipment requirements.

(1) As discussed in Chapter 3, the Equipment and Casework Schedule is based on the final design (S6) drawings for the project. It lists the architect's plan for equipment requirements and equipment placement within the new facility. The

HFPO is responsible for making the necessary adjustments of the equipment listing to accurately reflect the specific needs of the facility. The equipment listing is a planned document that provides a "starting point" for the identification of equipment requirements, and the initiation of MPRs. The identification and initiation of MEDCASE requirements for a project is a responsibility of the activity.

(2) The equipment and casework schedule is usually available to the activity prior to commencement of construction. The activity should establish a time-line for planning the critical actions that must be accomplished, to include the initiation of MEDCASE requirements.

11-3. LOGISTICAL CATEGORY (LOGCATs) CODES

A. General. LOGCATs are single letter codes that assign responsibility for the acquisition and installation of equipment required for a project. LOGCATs are used in the MFRCL and later, in the final design drawings for the project. LOGCATs are explained in Table 11-1.

TABLE 11-1. LOGISTICAL CATEGORY CODES

LOGCATs	
LOGCAT "A"	Contractor Furnished and Contractor Installed (2).
LOGCAT "B"	Government Furnished and Contractor Installed (2).
LOGCAT "C"	Government Furnished and Contractor Installed (1).
LOGCAT "E"	Government Furnished and Contractor Installed (2).
LOGCAT "F"	Government Furnished and Contractor Installed (3).
NOTES:	
(1) Typically paid for by activity's DHP O&M funds or MEDCASE BLIC "NF" (If eligible).	
(2) Paid for by major medical MILCON funds - Not MEDCASE.	
(3) Funded through the major medical MILCON-MEDCASE (BLIC "MB") Program.	

b. FUNDING RESPONSIBILITIES.

(1) LOGCAT "A" items are provided by the construction contractor as part of the project and paid for by MILCON funds.

(2) LOGCAT "E" and "F" items are acquired through the MEDCASE program as BLIC "MB" requirements, paid for by MILCON funds. LOGCAT "F" items are generally installed radiology systems.

(3) The LOGCATs are identified in the MFRCL and normally in the Equipment Casework Schedule. Contact your HFPO or project POC.

11-4. REFERENCES AND RESOURCES

The following documents are available to assist the activity in managing the equipment requirements for a facility construction/renovation project.

a. DD FORM 1391. The DD Form 1391 describes the scope and provides the approval for the project. It also contains the justification for the project that was submitted to Congress. The DD Form 1391 is a useful document for activity commanders, logisticians, and MEDCASE managers.

b. PROGRAM FOR DESIGN (PFD). The PFD is produced early in the planning process. The Defense Medical Facilities Office (DMFO)/Office of the Assistant Secretary of Defense for Health Affairs (OASD-HA), is responsible for programming and space planning of medical construction projects. The DMFO organizes the study around the mission of the facility and the projected workload. It can also provide information (i.e., regarding mission and work load) that can be useful in preparing the justification for MPRs.

c. FINAL DRAWINGS. The final drawings for a new or renovated facility will reflect room layouts and equipment placement, and will contain an Equipment and Casework schedule *(NOTE: This schedule may be included within the contract specifications which accompany the final drawings)*. The information in these documents is based upon the MFRCL.

d. MEDICAL FACILITIES ROOM CONTENTS LIST (MFRCL). The MFRCL is the architect's initial document. It is produced early in the design process and is seldom made available to the activity because it's use as a planning document is limited and it covers much more than equipment.

e. MILITARY STANDARD 1691. Military Standard (MIL-STD) 1691 (*Construction and Materiel Schedule for Military Medical and Dental Facilities*), is a Tri-Services document listing equipment which is commonly reflected in the drawings for military medical construction projects. Each equipment item is referenced by a Joint Service Number (JSN), which is used to identify that item on plans and drawings. The MIL-STD also provides a short functional description of the item, indicates its utility requirements, and reflects the LOGCAT Code.

f. THE HFPO GUIDE. This guide is published by the HFPA as a resource for their project officers in the field. It contains valuable information concerning the responsibilities involved in a project.

11-5. RESPONSIBILITIES DURING THE PROJECT

a. ACTIVITY COMMANDER. The activity commander must ensure that the overall planning effort necessary to support the project and accomplish the transition to the new facility is accomplished. The commander's responsibilities include:

(1) Providing comments during the reviews of the project design.
(2) Planning to acquire equipment and furnishings that are compatible with the scope and design of the project.

(3) Appointing a project officer to serve as point of contact with HFPA and other agencies/activities regarding the project until an HFPO is assigned.

(4) Creating a transition committee to manage transition issues. This minimizes the disruptions to the delivery of patient care.

b. TRANSITION COMMITTEE. A transition committee will be established at all activities undergoing a medical MILCON project. It will have representation by each affected department/service, the Chief of Logistics, and courses of action to the commander in order to:

(1) Coordinate project review and utilization planning.

(2) Coordinate equipment planning, to include decisions regarding the use or replacement of existing assets (see Chapter 3, paragraph 3-11c).

(3) Coordinate transition and movement of equipment and services.

c. CHIEF OF LOGISTICS. The importance of the Chief of Logistics in the planning process cannot be overstated. In many, if not most, cases the equipment planning for a new facility must begin before an HFPO is assigned. The Chief of Logistics must ensure programs for the project are established, and that requirements are identified in a timely manner. Logistics responsibilities include:

(1) Advising the transition committee and the commander of the actions that must be accomplished to support the project.

(2) Assisting in the identification of requirements by coordinating the Equipment and Casework Schedule with the using services.

(3) Coordinating the review and amendment, as appropriate, of the equipment and casework schedule when it is received.

d. HFPO. The HFPO is the individual assigned to a construction project for the expressed purpose of fulfilling the responsibilities of the HFPA and to represent the AMEDD during a medical MILCON project.

(1) The HFPO is assigned to the HFPA with duty station on the construction site.

(2) The HFPO is the primary point of contact between the activity, the HFPA, the Engineer District responsible for the project, and the construction contractor.

(3) The HFPO is responsible for notifying the Chief of Logistics of the equipment delivery dates required to meet construction contract schedules, and for coordinating the turnover of government-furnished/contractor-installed equipment (LOGCATs "B" and "E") to the contractor.

(4) It is recommended, that at the start of any renewal or new construction project, that the HFPO contact the USAMMA in order to properly understand what MEDCASE requirements they will have and to request a TARA visit. This will assist in the generation of all Diagnostic Imaging & Radiation Therapy equipment MEDCASE requirements. By doing this up front and early, time and money will be saved and the MILCON MEDCASE requirements will be front-loaded into the MRE. Thus, no MEDCASE packages will be required.

CHAPTER 12. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS

12-1. 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.

12-2. 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.

12-3. DIAGNOSTIC IMAGING AND RADIATION THERAPY REQUIREMENTS

a. All MEDCASE Program requirements for diagnostic imaging and radiation therapy equipment $250,000 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 ($250,000 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.

12-4. 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 HFPA 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/MSC 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.

12-5. 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 MEDCASE 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. As the Service Item Control Center (SICC) for medical materiel, the USAMMA 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.

12-6. 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.

12-7 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 continue 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. 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

12-8. 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.

CHAPTER 13. ADMINISTRATIVE, INFORMATION MANAGEMENT, AND TMDE REQUIREMENTS

13-1. INTRODUCTION

a. GENERAl. Operating a medical treatment facility requires much more than just medical supplies and equipment. Many administrative items of equipment are essential. Since a great number of administrative items are common requirements throughout all organizations in the Army, central controls have been established for certain categories of equipment to optimize expenditures and encourage standardization. The number of controls has made the MEDCASE manager's job more complex.

b. FUNDING. Non-medical equipment that is normally managed and funded by another DA-level program, such as security equipment, may be considered for funding through the MEDCASE program. But, it must be determined that the proper program will not be able to meet an immediate mission requirement of the health care activity. The AMEDD policy regarding the funding of such equipment is provided in Chapter 2. All requirements must meet the threshold of $250,000 or greater (unit or system price) to qualify for MEDCASE funding.

c. EVALUATION. Administrative items, perhaps more than any other item, must be carefully evaluated against the eligibility criteria. Careful evaluation is necessary for several reasons. First, it is necessary to ensure that no time is wasted because of disapprovals. Second, it is necessary to conserve MEDCASE program funds for use with MEDCASE eligible items. Finally, it is necessary to ensure application of the appropriate management controls specified in various regulations. When questions about the eligibility of specific items arise, they should be forwarded through channels for answers from either the USAMMA or USAMEDCOM. Responses will be provided in writing when necessary.

d. SUBMISSION. When other-than-MEDCASE-approval channels are required, these approvals must be obtained before action code 1A can be assigned to a MEDCASE requirement TDA approval. Type Classification and IMA approval are typical of the types of approvals that are required outside of MEDCASE approval channels. The originating activity is responsible for originating all documentation required to secure approval of the requirement. In general, a copy of appropriate approvals outside of the MEDCASE program must be submitted with DA Forms 5027-R/5028-R. These approvals enhance the consultant review process. When non-MEDCASE approval channels parallel the MEDCASE approval channels, both types of documentation may be submitted together, but the non-MEDCASE approval/ recommendation must be completed first at each level of review.

13-2. TDA APPROVAL AND TYPE CLASSIFICATION EXEMPTION

a. GENERAL. Nonmedical standard-type-classified equipment (see SB 700-20, Chapter 2, [*Cataloging of Supplies and Equipment, Army Adopted Items of Materiel, and List of Reportable Items]*) will not be approved for acquisition until the item is approved for the TDA. Request for standard-type-classified equipment will be submitted in accordance with AR 71-32.

b. DOCUMENTATION. Memorandum requesting type-classification exemption and TDA approval will be submitted along with the DA Forms 5027-R/5028-R and other documents to the USAMMA for submission to MEDCOM. The letter will contain the following information:

(1) Manufacturer's nomenclature.
(2) Model number.
(3) Quantity required.
(4) Unit price.
(5) Manufacturer's name and mailing address.
(6) Manufacturer's brochure if available.
(7) A statement that there is not an acceptable standard item in the supply system. (Line Item Numbers [LINs] of items considered but found unacceptable will be listed.) Refer to SB 700-20 for LINs.
(8) Applicable TDA paragraph and name of the using activity.
(9) MEDCASE ACN.
(10) The name and telephone number of an individual able to discuss the requirement.

c. APPROVAL. TDA authorization does not constitute eligibility for the MEDCASE program. TDA authorization merely permits acquisition of the item. The funding level requirement for the DA-level program must be determined, based upon the nature of the equipment and applicable Army regulations.

13-3. INFORMATION MISSION AREA (IMA) SOFTWARE AND HARDWARE

a. GENERAL. The following guidance concerning IMA software and hardware is provided in determining appropriate funding. Congressional direction, DOD, and Army guidance state the acquisition, modification, and support costs for purchase of IMA software and hardware must be funded with O&M funds if the cost is less than the expense/investment threshold of $250,000. MEDCASE funds are used if the cost is equal to or greater than the threshold of $250,000. The only exception to this rule is the acquisition of all ADPE at Research, Development, Test and Evaluation (RDTE)-funded facilities will be financed with RDTE funds, regardless of cost.

b. SYSTEMS. The “system” concept must be considered in evaluating the acquisition of IMA end items. A system exists if a number of components are designed primarily to function within the context of a whole and will be interconnected to satisfy an approved Army requirement. Fragmented or piecemeal acquisition of the documented requirement will not be used as a basis to circumvent the “system” concept.

c. INSTALLATION. Normal installation costs will be included as part of the total IMA system cost.

d. TRAINING. IMA training will normally be funded separately with O&M funds or RDTE, and NOT included within the cost of the total system. However, when the cost of training is included as part of the original contract and is inseparable (not separately priced), it then becomes part of the total system cost and is funded with the same color of money as the system.

e. MAINTENANCE. Annual fees for maintenance will normally be funded separately with O&M or RDTE funds and NOT included within the cost of the total system. However, when the cost of maintenance/warranty service is inseparable (not separately priced), it then becomes part of the total system cost and is funded with the same color of money as the system.

13-4. COMMUNICATION/AUTOMATION DATA PROCESSING EQUIPMENT ACQUISITION

a. NEW EQUIPMENT/SYSTEM ACQUISITION. The aggregate cost of an end item/system procured to address a valid requirement (including peripherals, installation and system unique software) will be used to determine whether it should be treated as an expense (O&M) or investment (MEDCASE) cost. Determination of what comprises an end item/system will be based on the primary function of the hardware and software to be acquired as stated in the approved requirements document.

b. AN EXAMPLE. The appropriate color of funds for the purchase of five stand-alone computers is determined by deciding whether the primary function of the computers is to operate as independent workstations (i.e., five systems) or as a part of a larger system. If the computers are designed to operate independently, they should be considered as separate end items and applied against the expense/investment criteria individually. If they function as a component of a larger system (i.e., interconnected and primarily designed to operate as one), then they should be considered a system and the total cost applied against the expense/investment criteria.

c. ADDITIONAL OR REPLACEMENT EQUIPMENT/SYSTEM. When requirements necessitate adding/replacing or modifying equipment/software that is a component or support the functioning of an existing system, only the additional equipment/ software costs (including installation) will be used to determine whether the acquisition is an expense or an investment cost.

13-5. LOCAL AREA NETWORK (LAN) AND WIDE AREA NETWORK (WAN)

Local Area Networks and Wide Area Networks are considered to be systems. As such, the total cost of all component parts must be applied against the dollar threshold to determine the appropriate color of money when the LAN or WAN is acquired as an add-on or upgrade to an existing system. If the WAN or LAN is part of the initial hardware/software acquisition, the cost will be included as part of the total system cost.

13-6. CENTRALLY MANAGED SYSTEMS

An acquisition for any system that is centrally managed is considered an investment regardless of the amount. Systems managed by an Army-Acquisition-Executive-Chartered Program Executive Officer or Program Manager are considered centrally managed systems.

13-7. TURNKEY ACQUISITION

Acquisitions where a single or prime contractor provides a complete system to include hardware, software, installation, etc., may be entirely financed with procurement funds. A turnkey system is typically large and at the point of contracting the appropriate color of money cannot be readily determined due to the nature of the system. Therefore, it is appropriate to budget and execute the entire acquisition within MEDCASE.

13-8. TELECOMMUNICATIONS EQUIPMENT

a. BASE COMMUNICATIONS EQUIPMENT. Base communications, which includes the following, must be developed and approved through an Information Management Plan (IMP)/Project Document, DA Form 5695-R-E (*Information Management Equipment/Project Document*):

(1) Base radio stations (including hospital systems).
(2) Radio paging systems.
(3) Outside plant television transmission facilities, and
(4) Telecommunications support for automation systems.

b. HOSPITAL UNIQUE COMMUNICATIONS EQUIPMENT. Hospital unique communications equipment is used to support the operations or mission of a medical activity, and does not have a frequency assigned or have a transmission interface with a commercial telephone system. Hospital unique communications equipment that otherwise meets the eligibility criteria stated in Chapter 2 of this Bulletin, may be funded through the MEDCASE program, provided that TDA approval and type-classification exemption are first obtained. Examples of hospital-unique communications equipment include:

(1) Nurse call systems
(2) Intra-hospital intercom systems.
(3) Emergency room telephone recording equipment.
(4) Dictation equipment.
(5) Telephone answering equipment.
(6) Hospital Radio Communication (Emergency Room).

13-9. BASE LEVEL COMMERCIAL EQUIPMENT (BCE)

BCE is a budget line of the same appropriation that funds MEDCASE. The BCE program funds other activities in the Army with TDA investment equipment in a similar fashion to the way the MEDCASE Program funds medical care support equipment. AMEDD activities do not participate directly in the BCE program.

CHAPTER 14. COMPETITION IN CONTRACTING REQUIREMENTS

14-1. INTRODUCTION

a. POLICY. It is Federal law, as well as DOD, DA and AMEDD policy that the needs of the government will be acquired through full-and-open-competition, using commercial sources to the maximum extent possible. The noncompetitive acquisition of equipment is a matter of concern and intense scrutiny. It is essential that all the following individuals involved in the acquisition of equipment be cognizant of the requirement for competitive acquisition.

(1) Requesters.
(2) Logisticians.
(3) MEDCASE managers.
(4) Review and approval authorities at the activity.
(5) Review and approval authorities at the commands.
(6) The USAMEDCOM level.

b. MEDCASE REQUIREMENTS. MEDCASE requirements must be stated in terms of minimum needs using generic descriptions whenever possible. The use of brand-name descriptions to identify MEDCASE requirements shall not constitute endorsement or approval or acquisition under less-than-full-and-open competition.

c. MEDCASE PROGRAM EXECUTIONS. The acquisition of equipment through the MEDCASE program shall use competitive procedures to the maximum extent practical regardless of the acquisition source.

(1) For local procurement, activities must comply with the policies and procedures established by the supporting purchasing and contracting office to implement the Competition in Contracting Act (CICA) see 14-2 below. It is essential that MEDCASE participants coordinate and work closely with the contracting officer to ensure that acquisition is not unnecessarily delayed due to a failure to comply with CICA requirements.

(2) For acquisitions through the wholesale supply system, it is especially important for the activity to provide detailed descriptive information in the most competitive form possible. The time/distance relationship between the customer, USAMMA, and the supply source, as well as the tremendous volume of transactions handled by wholesale supply activities, complicates the resolution of problems arising from noncompetitive item descriptions. This can easily result in the cancellation or delay of the acquisition of a needed item of equipment.

14-2. COMPETITION IN CONTRACTING ACT (CICA)

The CICA of 1984 substantially changed the policies and the regulations concerning the acquisition of equipment by government activities. While it is not the purpose of this manual to supplement acquisition regulations, an outline of areas that have a significant impact upon the acquisition of MEDCASE items is provided as follows:

a. FEDERAL ACQUISITION REGULATION (FAR). The FAR established acquisition policy for all branches of the Federal government. The DFARS supplements and implements the FAR for DOD. The FAR and DFARS implement the CICA.

b. EXCEPTIONS TO COMPETITIVE PROCEDURES. The CICA specifies the circumstances that may permit the use of "other-than full-and-open competition" procedures for acquisition. These exceptions must be justified and approved in accordance with CICA procedures. The two most common exceptions that may apply to MEDCASE acquisitions are:

(1) When only one responsible source can provide the equipment requirement and no other item can provide the capabilities that meet the minimum essential needs. This exception requires written justification and approval prior to the award of a contract under less-than-full-and-open competition.

(2) When the equipment is required due to unusual and compelling urgency. The written justification for this exception may be provided after the fact, if necessary; however, offers must be requested from as many potential sources as possible under the circumstances.

c. COMPETITION ADVOCATES. The CICA established the requirement for competition advocates to review acquisitions subject to CICA and challenge those, which unnecessarily and/or unjustifiably restrict competition. A competition advocate review will add 30-90 days to the acquisition process.

14-3. METHODS OF DESCRIBING MEDCASE REQUIREMENTS

a. The acquisition activity must provide a description of the required item. The law prescribes that requirements will be stated in terms of minimum essential needs. The degree of detail used by the activity in providing a purchase description correlates with the cost of the item. The higher the cost or importance of the features, the greater the detail which must be provided.

b. SPECIFICATIONS. Specifications are the most detailed form of purchase description. Specifications describe in detail the minimum essential features and performance characteristics required for an item of equipment. Technical personnel who are familiar with the equipment or the requirement usually provide specifications. The specifications are further prepared by the contract specialist at the procurement activity to ensure the data is complete and thorough enough for the procurement process. Procurement specifications are drawn from the information provided by the requesting activity (for example, from the EDL are ECs), and from the specification writer's knowledge of the market.

c. ESSENTIAL CHARACTERISTICS (ECS). ECs are salient features that an item of equipment must have in order to meet the minimum needs of the user. ECs are usually written by the user, and while they do not contain the detail that is in the procurement specifications, they must provide sufficient information for a procurement activity to write specifications, and to solicit competitive offers from vendors able to meet the minimum essential needs.

d. BRAND NAME OR EQUAL. "Brand name or equal" is a shorthand method of describing ECs. When a "brand name" is used to provide a description of the basic function that must be performed, it is generally difficult for the purchasing office to determine what is "equal." Therefore, the activity must also describe the minimum ECs. Brand name references on approved MEDCASE requirements do not constitute endorsement or authority for limited competition.

e. LIMITED COMPETITION. Limited competition arises when an activity specifies the need for features or capabilities that restrict competition. Restrictive characteristics require written justification and must be approved by the appropriate authority. The "appropriate authority" is dependent on the cost of the item.

14-4. JUSTIFICATION FOR OTHER-THAN-FULL-AND-OPEN COMPETITION

a. REQUISITIONS. Requisitions for MEDCASE requirements must be accompanied by written justification for acquisition under other-than-full-and-open competition, if limited competition is requested, or restrictive ECs or specifications are provided. This is often referred to as a CICA Justification or a Justification and Approval (J&A). The J&A must clearly address the following areas:

(1) Identify the features or specifications which limit competition, and efforts made to eliminate restrictions for this and future requirements.

(2) Provide a clinical rationale for the essentialness for each feature or specification that limits competition. A clinical rationale must explain the clinical application of the restrictive ECs.

(3) Identify the impact if those features or ECs are not met.

b. JUSTIFICATION STATEMENT. The CICA justification/J&A must include the following statement signed by the clinical/health care professional initiating the requirement:

> "I certify that the information contained in this justification supports the government's minimum essential requirements and that the statements contained herein for other-than-full-and-open competition are accurate and complete."

CHAPTER 15. SPECIAL MEDCASE PROGRAM CONSIDERATIONS

15-1. INTRODUCTION

This chapter addresses specific areas that have presented problems for MEDCASE managers and logisticians. Activities may direct questions regarding these, or any other MEDCASE problems, to their MEDCASE station manager at USAMMA.

15-2. PRICE ESTIMATES

a. UNIT AND SYSTEM PRICES. Perhaps no other attribute of a requirement influences routine processing more than price. Unit and system prices are used to determine MEDCASE program eligibility. Items with high unit prices require extra documentation as described in Chapter 3 of this Bulletin. Because of these processing considerations, unit prices must be accurate. Personnel at various review levels are particularly aware of the effect prices have on subsequent reviews and approvals. It is apparent when unit prices are inflated or deflated to avoid various edits and reviews. This practice is prohibited and will result in processing delays.

b. ACCURATE PRICES. Vendor quotes are the most reliable source. Normally, price estimates will vary with the source and age of the price information. Most quotes are valid for a period of 90 to 120 days; the quote submitted with the MPR package is for reference and supporting documentation only. It is important that all quotes are reviewed validated and updated when they are submitted with the procurement package. Any significant price changes need to be updated in AMEDDPAS/DMLSS to interface with MRE. When estimating prices, judgment and care should be exercised for two reasons:

(1) Workload Savings. Inaccurate prices will generate requests for verification, cause increased commitments of funds, and require reconciliation of financial records.

(2) Price estimates establish the nature of the requirement, investment, or expense. These categories of equipment are budgeted in different channels and, therefore, accurate price will ensure application of the proper types of funds. Initial price estimates establish the type of funds to use.

15-3. MEDCASE ELIGIBILITY OF COSTS OTHER THAN UNIT PRICE

The MEDCASE program requirements frequently involve costs other than the unit price of the item to be acquired. Examples of these costs include transportation costs, costs of training equipment operators and users, costs of training maintenance personnel, installation costs, site preparation costs, and consumable supplies costs. While all of these costs must be considered when developing a MPR, some are eligible for MEDCASE Program funding while others are not. The following represents a general set of rules to use when considering use of MEDCASE Program funds.

a. TRANSPORTATION COSTS. Transportation costs are divided into first and second-destination transportation costs.

(1) First-Destination Transportation Costs. This is the cost of moving an equipment item from the commercial source to the point at which the government first takes delivery (i.e., a depot or treatment facility receiving dock).

(a) MEDCASE funds may be used to pay first-destination transportation charges. Normally first-destination charges are incorporated in the price of the equipment purchased. e.g., FOB Destination. If questions or doubts arise on this point, the local contracting office can clarify contract terms or USAMMA may be contacted for assistance.

(b) MEDCASE funds cannot be used to pay first destination transportation costs when it is not associated with the acquisition of a MEDCASE requirement; instead, O&M operating funds will be used to pay for transportation. Assistance should be sought from the local comptroller in these cases. Participants who do not have O&M funds should contact their parent command or USAMMA, Resources Management Division, ATTN: MCMR-MMC-A, Fort Detrick, MD 21702-5002; DSN 343-4008/Commercial 301-619-4008, for assistance.

(c) MILCON funds used for BLIC "MB" requirements may be used to pay for first-destination transportation costs regardless of the terms of the equipment contract.

(2) Second-Destination Transportation Costs.

(a) Costs arise when equipment is shipped between two locations within the government.

(b) Neither MEDCASE nor medical MILCON funds may be used to pay for second-destination transportation costs.

(c) O&M are used when excess equipment is redistributed with the AMEDD.

b. TRAINING COSTS. Training costs include user training and maintenance personnel training. Training for operator and maintenance personnel is normally associated with the operation of equipment after receipt and acceptance. The MEDCASE program will pay for training weather it is intrinsic to the contract or priced separately. Per Diem and transportation costs associated with such training must be funded by mission funds of the user.

c. INSTALLATION.

(1) The vendor normally accomplishes the installation of diagnostic imaging and radiation therapy systems.

(2) Installation includes the electrical, plumbing and mechanical interconnection between the components of the system, and the mounting of system components to existing support structures. Unless otherwise specified in the delivery order, *contractor installation DOES NOT INCLUDE* carpentry work, plumbing, mounting of conduit or the running of wires through conduit, or the mounting of junction boxes, line switches, and fuses. To ensure that installation fulfills the requirement, coordination between the customer, the USAMMA, and the acquisition activity is strongly encouraged.

(3) Contractor installation must be specified on the local purchase document. Installation must appear as a separate contract line item (CLIN) on the contract or delivery order. The cost of installation is funded by MEDCASE.

d. SITE PREPARATION.

(1) Site preparation is the responsibility of the activity, and may become a major problem when it is not planned for and budgeted by the activity. The activity's supporting facility engineer normally accomplishes site preparation either in-house or by a service contract.

(2) Site preparation includes any and all of facility modifications that must be accomplished to allow the contractor to install the system. Site preparation may consist of rough-in carpentry work, plumbing, the mounting of conduit or the running of wires through conduit, and/or the mounting of junction boxes, lines switched, and fuses.

(3) Site preparation *is not* funded with MEDCASE funds because DHP procurement funds cannot be used to finance a service contract. The activity must program for and obtain DHP O&M funds for site preparation in accordance with command procedures.

e. TURNKEY ACQUISITION. A turnkey acquisition is a strategy whereby a single vendor is awarded a contract to perform site preparation functions, as well as supply and install the equipment.

(1) A local contracting activity, generally, does not accomplish turnkey acquisition, therefore, activities that desire turnkey acquisition must request an exception to policy in order to locally procure the requirement. *The request must cite the availability of DHP O&M funds* for the site preparation portion of the project.

(2) Turnkey acquisition consists of a contract or delivery order for the equipment and installation, and a service contract for site preparation. The activity must prepare a "Statement of Work," which is the specification for the site preparation portion of a turnkey acquisition. The activity must provide a separate, DHP O&M fund citation to the local purchasing and contracting activity for that function.

f. CONSUMABLE AND OPERATING SUPPLIES. Many manufacturers include a small amount of supplies, not to exceed a 30-day supply level, with the equipment when it is sold. These supplies, provided they are part of the basic equipment contract, may be financed with MEDCASE funds. Beyond these "start up" supplies, any supplies needed must be funded with O&M.

15-4. WARRANTIES

Most medical equipment suppliers warrant their products. Terms of the warranty can vary between suppliers and facilities depending upon their location, and between the sources of contracting support. The following guidelines, with respect to warranties, apply:

a. RADIOLOGY EQUIPMENT. Warranties for radiology equipment purchased through DSCP are quite specific and comprehensive. Refer to Chapter 12, Para 12-7c.

b. OTHER EQUIPMENT PURCHASED BY DSCP. Unless otherwise specified by the customer, DSCP will specify the standard commercial warranty for the item being acquired. A customer may request additional (extended) warranty coverage; however, cost associated with the coverage must be funded by the activity using O&M funds.

c. LOCAL PROCUREMENT. Activities should specify necessary warranty coverage of their purchase request to the local purchase and contracting officer. Standard commercial warranty that is included as part of the contract price for the equipment is MEDCASE eligible. Additional charges for additional warranty coverage, such as extended coverage, must be funded by the activity using O&M funds.

15-5. LEASED EQUIPMENT

a. GENERAL. The lease of equipment, regardless of the cost of the lease or the value of the equipment leased, is not eligible for funding through the MEDCASE program. Equipment leases are managed in accordance with procedures established by supporting medical commands.

b. BUY-OUTS OF EQUIPMENT ON LEASE. The buy-out of an equipment lease, provided that the cost of the buy-out exceeds the threshold of $250,000 and the equipment otherwise meets the eligibility criteria stated in Chapter 2, Para 2-2a of this Supply Bulletin, may be funded through the MEDCASE program.

(1) Proposed lease buy-outs must be established as MEDCASE program requirements in accordance with normal program procedures.

(2) The buy-out of an equipment lease requires careful monitoring and coordination in order to prevent lapse of the lease prior to consultant approval and subsequent acquisition action.

15-6. REPORTING DISCREPANCIES

a. GENERAL. Equipment that is lost in shipment, or received in the wrong quantity or condition, must be expeditiously reported to the supply source and to the USAMMA. Shipment discrepancies that arise when the equipment is acquired through local procurement must be coordinated directly with the supporting purchasing and contracting activity.

b. LOST OR DAMAGED SHIPMENTS. Equipment acquired through the MEDCASE program that is either lost or damaged in shipment must be reported using SF Form 364, (*Report Of Discrepancy {ROD}*), in accordance with AR 735-11-2. The ROD must be submitted by the activity directly to the supply source by the methods specified in the regulation and, an information copy provided to the:

USAMMA
ATTN: MCMR-MMT-C
1423 Sultan Dr. Ste 100
Fort Detrick MD 21702-5001

The resolution of the ROD may provide the activity with a credit, or may direct the return of the equipment to the vendor.

c. WRONG SPECIFICATIONS PROVIDED. In cases where the vendor has provided the wrong specifications, the receiving activity must submit a ROD as described above. A copy of the contract or delivery order should be attached to the ROD.

(1) In cases where the return of equipment is directed by the supply source, the activity must expeditiously follow the instructions provided. The return shipment must always be made by traceable means. MEDCASE funds cannot be used for the transportation costs.

(2) In cases where the vendor grants a credit to the activity, a written copy of the document which grants the credit must be provided to the:

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

The USAMMA will return the amount credited to the activity's station account free balance. *NOTE: If the activity fails to provide the USAMMA with a copy of the document that grants the credit, the credit will be lost.*

d. OVER SHIPMENTS. Activities receiving an over shipment of items acquired through the MEDCASE program should immediately contact the USAMMA for assistance. The customer may be required to submit a ROD.

(1) If the activity has a need for the quantity over shipped, and there are sufficient funds available in the activity's station account, the USAMMA may certify the additional funds to the supply source so that the over shipment may be retained.

(2) Over shipments shall not be treated as a "free issue." Over shipments cannot be accepted by an activity unless approval has been obtained and funds have been certified by the USAMMA.

(3) If the activity does not have a need for the over shipment, the USAMMA will coordinate with the supporting command to determine if there are any other requirements that could be satisfied. If a requirement is identified, the USAMMA and the command will coordinate transportation and funds adjustments.

(4) If return of the over shipment is directed, the information provided in this chapter applies.

CHAPTER 16. ASSET VISIBILITY AND THE RCS MED 250 REPORT

16-1. INTRODUCTION

This chapter discusses reporting requirements for MEDCASE program participants.

16-2. ASSET VISIBILITY REPORTING

The Asset Visibility Reporting module of AMEDDPAS automatically produces a file tape of all AMEDD property assets $1,000 and over in unit price the first cycle in August and February. This information can be used for numerous purposes, including defense of the MEDCASE program budget. The same feature is currently under development with DMLSS/JMAR.

16-3. INQUIRIES OF THE ASSET VISIBILITY FILE

Appendix E contains examples of asset visibility file reports. Other specially sequenced reports may be produced. Activities with a need to query the asset visibility file for creation of a special report should contact the USAMMA telephonically or in writing to

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMT-C
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
DSN 343-4326/Comm 301-619-4328

16-4. RECORD CONTROL SYMBOL (RCS) MED 250 REPORT

a. Centrally Generated. The RCS MED 250 Report is required under the provisions of *AR 40-61*. It is intended as long-range, five-year equipment requirements forecast. It is used to develop and defend the MEDCASE program budget as part of the POM Process. The submission of this report is no longer a requirement of MEDCASE participants. This report is centrally generated for each MEDCASE participant and is still generated at the local level; it should be used as a management tool for strategic planning.

b. The RCS MED 250 Report is automatically generated with the first cycle of the fiscal year for activities operating with AMEDDPAS.

c. Equipment Asset Visibility Report is available through JMAR for those activities operating with DMLSS. The report is not automatically generated; it must be requested.

CHAPTER 17. TECHNOLOGY ASSESSEMENT AND REQUIREMENTS ANALYSIS (TARA)

17-1. INTRODUCTION

The TARA program establishes a standardized methodology for assessing, planning, and pursuing the acquisition of technology within the AMEDD.

17-2. MISSION

To provide the MTFs and the USAMEDCOM with the management information needed to make informed decisions on the technology resources required to accomplish business plan missions and optimize clinical outcomes. This is accomplished through an unbiased assessment of radiology and laboratory functional departmental operations under the authority of the Strategic & Technology Clinical Policy Council (STCPC).

17-3. COORDINATION

a. The TARA Team Leader is responsible for coordinating the TARA with the facility to be assessed as well as the appropriate specialty consultants. There are two types of TARAs:

(1) Routine TARA: These TARA assessments are conducted on a four-year cyclic basis regionally, under the guidance of the STCPC. Each TARA consists of an assessment of requirements, current equipment, and operations as they relate to the equipment, and clinical operations. The Materiel Acquisition Directorate (MCMR-MMT), USAMMA, conducts the TARA, and the clinical consultant from the OTSG or his or her representative performs the clinical assessment. The clinical consultant from the OTSG and the Technology Support Division (MCMR-MMT-S) will lead all TARAs conducted at MTFs. The results of this assessment are provided only to the requesting facility and their respective RMC to use as they see appropriate. Trends and command-wide management issues discovered during these assessments will be presented to the DIRS and the STCPC on a semiannual basis to assist in policy development and strategic planning. No specific reference will be made to issues at individual facilities except under extenuating circumstances such as serious safety or risk management issues or with the permission of the facility.

(2) Specialty TARA: The specialty TARA is conducted at the direction of the USAMEDCOM/STCPC or at the request of a site to serve a specific function not addressed by the routine TARA. The results of this assessment are provided to the USAMEDCOM/STCPC and the MTF, respectively. If the TARA is at the request of the MTF, the MTF may have to fund the travel of the team.

17-4. METHODOLOGY

a. The methodology for conducting an integrated TARA is broken into two parts. The technical assessment focuses on equipment issues; staffing and operational considerations are only assessed to the extent that they directly impact equipment utilization. The clinical assessment evaluates the correct clinical staffing

based on the annual workload and patient mix. Data is gathered during a site visit by the USAMEDCOM clinical consultant (or his representative) and the technical TARA team from the USAMMA.

b. The site visit provides the assessment team the opportunity to observe departmental operations, talk to staff members, review maintenance histories, and physically inspect the equipment. Prior to the site visit, the facility will be required to provide information on the type and condition of equipment, numbers and types of procedures performed annually, clinic layouts, and existing business plans. The synthesis of this information provides a snapshot of the facility's technology utilization. This shows where improvement is possible and where capital might be expended for the greatest benefit. The technical TARA consists of three primary components:

(1) Assessment of requirements: Commercial equipment utilization factors, tempered by contingency issues unique to military hospitals, are applied to the facility's workload to determine how the MTF compares with its commercial counterparts. This comparison does not imply that Army MTFs should be held to commercial standards. However, these utilization factors provide the TARA team a yardstick with which to begin the evaluation process. An evaluation of the requirements will indirectly assess the facility's efficiency and help determine where resources might best be applied in the capital equipment program.

(2) Assessment of operations as it relates to equipment: This includes an evaluation of procedural mix, staffing, work schedule, patient flow and throughput, and quality assurance/risk management to the extent that these factors apply to the acceptability and appropriate utilization of existing equipment. This information is obtained through a combination of staff interviews and personal observation of patient scheduling and throughput patterns. The evaluation models will be determined from clinical consultant input and subject to periodic review. The staffing issues in the technical TARA relate only to use of equipment and do not imply a facility is either understaffed or overstaffed. In general, staffing observations are qualitative, not quantitative, and simply provide additional information for equipment planning. The Program, Analysis, and Evaluations Division at OTSG is responsible for quantitative staffing analysis.

(3) Assessment of equipment: This evaluation assesses whether the facility's existing equipment uses abandoned or obsolete technology and whether the equipment meets standards for acceptability. The assessment includes a market survey of current technology, a comprehensive evaluation of the state of existing equipment, an evaluation of trends and developments that will affect requirements and contract information where pertinent. This assessment will also help determine where resources might best be expended to preserve or extend the life of equipment.

c. The clinical operations assessment is a clinical functional review by OTSG clinical consultants. The functional review will generally focus on staffing, customer service, quality and risk management, patient workflow and management, appropriate functional task performance, and integration with other care issues and areas. This review will incorporate clinical input from the assessed facility with respect to workforce design, functional success, and mission, and compare the functional operation to accepted practice models. As a full AMEDD functional review, this evaluation will also address leader development, training, and other military relevant management issues.

d. Prior to conducting the on-site assessment, the TARA team will in-brief the command group and respective specialty chiefs. At the conclusion of the site visit, an informal out-brief of the major issues and findings will be offered to the assessed facility. A final written report will be provided in 6 to 8 weeks outlining the following

(1) Recommended additions, deletions, and replacement of equipment and technology:
(2) Requirements of the facility related to recommended changes;
(3) Considerations for operational and departmental layout;
(4) Recommended procurement methodology for new or replacement equipment; and
(5) A discussion of the clinical issues as discussed above.

17-5. INTEGRATION

The MCMR-MMT-S, USAMMA, will ensure that the utilization factors and models used in the conduct of a TARA are consistent with AMEDD strategic plans and specialty consultant focus. The utilization factors will also be consistent with current DOD existing criteria to present a seamless interface to the assessed facility. Periodically, the MEDCOM/STCPC may direct special emphasis areas that will be integrated into the TARA but reported separately to the command.

17-6. ACCOUNTABILITY

As the purpose of the TARA program is to provide management information to MEDCOM and MTF decision makers, it is expected that TARA results will be incorporated into business and strategic plans. In the case of a Command-directed TARA, the facility will be provided the opportunity to rebut the report prior to submission to the MEDCOM. Management data from the final report will be used as a yardstick for allocation of resources to the facilities in question.

17-7. CONFIDENTIALITY

At no time will the confidential data obtained during a TARA be discussed during the allocation of resources, or will a facility's requirement be approved or disapproved based solely on the data obtained during a TARA. If a significant safety or risk management problem is discovered during the course of a TARA, this information will be provided to the USAMEDCOM at the discretion of the TARA team chief. Specific data from MTF requested TARAs will be maintained in strict confidentiality. Command-wide trends may be discovered that affect the approval process for specific types or classes of capital equipment.

17-8. PROGRAM REVIEW

The TARA program is subject to periodic (annual) review and modification by the STCPC.

APPENDIX A. ITEM DESCRIPTION CODES (IDCs) AND STANDARD ITEM DESCRIPTIONS

A-1. GENERAL. This appendix provides three separate IDC tables:

(1) Table A-1 provides examples of specific and generic IDCs; page A-3.
(2) Table A-2 provides a list in IDC sequence; see pages A-5 through A-23.
(3) Table A-3 is the nomenclature list provided in alphabetical order; see pages A-25 through A-40.

This IDC list is current as of the time of this publication. Activities are strongly recommended to use the IDC list available in AMEDDPAS as it is periodically updated.

a. The use of these IDCs and standard item descriptions to identify Medical Care Support Equipment (MEDCASE) requirements is mandatory. They are intended to ensure the generic description of MEDCASE-acquired equipment and provide the consistency that is essential for centralized asset visibility and reporting systems. MEDCASE Program Requirements (MPRs) will be edited at the USAMMA for accuracy. MPRs with incorrect item descriptions or IDCs may be rejected for correction.

b. IDCs and standard items descriptions must be consistent between MEDCASE requirements and AMEDDPAS property records; that is, the same IDC and standard item description used on the MPR and AMEDDPAS planning record should also be used to account for the item on the AMEDDPAS property book.

c. The abbreviation EMSS (Emergency Medical Services System) is used in several medical item descriptions. This is used to denote items that require special adaptation to an EMSS or an Ambulatory Care Program (e.g., attention to radio frequency shielding), which are operated under varied weather conditions, or coordinated with a telemetry system.

d. In cases where an activity has difficulty selecting an appropriate standard item description and IDC, the assistance of biomedical maintenance or other technically qualified personnel should be sought. Questions that cannot be resolved at the local level may be addressed to:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMT-C
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
DSN 343-4328/301-619-4328

A-2. SELECTION OF A STANDARD ITEM DESCRIPTION

a. Standard item descriptions provide generic, standardized nomenclatures for types of equipment acquired through the MEDCASE program. Standard item descriptions have been created based upon past frequency of use and the importance of the item from a central management standpoint.

b. An item description should be selected from the Standard Item Description, Table A-2 or Table A-3. Where appropriate, other generic descriptive data should be added to the standard item description to further identify the item. In cases where an appropriate

standard item description is not provided, the nomenclature should be constructed using the following instructions.

(1) Most common generic description, e.g., Illuminator.
(2) Next most common generic, e.g., vertical.
(3) Other descriptive data, e.g., w/revolving nosepiece.

c. The standard item description must never be the name of a general category description from the standard item description list (e.g., "Administrative Item").

A-3. SELECTION OF AN ITEM DESCRIPTION CODE

a. IDCs provide a shorthand reference to standard item descriptions. They are used in the construction of MEDCASE Asset Control Numbers (ACNs), and are entered into the IDC field of the AMEDDPAS Property record. The functional area that is based upon the functional type of the equipment item, e.g., groups IDCs, a pharmaceutical refrigerator (IDC 6170) is a pharmacy item whether it is used in a pharmacy or in the installation medical supply activity.

b. IDCs are selected based upon the standard item description and/or the functional area selected. In cases where an appropriate standard item description is not provided, the nomenclature should be constructed as described and the IDC of the general functional area (e.g., 3500 for a laboratory science item) of the item applies. Table A-1 provides examples of specific and generic IDCs.

TABLE A-1. SELECTION OF IDC AND STANDARD ITEM DESCRIPTION	
FROM IDC LIST:	
0543	Bronchoscope, Large Channel, Fiber optic W/ Light Source
2647	Dental Operating System, W/ Light
324	X-Ray Apparatus, Radiographic, 500mA
USING GENERAL CATEGORY IDC:	
0000	Typewriter, Electric, Memory
0001	Fuel Distribution System
3500	Counting Apparatus, Bacterial Colony

APPENDIX A.

TABLE A-2

STANDARD ITEM DESCRIPTION TABLE

IN

IDC SEQUENCE

A-4. EXPLANATION OF IDC "NOTES"

Table A-2 includes references to "notes" which provide additional information regarding the eligibility, coordination or approval of MEDCASE requirements for the equipment described. These notes are explained below:

NOTE	EXPLANATION
A	Supplemental (or "other") ADPE. Requires review by activity Information Management Officer (IMO) and approval under the provisions of AR 25-1.
D	Information Mission Area Equipment (IMAE) other than ADPE. Requires review by activity IMO. Approval under other regulations may also be required.
F	Applies to MILCON requirements only. NOT eligible for MEDCASE.
G	General category. Use this IDC, with a generic item description for the item, when a specific IDC and standard item description are not provided. Do NOT use the name of the functional area (e.g., "Medicine Item") as the item description.
H	Activity must submit a requisition through USAMMA, ATTN: MCMR-MMT-C. See Chapter 6.
P	Review by the activity Health Physicist or Radiological Protection Officer is required.
Q	Hospital-unique communications equipment. Review required by activity IMO.
R	Diagnostic Imaging/Radiation Therapy equipment. Review required by activity Chief of Radiology. See Chapter 12.
T	Nonmedical equipment. If over $250,000, requires TDA authorization and type classification exemption IAW AR 310-40 and command guidance. See Chapter 13.
U	Item contains or may contain embedded ADPE. Review by activity IMO is required. See Chapter 13.
X	Requirements with a system price of $250,000 or more must be reviewed by the functional consultant
Z	Managed by another DA-Level program. Not MEDCASE-eligible unless requirement cannot be supported by the appropriate program. See Chapter 2.

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		0000-0249 Health Care Administration	
0000		ADMINISTRATIVE ITEM	G
0003	7490	EMBOSSER, PLASTIC CARD	T
0004		NEW FACILITY PACKAGE (specify type)	F,G
0005		FURNITURE AND FURNISHING PACKAGE	F
0006		GRAPHIC ARTS PACKAGE	F
0007		INTERIOR DECORATIVE PLANT PACKAGE	F
0008		INTERIOR SIGN PACKAGE	F
0009		WINDOW COVERING PACKAGE	F
0010		LOGISTICS ITEM	G,T
0011		MATERIEL DISTRIBUTION SYSTEM	
0012		MATERIELS HANDLING EQUIPMENT	T
0013		SHELVING SYSTEM, TRACK-MOUNTED (often called "space-saver" shelving)	
0014		CABINET, FLAMMABLE STORAGE	T
0015		READER, BAR CODE LABEL	T
0016	7490	EMBOSSER, PLASTIC SIGN	T
0017	3540	SEALER, HEAT (for hospital linen packaging)	T
0018	7910	SCRUBBING MACHINE, FLOOR	T
0019	7910	SHAMPOOING MACHINE, CARPET	T
0020		OXYGEN GENERATION SYSTEM	M
0025		POWER SUPPLY, UNINTERRUPTED (UPS)	M,T
0050		HOSPITAL COMMUNICATIONS SYSTEM (Nurse call system = IDC 4072)	G,Q,T
0051		HOSPITAL INTERCOM SYSTEM	Q,T
0052		CENTRAL DICTATION SYSTEM	Q,T,U
0053		MONITOR/RECORDER, COMMUNICATIONS SYSTEM	Q,T
0055	6350	INTRUSION DETECTION SYSTEM	M,T
0100		AUTOMATIC DATA PROCESSING EQUIPMENT	A,G,T
0110		TELECOMMUNICATIONS EQUIPMENT	D,G,T,Z
0111	5830	PAGING SYSTEM, RADIO	D,T,Z
0115	5830	RADIOTELEPHONE SYSTEM	D,T,Z
0120		VISUAL INFORMATION EQUIPMENT (formerly Audiovisual Equipment)	D,G,T,Z
0121	5820	CAMERA, TELEVISION	D,T,Z
0130		MICROGRAPHICS EQUIPMENT	D,G,T
0131	6730	READER, MICROFICHE	D,T,Z
0132	6730	READER-PRINTER, MICROFICHE	D,T,Z
0140		RECORDS MANAGEMENT EQUIPMENT	D,G,T
0150		PRINTING AND BINDING EQUIPMENT	D,G,T,Z
0160	3610	COPIER, ELECTROSTATIC	D,T
0200		BASE OPERATIONS (BASOPS) ITEM	D,G,T

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		0250-0499 TMDE	
0250		TEST EQUIPMENT GENERAL (TMDE)	G,E
0260	6625	X-RAY CALIBRATION/VERIFICATION SYSTEM (TMDE)	E
0270	6625	OSCILLISCOPE (TMDE)	E
0280	6625	TEST SET, DIGITAL (TMDE)	E
0449	6625	PHANTOM, NUCLEAR	E
0450	6625	PHANTOM, RADIOGRAPHIC (Changed from PHANTOM)	E
0451	6625	PHANTOM, ULTRASONIC	E
		0500-0999 MEDICINE	
0500		MEDICINE ITEM	G
0543	6615	BRONCHOSCOPE	
0550	6515	DEFIBRILLATOR (without monitor)	
0555	6515	DEFIBRILLATOR/ECG MONITOR (also see IDC 2060)	
0560	6515	DETECTOR, FETAL MONITOR	
0562	6530	DRIER FOR RESPIRATOR THERAPY EQUIPMENT	
0563	6515	ELECTROCARDIOGRAPH	G
0565	6515	ELECTROCARDIOGRAPH SYSTEM 1 CHAN	
0567	6515	ELECTROCARDIOGRAPH SYSTEM 3 CHAN NON CAPOC	
0568	6515	ELECTROCARDIOGRAPH SYSTEM MULTI CHAN (specify no. of chan)	
0569	6515	ELECTROCARDIOGRAPH SYSTEM, MULTI CHAN. CAPOC COMPATIBLE	
0570	6540	ELECTRONYSTAGOMOGRAPH	
0571	6515	ENDOSCOPE	
0572	6515	ENDOSCROPE TRAINING ATTACHMENT	
0575	6515	ESOPHAGEAL MOTILITY SYSTEM	
0580	6515	FIBERSCOPE (Add more description to the nomenclature)	G
0585	6515	FIBERSCOPE, COLON	
0590	6515	FIBERSCOPE, DUODENAL	
0595	6515	FIBERSCOPE, PHOTO UPPER GI	
0597	6515	RECORDER, PHYSIOLOGIC MULTI-CHANNEL	
0603	6530	HYPOBARIC CHAMBER	
0605	6515	HYPODERMIC INJECTION APPARATUS, JET AUTO	M
0610	6515	INJECTOR, ANGIOGRAPHIC	
0611	6515	KIDNEY MACHINE (Hemodialysis Machine)	
0612	6515	INTENSIVE CARE SYSTEM INFANT	
0614	6515	LIGHT, BILIRUBIN	
0615	6515	INTENSIVE CARE SYSTEM MED	
0619	6515	MONITOR, CARBON DIOXIDE	
0620	6515	MONITOR, BLOOD PRES 1 STA	
0621	6515	MONITOR, BLOOD PRES (Specify number of stations)	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
0625	6515	MONITOR, CARDIAC 1 STA	
0626	6515	MONITOR, CARDIAC (Specify number of stations)	
0630	6515	MONITOR, SYSTEM EXERCISE-STRESS (Includes treadmill and ECG)	
0635	6515	MONITOR, HEART RATE 1 STA	
0636	6515	MONITOR, HEART RATE (Specify number of stations)	
0641	6515	MONITOR, COMPUTERIZED	
0645	6515	MONITOR, PHYSIOLOGICAL SYSTEM 1 STA (Vital signs monitor)	
0646	6515	MONITOR, PHYSIOLOGICAL SYSTEM (Vital signs monitor, specify # stations)	
0650	6515	MONITOR, RESPIRATION INFANT	
0651	6515	MONITOR, RESPIRATION 1 STA	
0653	6515	MONITOR, RESPIRATION (Specify number of stations)	
0661	6515	MONITOR, VENTILATION (Specify number of stations)	
0670	6515	NEONATAL CARE SYSTEM	
0672	6515	PULSE OXIMETER	
0673	6515	CO-OXIMETER	
0675	6515	PACEMAKER	
0676	6515	PACEMAKER, EXTERNAL	
0680	6515	PNEUMO-PLETHYSMOGRAPH	
0681	6515	PERITONEOSCOPE	
0682	6515	PANENDOSCOPY	
0683	6515	RECORDER, ELECTROCARDIOGRAM PORTABLE	
0697	6530	RESPIRATOR, PORTABLE	
0700	6515	RESUSCITATOR, OXYGEN-POWERED, PRESSURE CYCLED	
0705	6515	RESUSCITATOR, HEART-LUNG	
0710	6515	RESUSCITTOR-INHALER, PORTABLE	
0725	6515	SCANNER, DIAGNOSTIC	
0727	6515	SPIROMETER, DIAGNOSTIC	
0728	6515	SPIROMETER, MONITORING	
0730	6530	TABLE, EXAM	
0735	6530	TABLE, PROCTOSCOPE	
0740	6515	TRAINER, ARRHYTHMIA	
0742	6910	MANIKIN, RESUSCITATION TRAINING, RECORDING	
0745	6910	MODEL, ANATOMICAL	
0750	6530	TREADMILL (The monitor or entire system is IDC 0630)	
		1000-1499 SURGERY	
1000		SURGICAL ITEM	
1100		AUDIOLOGY, ITEM	G
1105	6515	ANALYZER, HEARING AID	G
1110	6515	ANESTHESIA APPARATUS	
1111	6515	ACOUSTIC METER, COMPLIANCE AND IMPEDANCE	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
1113	6515	ARTHROSCOPE	
1114	6515	AUDIOMETER, AUTO OR MANUAL PORTABLE	
1115	6515	AUDIOMETER, DIAGNOSTIC	
1116	6515	AUDIOMETER, SCREENING 1 CHAN	
1118	6515	AUDIOMETER, SCREENING (Specify number of channels)	
1130	6515	BOOTH, AUDIOMETRIC EXAM 1 COMPARTMENT	
1131	6515	BOOTH, AUDIOMETRIC EXAM (Specify number of compartments)	
1135	6515	BRONCHOFIBERSCOPE, BIOPSY	
1150	6515	CAMERA, FUNDUS FLASH	
1155	6515	CAMERA, VIDEO, MEDICAL/SURGICAL SCOPE SET	
1160	6530	CHAIR, PODIATRY	
1165	6530	CHAIR, EXAM/TREATMENT SURG	
1170	6515	CHAMBER, ACOUSTIC	
1180	6530	CRYOSURGICAL SYSTEM	
1200	6515	DIALYZER APPARATUS	
1202	6515	DRILL SET, SURGERY	
1207	6515	OPERATING APPARATUS ENT	
1215	6515	ELECTROSURGICAL APPARATUS	
1217	6515	HANDPIECE, BONE SURGICAL	
1218	6515	GASTROSCOPE	
1220	6515	HUMIDIFIER/VOLUME VENTILATOR	
1225	6515	HYPOTHERMIA APPARATUS, INTRAGASTRIC	
1234	6515	INTRACRANIAL PRESSURE MONITOR	
1235	6515	INTENSIVE CARE SYSTEM, SURG	
1237	6515	LAPAROSCOPE, OPERATIVE	
1238	6545	IMPLANT INSTRUMENT SET (Components must be replaced with OMA funds)	
1239	6515	LASER, THERAPEUTIC, SURGICAL	P
1240	6530	LIGHT, OPERATING/EXAM, FIBEROPTIC	
1245	6530	LIGHT, SURG CEILING	M
1246	6515	LASER, LITHOTRIPSY, URETERAL	
1247	6515	LITHOTRIPTER SYSTEM, EXTRACORPOREAL	M,P,X
1248	6515	LITHOTRIPTER, PERCUTANEOUS ULTRASONIC	
1255	6515	MICROSCOPE, OPERATING ROOM	
1270	6515	PUMP, CARDIAC ASSIST	
1292	6515	SINK, SURGICAL SCRUB	M
1295	6515	SPHYGMOMANOMETER, ELECTRONIC-ULTRASONIC	
1305	6530	TABLE, ORTHOPEDIC	
1310	6530	TABLE, OPERATING, HOSPITAL (IDC reserved for future use)	
1311	6530	TABLE, OPERATING, HOSPITAL	
1312	6530	TABLE, OPERATING, RADIOTRANSLUCENT (for use with mobile C-Arm, IDC 3224/3225)	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
1315	6530	TABLE, EXAM, UROLOGICAL	
1360	6530	THERMOREGULATOR, PATIENT	
1365	6515	MONITOR, CENTRAL OXYGEN SYSTEM	M
1370	6515	MONITOR, ANESTHESIA (Specify central or stand alone)	
1380	6515	VENTILATOR, AUTOMATIC-MANUAL, ADULT	
1381	6515	VENTILATOR, AUTOMATIC-MANUAL, INFANT	
		1500-1999 PSYCHIATRY/NEUROLOGY	
1500		PSYCHIATRY/NEUROLOGY ITEM	G
1510	6515	BIOFEEDBACK SYSTEM	
1520	6515	ELECTROCONVULSIVE THERAPY APPARATUS	
1535	6515	ENCEPHALOGRAPH	
1550	6515	SIMULATOR, VISUALLY KEYED	
		2000-2499 AMBULATORY CARE PROGRAMS	
2000		AMBULATORY CARE ITEM	G
2020	6530	CART, EMERGENCY EMSS	
2025	6530	CART, UTILITY	
2040	6515	DEFIBRILLATOR, EMSS (Without monitor)	
2060	6515	DEFIBRILATOR/ECG MONITOR, PORTABLE, W/CHARGER (For ambulance/rescue team use, see also IDC 0555)	
2070	6530	INCUBATOR, INFANT TRANSPORT, EMSS	
2075	6530	LIGHT, SURGICAL, CEILING, EMSS	M
2077	6530	LIGHT, SURGICAL STAND	
2080	6515	MONITOR, PHYSIOLOGICAL SYSTEM (Vital signs monitor)	
2100	5805	RECEIVER - TRANSMITTER, EMSS	D,T
2120	5805	RECEIVER - TRANSMITTER, TELEMETRY	D,T
2140	6515	RESUSCITATOR/ASPIRATOR, EMSS	
		2500-2999 DENTISTRY	
2500		DENTISTRY ITEM	G
2515	6520	ANALGESIA MACH, DENTAL	
2516	6520	CABINET/SINK, DENTAL	
2545	6520	CHAIR, DENTAL OPERATING (May be a component of IDC 2647)	
2546	6520	CHAIR, DENTAL X-RAY	
2550	6520	CLEANER, ULTRASONIC DENTAL	
2565	6520	COMPRESSOR/DEHYDRATOR, DENTAL EQUIP	
2575	6520	DEHYDRATOR, COMPRESSOR AIR SYSTEM, DENTAL	
2590	6520	ELECTROSURGICAL APPARATUS, DENTAL	
2605	6520	EVACUATOR, ORAL CAVITY, DENTAL	
2625	6520	FURNACE, VACUUM, DENTAL	
2627	6520	HEATER, DENTAL	
2630	6520	LIGHT, DENTAL OPERATING UNIT (May be a component of IDC 2647)	M

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
2635	6520	LIGHT, DENTAL OPERATING, FIBEROPTIC	
2638	6520	MACHINE, CASTING, AUTOMATIC	
2645	6520	DENTAL OPERATING UNIT (May be a component of IDC 2647)	M
2647	6520	DENTAL OPERATING SYSTEM (Must include a chair and a dental operating unit)	
2650	6525	PROCESSING MACHINE, X-RAY FILM, AUTO DENTAL	
2660	6520	ULTRASONIC PROPHYLAXIS UNIT, DENTAL RESING	
2670	6520	BLAST CLEANING CABINET	M
2686	6530	STERILIZER, ELECTRIC, DENTAL (Specify Bench or Floor Mounted)	M
2705	6525	TANK, MASTER, X-RAY FILM PROCESS, DENTAL	
2715	6520	VACUUM SYSTEM, DENTAL	M
2725	6525	X-RAY APPARATUS, DENTAL, 7MA FIXED	P
2730	6525	X-RAY APPARATUS, DENTAL, 7MA PORTABLE	P
2735	6525	X-RAY APPARATUS, DENTAL, 15MA FIXED	P
2740	6525	X-RAY APPARATUS, DENTAL, 15MA PORTABLE	P
2746	6525	X-RAY APPARATUS, DENTAL, CYPHALOMETRIC (State mA and kVp in nomenclature)	P
2748	6525	X-RAY APPARATUS, DENTAL, CYPHALOMETRIC/PANOGRAPHIC	P
2750	6525	X-RAY APPARATUS, DENTAL, PANOGRAPH	P
		3000-3499 DIAGNOSTIC IMAGING/ THERAPEUTIC RADIATION	
3000		DIAGNOSTIC IMAGING/THERAPEUTIC RADIATION ITEM	G,P
3005	6525	CABINET, CASSETTE TRANSFER	
3015	6525	CALIBRATOR, ISOTOPE DOSE	N,P
3020	5820	CAMERA, CLOSED-CIRCUIT TV	
3021	6525	CAMERA, GAMMA SCINTILLATION (Specify in nomenclature if unit is single head, dual head or triple head)	I,N,P,X
3022	6525	CAMERA UNIT, PHOTO-FLUORO, X-RAY APPARATUS	P
3023	6525	CAMERA, MULTIFORMAT	P
3025	6525	CASSETTE CHANGER	
3030		COMPUTER, IMAGE PROCESSING (For Gamma Camera)	N,X
3031	6525	COMPUTER, THERAPY PLANNING	X
3040	6525	COOLER/HEATER, X-RAY FILM PROCESS APPARATUS, AUTO	
3050	6525	COUNTER, GAMMA AUTO (For nuclear medicine, IDC 3632 is for lab use)	N,P
3060	6665	DETECTOR, SCINTILLATION	N,P
3081	6525	DIGITIZER, RADIATION THERAPY	P
3082	6525	DIGITIZER, RADIOGRAPHIC IMAGE	
3083	6525	DIGITAL SUBTRACTION ANGIOGRAPHY SYSTEM (C-Arm system is IDC 3225)	H,M,P,R, X
3084	6525	DIGITAL SUBTRACTION ANGIOGRAPHY UPGRADE	P,R,X
3086	6525	FILM TRANSPORT SYSTEM	X
3090	6525	INJECTOR, AUTO	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
3095	6525	LOADER, FILM, PHOTOGRAPHIC DAY LIGHT	
3096	6525	MAGNETIC RESONANCE IMAGING SYSTEM (Specify field strength & whether dedicated extremity sys)	M,P,X
3100	6525	MONITOR, CLOSED-CIRCUIT TV	
3111	6525	POSITRON EMISSION TOMOGRAPHY SCANNER	M,P,X
3115	6525	PROBE, SCINTILLATION	P
3120	6525	PROCESSING MACHINE, PHOTOGRAPHIC FILM	
3134	6525	PROCESSING UNIT, X-RAY FILM, TABLETOP	
3135	6525	PROCESSING UNIT, X-RAY FILM (includes Dry laser imagers)	
3148	6525	RECORDER, VIDEO TAPE (Radiology use only)	
3150	6525	RADIONUCLITIDE IMAGING SYSTEM	G,N,P,X
3152	6525	SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT)	N,P,X
3155	6525	SCANNER, RECTILINEAR (Specify Single or Dual Photon)	N,P,X
3157	6525	SCANNER, DIAGNOSTIC ULTRASOUND	I,R,X
3160	6525	SILVER RECOVERY UNIT, FILM PROCESS	M
3175	6525	SIMULATOR, RADIATION THERAPY	N,P
3183	6525	TABLE, RADIOGRAPHIC	H,X
3185	6525	TANK, MASTER, X-RAY FILM PROCESS	
3188	6525	COMPUTED RADIOGRAPHY SYSTEM	M,X
3189	6525	DIRECT DIGITL RADIOGRAPHY SYSTEM	M,X
3190	6525	TELERADIOLOGY SYSTEM	M,X
3192	6525	PICTURE ARCHIVING & COMMUNICATION SYSTEM (PACS)	M,X
3194	6525	THERAPY UNIT, RADIATION, COBALT	M,N,P,X
3197	6525	TUBEHEAD, X-RAY APPARATUS	O
3198	6525	TUBE, X-RAY APPARATUS	O
3200	6525	VIEWER, X-RAY FILM, AUTOMATIC	
3215	6525	WELL COUNTER	
3220	6525	X-RAY APPARATUS, RADIO PORTABLE (Up to 20 mA, specify mA)	H,P
3224		X-RAY APPARATUS, RADIO/FLUORO, MOBILE C-ARM	H,P,R,X
3225	6525	X-RAY APPARATUS, RAD/FLUOR, MOBILE C-ARM W/DIGIT SUB	H,P,R,X
3230	6525	X-RAY APPARATUS, MAMMOGRAPHY	H,M,P,X
3235	6525	X-RAY APPARATUS, PHOTOFLUORO	H,M,P,X
3236	6525	X-RAY APPARATUS, CARDIAC CATH LAB, SINGLE PLANE	H,M,P,X
3237	6525	X-RAY APPARATUS, CARDIAC CATH LAB, BI-PLANE	H,M,P,X
3241	6525	X-RAY APPARATUS, RADIO (Specify mA up to 500 mA)	H,M,P,X
3246	6525	X-RAY APPARATUS, RADIO (Specify mA above 500 mA and if unit has tomographic capability)	H,M,P,X
3252	6525	X-RAY APPARATUS, RADIO/FLUORO (Specify mA up to 500 mA)	H,M,P,X
3257	6525	X-RAY APPARATUS, RADIO/FLUORO (Specify mA above 500 mA, and if unit has tomographic capability)	H,M,P,X
3261	6525	X-RAY APPARATUS, RADIO MOBILE (Specify mA up to 299 mA)	H,M,P,X
3264	6525	X-RAY APPARATUS, RADIO MOBILE (Specify mA above 299 mA)	H,M,P,X

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
3265	6525	SCANNER, COMPUTED TOMOGRAPHY, COMPUTED	C,M,P,X
3266	6525	SCANNER, COMPUTED TOMOGRAPHY, HEAD UNIT	C,M,P,X
3268	6525	SCANNER, COMPUTED TOMOGRAPHY, MOBILE	C,P,X
3270	6525	X-RAY APPARATUS, UROLOGICAL	H,M,P,X
3272	6525	TABLE, RADIO, UROLOGICAL (Specify whether with or w/out Image Intensifier)	H,X
3280	6525	X-RAY APPARATUS, THERAPEUTIC GRENTZ RAY	M,N,P,X
3288	6525	LINEAR ACCELERATOR THERAPEUTIC	M,N,P,X
		3500-3999 LABORATORY SCIENCE	
3500		LABORATORY SCIENCE ITEM	G
3505	6630	ANALYZER, BLOOD GAS, SEMI-AUTOMATIC	
3506	6630	ANALYZER, BLOOD GAS, AUTOMATIC	
3507	6630	ANALYZER, BLOOD GAS, W/DATA MANAGEMENT	
3510	6630	ANALYZER, BUN	
3512	6630	ANALYZER, BACT4RIA DETECTION	
3515	6630	ANALYZER, CALCIUM	
3520	6640	ANALYZER, CLINICAL AUTO	
3523	6640	ANALYZER, DRUG IDENTIFICATION (See also IDCs 3601-3604)	
3524	6630	ANALYZER, ELECTROLYTE	
3525	6630	ANALYZER, ENZYME	
3527	6630	ENZYME IMMUNOASSAY SYSTEM	
3530	4910	ANALYZER, GAS	
3535	6630	ANALYZER, CLUCOSE	
3538	6630	ANALYZER, LABORATORY	
3540	6630	ANALYZER, NITROGEN	
3550	6515	ANALYZER, OXYGEN	
3555	6630	ANALYZER, OZONE	
3595	6630	ANTIBACTERIAL SYSTEM	
3568	6630	BALANCE AND SCALE, DIGITAL	
3572	6640	BATH, WATER, ELECTRIC	
3590	6640	CHAIR, BLOOD, COLLECTING	
3594	6640	ULTRACENTRIFUGE (Operating at or above 6000 RPM)	
3595	6640	CENTRIFUGE, LABORATORY, SMALL	
3596	6640	CENTRIFUGE, REFRIGERATED	
3597	6640	CENTRIFUGE, LABORATORY, BENCH TOP	
3599	6640	CENTRIFUGE, LABORATORY, FLOOR TYPE	
3601	6630	GAS, CHROMATOGRAPH	
3602	6630	GAS, CHROMATOGRAPH/MASS SPECTROMETER (Sometimes called GCMS, see also IDC 3807)	
3603	6630	GAS/LIQUID CHROMATOGRAPH (Sometimes called GLC)	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
3604	6630	LIQUID CHROMATOGRAPH (Sometimes called HPLC)	
3625	6640	COUNTER, GAMMA RADIOIMMUNOASSAY (IDC 3050 is for nuclear medicine)	P
3636	6640	COUNTER, BLOOD CELL (4-7 parameters)	
3637	6640	COUNTER, BLOOD CELL (8 parameters)	
3638	6640	HEMATOLOGY ANALYZER (16 or more parameters)	
3642	4610	DEMINERALIZER, WATER	
3643	6760	DESNITOMETER, ELECTROPHORESIS	
3650	6630	DILUTER, AUTO	
3655	6640	DISTILLING APPARATUS, LAB	
3657	6640	EMBEDDING MACHINE, TISSUE	
3660	6530	ERGOMETER (Should be received by Physical Medicine consultant)	
3662		EVAPORATOR, VACUUM, AUTO CONTROL	
3664	6640	FLOW CELL CYTOMETER (Note P applies if the unit uses a laser)	
3665		FLUORONEPHELOMETER	
3670	6640	FREEZER, CELL (For preservation of cells, used in cytology and tissue studies)	
3671	4110	FREEZER, PLASMA, UPRIGHT (To -85 C)	
3672	4110	FREEZER, PLASMA, CHEST-TYPE (To -85 C)	
3673	4110	FREEZER, ULTRA-LOW TEMP, CHEST-TYPE (Below -85 C)	
3674	4110	FREEZER, ULTRA-LOW TEMP, UPRIGHT (Below -85 C)	
3679	6640	HOOD, SAFETY FUME, LAB	
3684	6640	INCUBATOR, MECHANICAL BIOLOGICAL	
3685	6640	HOOD, SAFETY, BACTERIOLOGICAL	
3688	6640	INCUBATOR, BLOOD CULTURE, RECIPROCATING ACTION	
3690		LASER, LABORATORY (See other lasers at IDC 1239, 5600, and 8026)	P
3701	6640	MICROSCOPE, ELECTRON	
3702	6650	MICROSCOPE, SPECIAL PURPOSE (State purpose)	
3703	6650	MICROSCOPE, OPTICAL (Specify number of viewing positions and whether bright, fluorescent or phase contrast)	
3710	6640	MICROTOME	
3715	6640	MIXER, LAB	
3720	6630	OSMOMETER, SYSTEM	
3725	6640	OVEN, LABORATORY	
3730	6650	PHOTOMETER, FLAME	
3735	6640	PIPETTE, AUTO	
3739	6640	PROCESSOR, BLOOD PHORESIS	
3740	6640	PROCESSOR, TISSUE, AUTO LAB	
3769	4110	REFRIGERATOR, BLOOD BANK	M
3770	4110	REFRIGERATOR, MECH BIOLOGICAL W/ALARM	
3771	4110	REFRIGERATOR, MECH COMMERCIAL, LAB-TYPE W/O ALARM	
3772	4110	REFRIGERATOR, MECH MORTUARY	M
3773	6640	ROTOR, CENTRIFUGE LABORATORY, REFRIGERATED	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
3775	6640	SAMPLER, AUTO	
3790	6640	SHAKING MACHINE, LAB	
3795		SHARPENER, MICROTOME	
3805		SPECTROFLUOROMETER	
3807	6640	SPECTROMETER (Formerly IDC 5679, see also IDC 3602)	
3810		SPECTROPHOTOMETER	
3815	6640	STAINER, SLIDE, AUTO CYTOLOGY	
3816	6640	STAINER, SLIDE, AUTO HEMATOLOGY	
3820	6530	TABLE, AUTOPSY	
3822		TESTER, BLOOD CULTURE, BODY FLUIDS	
3825		THYROID UPTAKE SYSTEM	
3830	6630	TITRATOR	
3840	6640	WASHER, CELL, AUTO HEMATOLOGIC DIFFERENTIAL	
3841	6640	WASHER, CELL, AUTO (Other than IDC 3840)	
3850	6640	WASHING MACHINE, GLASSWARE LAB	
3875		WELL SCINTILLATION DETECTOR	
		4000-4499 NURSING	
4000		NURSING ITEM	G
4003	6530	AERATOR, GAS (Formerly IDC 1112)	
4005	6530	BASSINET/DRESSING TABLE, COMBO HOSP	
4015	6530	BED, FRACTURE CIRCULAR	
4010	6530	BASSINET, WARMING	
4017	6530	TABLE, EMERGENCY, TRANSPORT/TREAT	
4018	6530	TRANSPORTER, PATIENT	
4020	6530	BED, ADJUSTABLE, MANUAL OR ELECTRIC (State which)	
4021	6530	BED, AIR SUPPORT	
4025	6530	BED, ORTHOPEDIC, TURNING FRAME	
4030	6530	BED/STRETCHER, COMBO INTENSIVE CARE	
4035		CABINET, MEDICINE, COMBINATION	
4040	6530	CABINET, SOLUTION WARMING	
4043	6530	HEADWALL SYSTEM	
4045		CLEANER, ULTRASONIC (Use IDC 2550 for dental)	
4055	6530	INCUBATOR, INFANT	
4060	6530	INCUBATOR, INFANT TRANSPORT	
4070		MONITOR, TEMPERATURE	
4072	5830	NURSE CALL SYSTEM	M
4075	6515	PUMP, INFUSION	
4077	6530	SCALE, WEIGHING, PATIENT BED	
4078	6910	SKELETON, HUMAN ADULT	
4100	6530	STERILIZER, GAS (Specify type of gas and chamber size)	M
4110	6530	STERILIZER, STEAM (Supplied by steam line, specify chamber size)	G,M

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
4111	6530	STERILIZER, STEAM (With electrically heated boiler, specify chamber size)	G,M
4112	6530	STERILIZER, STEAM 16X16X26 (Supplied by steam line)	M
4113	6530	STERILIZER, STEAM 16X16X26 (With electrically heated boiler)	M
4114	6530	STERILIZER, STEAM 24X24X36 (Supplied by steam line)	M
4115	6530	STERILIZER, STEAM 24X24X36 (With electrically heated boiler	M
4116	6530	STERILIZER, STEAM 24X36X48 (Supplied by steam line)	M
4117	6530	STERILIZER, STEAM 24X36X48 (With electrically heated boiler)	M
4118	6530	STERILIZER, STEAM 20X20X48 (Supplied by steam line)	M
4119	6530	STERILIZER, STEAM 20X20X38 (With electrically heated boiler)	M
4129	6530	STERILIZER, ULTRAVIOLET	M
4150	6515	SUCTION APPARATUS	
4160	6515	SUCTION, PRESSURE APPARATUS	
4165	6530	WASHER, CART	M
4170	6530	WASHER, BEDPAN/URINAL	
4175	6530	WASHER-STERILIZER, SURGICAL INSTRUMENT (Specify chamber size)	M
		4500-4999 OBSTETRICS/GYNECOLOGY	
4500		OBSTETRICS/GYNECOLOGY ITEM	G
4515	6530	BED, BIRTHING	
4525	6515	COLPOSCOPE	
4550	6515	CYSTOMETER	
4650	6515	MONITOR, FETAL HEART	
4700	6530	TABLE OB/GYN, EXAM	
		5000-5499 PHYSICAL THERAPY	
5000		PHYSICAL THERAPY ITEM	G
5005	6530	PARALLEL BARS, THERAPY FIXED	
5008	6530	PARALLEL BARS, MANUAL	
5009	6530	PARALLEL BARS, ELECTRIC	
5010	6530	PARALLEL BARS, THERAPY PORTABLE	
5025	6530	BATH, PARAFFIN, PHYS THERAPY	
5035	6530	TRACTION APPARATUS, PHYS THERAPY	
5050	6530	BATH, WHIRLPOOL, ARM	
5052	6530	DIATHERMY APPARATUS	
5054	6530	BATH, WHIRLPOOL, LEG	
5055	6530	BATH, WHIRLPOOL, HIP AND LOWER EXT	
5056	6530	BATH, WHIRLPOOL - HUBBARD	
5057	6530	BATH, WHIRLPOOL - PORTABLE	
5060	6530	CART, WEIGHTS, DISKS	
5061	6530	CART, WEIGHTS, DUMBBELLS	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
5062	6530	CART, WEIGHTS, STRAPS	
5065	6530	CHAIR, TRACTION	
5066	6530	CHAIR, WHIRLPOOL	
5067	6530	CHAIR, WHIRLPOOL, MOBILE	
5075	6530	PUMP, EXTREMITY, INTERMIT COMPR	
5076	6530	PUMP, EXTREMITY, COLD COMPR	
5077	6530	PUMP, EXTREMITY, SEQUENT COMPR	
5080	6530	STAIRS, PORTABLE	
5100	6530	DIATHERMY, SHORTWAVE, THERAPEUTIC	
5125	6515	ELECTROMYOGRAPH SPECIFY DIAG/THERAP	
5150	6530	EXERCISE UNIT, ISOKINETIC	
5151	6530	EXER UNIT, ISOKINETIC EXTREMITY	
5152	6530	EXER UNIT, ISOKINETIC, W/SPINAL	
5153	6530	EXER UNIT, ARM ERGOMETER	
5154	6530	EXER UNIT, BACK, EVAL, THERAPY	
5155	6530	EXER UNIT, BOARD, VESTIBULAR	
5156	6530	EXER UNIT, CLOSED CHAIN	
5157	6530	EXER UNIT, CONT PASSIVE MOTION	
5158	6530	EXER UNIT, EVAL/THERAPY	
5159	6530	EXER UNIT, FINGER LADDER	
5160	6530	EXER UNIT, LEG ERGOMETER	
5161	6530	EXER UNIT, PRE	
5162	6530	EXER UNIT, PROPRIOCEPTIVE, ELEC	
5163	6530	EXER UNIT, PROPRIOCEPTIVE, MANL	
5164	6530	EXER UNIT, ROWING	
5165	6530	EXER UNIT, SHOULDER WHEEL	
5166	6530	EXER UNIT, SKIING	
5167	6530	EXER UNIT, STAIR STEPPER	
5168	6530	EXER UNIT, TREADMILL	
5169	6530	EXER UNIT, TREADMILL-UNDERWATER	
5170	6530	EXER UNIT, WALL PULLEY SYSTEM	
5175	6515	STIMULATOR, ELEC MUSCLE	
5176	6515	STIMULATOR ELEC, ALT CURRENT	
5177	6515	STIMULATOR ELEC, DIRECT CURRENT	
5178	6515	STIMULATOR ELEC, INTERFERENTIAL	
5179	6515	STIMULATOR ELEC, IONTOPHORESIS	
5180	6515	STIMULATOR ELEC, PULSED CURRENT	
5181	6515	STIMULATOR ELEC, TRANS NERVE	
5182	6515	STIMULATOR ELEC, MUSCLE	
5185	6515	MIRROR, MOBILE, MULTI SECTION	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
5186	6515	MIRROR, MOBILE, SINGLE	
5190	6515	MODEL, SKELETON	
5191	6515	MODEL, SPECIFY-BODY PART	
5195	6515	PATIENT LIFT, SPECIFY ELEC OR MANL	
5200	6530	TABLE, EXERCISER PHYS THERAPY	
5201	6530	TABLE, PLINTH, ELECTRIC	
5202	6530	TABLE, EXERCISER PHYS THERAPY	
5203	6530	TABLE, PLINTH, FIXED HEIGHT	
5204	6530	TABLE, PLINTH, MANIPULATION	
5205	6530	TABLE, PLINTH, PORTABLE	
5206	6530	TABLE, PLINTH, TRACTION	
5207	6530	TABLE, HAND THERAPY	
5208	6530	TABLE, MAT, EXERCISE, ADJUSTABLE	
5209	6530	TABLE, MAT, EXERCISE, FIXED HEIGHT	
5210	6530	TABLE, MAT, EXERCISE, FOLDING	
5230	6530	TESTER, ARTHROMETER, KNEE LIGAMENT	
5231	6530	TESTER, HAND GRIP, DYNAMOMETER	
5232	6530	TESTER, INCLINOMETER	
5233	6530	TESTER, KIT, JOINT GONIOMETER	
5234	6530	TESTER, KIT, SKIN SENSITIVITY	
5235	6530	TESTER, MUSCLE, MANUAL	
5236	6530	TESTER, PINCH GRIP, DYNAMOMETER	
5237	6530	TESTER, SKINFOLD CALIPER	
5238	6530	TESTER, VOLUMETER, ARM	
5239	6530	TESTER, VOLUMETER, FOOT	
5240	6530	TESTER, VOLUMETER, FOREARM	
5241	6530	TESTER, VOLUMETER, HAND	
5250	6530	ULTRASONIC APPARATUS, PHYS THERAPY	
		5500-5999 PREVENTIVE MEDICINE	
5500		PREVENTIVE MEDICINE ITEM	G
5520	6640	ANALYZER, CLINICAL BIOCHROMATIC	
5535	6625	ANALYZER, SOUND	
5550		ANALYZER, TRACE METALS	G
5551		ANALYZER, AMBIENT AIR, PORTABLE	
5570		COUNTER, BETA PORTABLE	
5573		COMPACTOR, TRASH	
5583	4540	INCINERATOR, INFECTIOUS WASTE	M
5584		INCINERATOR, PATHOLOGICAL WASTE (See also IDC 6625)	M
5585		INFECTIOUS WASTE DISPOSAL SYSTEM (System shreds, sterilizes and packages the waste)	M

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
5600		LASER (See also IDC 1239, 3690 and 8026)	G,P
5610		LIQUID SCINTILLATION SYSTEM	
5630	6625	METER, SOUND LEVEL	
5650		NOISE CLASSIFIER	
5682	6530	STERILIZER, INFECTIONS WASTE	M
5687		TANK, STORAGE, OXYGEN	
		6000-6499 PHARMACY	
6000		PHARMACY ITEM	G
6005	6670	BALANCE, ANALYTICAL	
6025		COUNTER, PILL AND TABLET	
6075		HOOD, LAMINAR FLOW	
6100		MIXER TANK MASTER FILTER PHARM PROD	
6125		PACKAGER, CAPSULE AND TABLET	
6155	3540	SEALING MACHINE ELECTRIC, UNIT DOSE	
6270	4110	REFRIGERATION, PHARMACEUTICAL W/ALARM	
		6500-6999 VETERINARY MEDICINE	
6500		VETERINARY MEDICINE ITEM	G
6550	6515	ANESTHESIA APPARATUS VETERINARY	
6585	3770	CAGE, ANIMAL	
6625	4540	INCINERATOR, VETERINARY PATHOLOGY (See also IDC 5584)	
6650	6515	ULTRASONIC PROPHYLAXIS UNIT, VETERINARY	
6680	6525	X-RAY APPARATUS, VETERINARY	P,X
6700	6530	TABLE, OPERATING, VETERINARY	
		7000-7499 NUTRITION CARE	
7000		NUTRITION CARE ITEM	G,Y
7210	4110	ICE MAKER	Y
7221	4110	REFRIGERATOR, MECH COMM	Y
		7500-7999 OPTICAL FABRICATION	
7500	6540	OPTICAL FABRICATION ITEM	G
7530	6540	CHEMICAL TEMPERING UNIT, OPHTHAL LENS	
7550	6540	CUTTING MACHINE, OPHTHAL LENS	
7600	6540	EDGING MACHINE, OPHTHAL LENS	
7620	6540	GENERATOR, OPHTHAL LENS	
7660	6540	POLISHING MACHINE, OPHTHAL LENS	
7690	6540	SURFACER, OPHTHAL LENS, AUTO	

(continued) TABLE A-2. STANDARD ITEM DESCRIPTION TABLE - IDC SEQUENCE

IDC	FSC	STANDARD ITEM DESCRIPTION	NOTES
		8000-8499 OPHTHALMOLOGY/OPTOMETRY	
8000		OPTHALMOLOGY/OPTOMETRY ITEM	G
8010	6540	CHAIR, PHOROPTER (Without the PHOROPTER or stand)	
8020	6540	CHAIR AND STAND UNIT, PHOROPTER (Without the PHOROPTER)	
8023	6540	KERATOMETER	
8026		LASER, PHOTOCOAGULATION, OPHTHALMOLOGICAL	P
8030	6540	LIGHT, SLIT OPHTHALMOLOGICAL	
8031	6540	LIGHT, SLIT WITH APPLANATION TONOMETER	
8050	6540	PERIMETER, OPHTHALMOLOGICAL	
8051	6540	PERMIETER, OPHTHALMOLOGICAL, AUTOMATED	U
8060	6540	PHOROPTER (Without the chair or stand)	
8073	6540	PROJECTOR, OPHTHALMOLOGICA, ACUITY TEST	
8075	6540	RADIUSCOPE	
8080	6540	REFRACT9R	
8090	6525	SCANNNER, ULTRASOUND OPHTHALMOLOGICAL (See IDC 3157)	
8100	6540	STAND, PHOROPTER (Without the PHOROPTER or chair)	
8110	6540	STEROSCOPE, VISION TESTING	
8115	6540	TONOMETER OPHTHALMOLOGICAL (See IDC 8031)	
8125	6540	LENS MEASURING INST, OPHTHALMOLOGICAL	

APPENDIX A.

TABLE A-3

STANDARD ITEM DESCRIPTION TABLE

IN

NOMENCLATURE SEQUENCE

Table A-3 include references to "notes" which provide additional information regarding the eligibility, coordination or approval of MEDCASE requirements for the equipment described. These notes are explained below:

NOTE	EXPLANATION
A	Supplemental (or "other") ADPE. Requires review by activity Information Management Officer (IMO) and approval under the provisions of AR 25-1.
D	Information Mission Area Equipment (IMAE) other than ADPE. Requires review by activity IMO. Approval under other regulations may also be required.
F	Applies to MILCON requirements only. NOT eligible for MEDCASE.
G	General category. Use this IDC, with a generic item description for the item, when a specific IDC and standard item description are not provided. Do NOT use the name of the functional area (e.g., "Medicine Item") as the item description.
H	Activity must submit a requisition through THE USAMMA, ATTN: MCMR-MMT-C. See Chapter 6.
P	Review by the activity Health Physicist or Radiological Protection Officer is required.
Q	Hospital-unique communications equipment. Review by activity IMO required.
R	Diagnostic Imaging/Radiation Therapy equipment. Review is required by the activity Chief of Radiology. See Chapter 12.
T	Nonmedical equipment. If over $250,000, requires TDA authorization and type classification exemption IAW AR 310-40 and command guidance. See Chapter 13.
U	Item contains or may contain embedded ADPE. Review is required by activity IMO is. See Chapter 13.
X	Requirements with a system price of $250,000 or more must be reviewed by the functional consultant
Z	Managed by another DA-Level program. Not MEDCASE-eligible unless requirement cannot be supported by the appropriate program. See Chapter 2.

TABLE A-3 STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
ACOUSTIC METER, COMPLIANCE	1111	6515	
ADMINISTRATIVE ITEM	0000		G
AERATOR, GAS (Formerly IDC 1112)	4003	6530	
AMBULATORY CARE ITEM	2000		G
ANALGESIA MACH, DENTAL	2515	6520	
ANALYZER, AMBIENT AIR, PORTABLE	5551		
ANALYZER, BACTERIA DETECTION	3512	6630	
ANALYZER, BLOOD GAS, SEMI-AUTOMATIC	3505	6630	
ANALYZER, BLOOD GAS, AUTOMATIC	3506	6630	
ANALYZER, BLOOD GAS, W/DATA MANAGEMENT	3507	6630	
ANALYZER, BUN	3510	6630	
ANALYZER, CALCIUM	3515	6630	
ANALYZER, CLINICAL AUTO (IDC reserved for future use)	3520	6640	
ANALYZER, CLINICAL AUTO	3521	6640	
ANALYZER, CLINICAL BIOCHROMATIC	5520	6640	
ANALYZER, DRUG IDENTIFICATION (See also IDCs 3601-36040)	3523	6640	
ANALYZER, ELECTROLYTE	3524	6630	
ANALYZER, ENZYME	3525	6630	
ANALYZER, GAS	3530	4910	
ANALYZER, GLUCOSE	3535	6630	
ANALYZER, HEARING AID	1105	6515	
ANALYZER, LABORATORY	3538	6630	
ANALYZER, NITROGEN	3540	6630	
ANALYZER, OXYGEN	3550	6515	
ANALYZER, OZONE	3555	6630	
ANALYZER, SOUND	5535	6625	
ANALYZER, TRACE METALS	5550		G
ANESTHESIA APPARATUS (IDC reserved for future use)	1108	6515	
ANESTHESIA APPARATUS (IDC reserved for future use)	1109	6515	
ANESTHESIA APPARATUS	1110	6515	
ANESTHESIA APPARATUS VETERINARY	6550	6515	
ANTIBACTERIAL SYSTEM	3565	6630	
ARTHROSCOPE	1113	6515	
AUDIOLOGY, ITEM	1100		G
AUDIOMETER, AUTO OR MANUAL PORTABLE	1114	6515	
AUDIOMETER, DIAGNOSTIC	1115	6515	
AUDIOMETER, SCREENING (Specify number of channels)	1118	6515	
AUDIOMETER, SCREENING 1 CHANNEL	1116	6515	
AUTOMATIC DATA PROCESSING EQUIPMENT	0100		A,G,T
BALANCE AND SCALE, DIGITAL	3568	6630	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
BALANCE, ANALYTICAL	6005	6670	
BASE, OPERATIONS (BASOPS) ITEM (Formerly IDC 0001)	0200		G,T
BASSINET, WARMING	4010	6530	
BASSINET/DRESSING TABLE, COMBO HOSP	4005	6530	
BATH, PARAFFIN, PHYS THERAPY	5025	6530	
BATH, WATER, ELECTRIC	3572	6640	
BAH, WHIRLPOOL (Specify whole body)	5052	6530	
BATH, WHIRLPOOL, ARM	5050	6530	
BATH, WHIRLPOOL, HIP AND LOWER EXT	5055	6530	
BATH, WHIRLPOOL, HUBBARD	5056	6530	
BATH, WHIRLPOOL, LET	5054	6530	
BATH, WHIRLPOOL, PORTABLE	5057	6530	
BED, ADJUSTABLE, MANUAL OR ELECTRIC (State which)	4020	6530	
BED AIR SUPPORT	4021	6530	
BED, BIRTHING	4515	6530	
BED, FRACTURE, CIRCULAR	4015	6530	
BED, ORTHOPEDIC, TURNING FRAME	4025	6530	
BED/STRETCHER, COMBO INTESNIVE CARE	4030	6530	
BIOFEEDBACK SYSTEM	1510	6515	
BLAST CLEARNING CABINET	2670	6520	M
BOOTH, AUDIOMETRIC EXAM (Specify number of compartments)	1131	6515	
BRONCHOFIBERSCOPE, BIOPSY	1135	6515	
BRONCHOSCOPE	0543	6515	
CABINET, CASSETTE TRANSFER	3005	6525	
CABINET, FLAMMABLE STORAGE	0014		T
CABINAT, MEDICINE, COMBINATION	4035	6530	
CABINET, SOLUTION WARMING	4040	6530	
CABINET/SINK, DENTAL	2516	6520	
CAGE, ANIMAL	6585	3770	
CALIBRATOR, ISOTOPE DOSE	3015	6525	N,P
CAMERA UNIT, PHOTO-FJUORO, X-RAY APPARATUS	3022	6525	P
CAMERA, CLOSED-CIRCUIT TV	3020	5820	
CAMERA, FUNDUS FLASH	1150	6515	
CAMERA, GAMMA SCINTILLATION (Specify in nomenclature if unit has SPECT capability)	3021	6525	I,N,P, X
CAMERA, MULTI FORMAT	3023	6525	P
CAMERA, TELEVISION	0121	5820	D,T,Z
CAMERA, VIDEO, MEDICAL/SURGICAL SCOPT SET	1155	6515	
CART, EMERGENCY EMSS	2020	6530	
CART, UTILITY	2025	6530	
CART, WEIGHTS, DISKS	5060	6530	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
CART, WEIGHTS, DUMBBELLS	5061	6530	
CART, WEIGHTS, STRAPS	5062	6530	
CASSETTE CHANGER	3025	6525	
CENTRAL DICTATION SYSTEM	0052		Q,T,U
CENTRIFUGE, LABORATORY, BENCH TOP	3597	6640	
CENTRIFUGE, LABORATORY, FLOOR TYPE	3599	6640	
CENTRIFUGE, LABORATORY, SMALL	3595	6640	
CENTRIFUGE, REFRIGERATED	3596	6640	
CHAIR AND STAND UNIT, PHOROPTER (Without the PHOROPTER)	8020	6540	
CHAIR, BLOOD COLLECTING	3590	6640	
CHAIR, DENTAL OPERATING (May be a component of IDC 2647)	2545	6520	
CHAIR, DENTAL X-RAY	2546	6520	
CHAIR, EXAM/TREATMENT SURGICAL	1165	6530	
CHAIR, PHOROPTER (Without the PHOROPTER or stand)	8010	6540	
CHAIR, PODIATRY	1160	6530	
CHAIR, TRACTION	5065	6530	
CHAIR, WHIRLPOOL	5066	6530	
CHAIR, WHIRLPOOL, MOBILE	5067	6530	
CHAMBER, ACOUSTIC	1170	6515	
CHEMICAL TEMPERING UNIT, OPHTHALMIC LENS	7530	6540	
CLEANER, ULTRASONIC (Use IDC 2550 for dental)	4045		
CLEANER, ULTRASONIC DENTAL	2550	6520	
COAGULYZER AUTO	3625	6625	
COLPOSCOPE	4525	6515	
COMPACTOR, TRASH	5573		
COMPRESSION UNIT, INTERMIT PRESSURE	5075		
COMPRESSOR/DEHYDRATOR, DENTAL EQUIP	2565	6520	
COMPUTED RADIOGRAPHY SYSTEM	3188	6525	M,X
COMPUTER, IMAGE PROCESSING (For Gamma Camera)	3030		N,X
COMPUTER, THERAPY PLANNING	3031	6525	X
CO-OXIMETER	0673	6515	
COOLER/HEATER, X-RAY FILM PROCESS APPARATUS, AUTO	3040	6525	
COUNTER, BETA PORTABLE	5570		
COUNTER, BLOOD CELL (4-7 parameters)	3636	6640	
COUNTER, BLOOD CELL (8 parameters)	3637	6640	
COUNTER, GAMMA, AUTO (For nuclear medicine, IDC 3632 is for lab use)	3050	6525	N,P
COUNTER, GAMMA RADIOIMMUNOASSAY (IDC 3050 is for nuclear medicine use)	3632	6640	P
COUNTER, PILL AND TABLET	6025		
CYOSURGICAL SYSTEM	1180	6530	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
CUTTING MACHINE, OPHTHAL LENS	7550	6540	
CYSTOMETER (Without monitor)	4550	6515	
DEFIBRILLATOR, EMSS (Without monitor)	2040	6515	
DEFIBRILLATOR/ECG MONITOR (also see IDC 2060)	0555	6515	
DEFIBRILLATOR/ECG MONITOR (This IDC reserved for future use)	0556	6515	
DEFIBRILLATOR/ MON, PORTABLE (For ambulance use, see also IDC 0555)	2060	6515	
DEHYDRATOR, COMPRESSOR AIR SYSTEM, DENTAL	2575	6520	
DEMINERALIZER, WATER	3642	4610	
DENSITOMETER, ELECTROPHORESIS	3643	6760	
DENTAL OPERATING SYS (Must include a chair and dental operating unit)	2647	6520	
DENTAL OPERATING UNIT (May be a component of IDC 2647)	2645	6520	M
DENTISTRY ITEM	2500		G
DETECTOR, FETAL MONITOR	0560	6515	
DETECTOR, SCINTILLATION	3060	6665	N,P
DIAGNOSTIC IMAGING/THERAPEUTIC RADIATION ITEM	3000		G,P
DIALYZER APPARATUS	1200	6515	
DIATHERMY APPARATUS	5100	6530	
DIGITAL SUBTRACTION ANGIOGRAPHY SYSTEM (C-Arm system is IDC 3225)	3083	6525	H,M,P, R,X
DIGITAL SUBTRACTION ANGIOGRAPHY UPGRADE	3084	6525	P,R,X
DIGITIZER, RADIATION THERAPY	3081	6525	P
DIGITIZER, RADIOGRAPHIC IMAGE	3082	6525	
DILUTER, AUTO	3650	6635	
DIRECT DIGITAL RADIOGRAPHY SYSTEM	3189	6525	M,X
DISTILLING APPARATUS, LAG	3655	6640	
DRIER FOR RESPIRATOR THERAPY EQUIPMENT	0562	6530	
DRILL SET, SURGERY	1202	6515	
EDGING MACHINE, OPHTHAL LENS	7600	6540	
ELECTROCARDIOGRAPH SYSTEM 1 CHANNEL	0565	6515	
ELECTROCARDIOGRAPH SYSTEM 3 CHANNEL NON CAPOC	0567	6515	
ELECTROCARDIOGRAPH SYSTEM MULTI CHANNEL (Specify no. of chan)	0568	6515	
ELECTROCARDIOGRAPH SYS, MULTI CHAN, CAPOC COMPATIBLE	0569	6515	
ELECTROCARDIOGRAPH	0563	6515	
ELECTROCONVULSIVE THERAPY APPARATUS	1520	6515	
ELECTROMYOGRAPH-SPECIFY DIAG/THERAP	5125	6515	
ELECTRONYSTAGOMOGRAPH	0570	6540	
ELECTROSURGICAL APPARATUS	1215	6515	
ELECTROSURGICAL APPARATUS, DENTAL	2590	6515	
EMBEDDING MACHINE, TISSUE	3657	6640	
EMBOSSER, PLASTIC CARD	0003	7490	T
EMBOSSER, PLASTIC SIGN	0016	7490	T

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
ENDOSCOPE	1535	6515	
ENDOSCOPE TRAINING ATTACHMENT	0572	6515	
ENZYME IMMUNOASSAY SYSTEM	3527	6630	
ERGOMETER (Should be reviewed by Physical Medicine consultant)	3660	6530	
ESOPHAGEAL MOTILITY SYSTEM	0575	6515	
EVACUATOR, ORAL CAVITY, DENTAL	2605	6520	
EVAPORATOR, VACUUM, AUTO CONTROL	3662		
EXER UNIT, ARM ERGOMETER	5153	6530	
EXER UNIT, BACK, EVAL, THERAPY	5154	6530	
EXER UNIT, BOARD, VESTIBULAR	5155	6530	
EXER UNIT, CLOSED CHAIN	5156	6530	
EXER UNIT, CONT PASSIVE MOTION	5157	6530	
EXER UNIT, EVAL/THERAPY	5158	6530	
EXER UNIT, FINGER LADDER	5159	6530	
EXERCISE UNIT, ISOKINETIC	5150	6530	
EXER UNIT, LEG ERGOMETER	5160	6530	
EXER UNIT, PRE	5161	6530	
EXER UNIT, PROPRIOCEPTIVE, ELEC	5162	6530	
EXER UNIT, PROPRIOCEPTIVE, MANL	5163	6530	
EXER UNIT, ROWING	5164	6530	
EXER UNIT, SHOULDER WHEEL	5165	6530	
EXER UNIT, SKIING	5166	6530	
EXER UNIT, STAIR STEPPER	5167	6530	
EXER UNIT, TREADMILL	5168	6530	
EXER UNIT, TREADMILL-UNDERWATER	5169	6530	
EXER UNIT, WALL PULLEY SYSTEM	5170	6530	
FIBERSCOPY	0580	6515	G
FIBERSCOPE, COLON	0585	6515	
FIBERSCOPE, DUODENAL	0590	6515	
FIBERSCOPE, PHOTO UPPER GI	5095	6515	
FILM TRANSPORT SYSTEM	3086	6525	X
FLOW CELL CYTOMETER (Note P applies if the unit uses a laser)	3664	6640	
FLUORONEPHELOMETER	3665		
FREEZER, CELL (For preservation of cells used in cytology and tissue studies)	3670	6640	
FREEZER, PLASMA, CHEST-TYPE (To -85 C)	3672	4110	
FREEZER, PLASMA, UPRIGHT (To -85 C)	3671	4110	
FREEZER, ULTRA-LOW TEMP, CHEST-TYPE (Below -85 C)	3673	4110	
FREEZER, ULTRA-LOW TEMP, UPRIGHT (Below -85 C)	3674	4110	
FURNACE, VACUUM, DENTAL	2625	6520	
FURNITURE AND FURNISHING PACKAGE	0005		F

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
GAS, CHROMATOGRAPH	3601	6630	
GAS, CHROMATOGRAPH/MASS SPECTROMETER (Sometimes called GCMS, see also IDC 3807)	3602	6630	
GAS/LIQUID CHROMATOGRAPH (Sometimes called GLC)	3603	6630	
GASTROSCOPE	1218	6515	
GENERATOR, OPHTHAL LENS	7620	6540	
GRAPHIC ARTS PACKAGE	0006		F
HANDPIECE, BONE SURGICAL	1217	6515	
HEADWALL SYSTEM	4043	6530	
HEATER, DENTAL	2627	6520	
HEMATOLOGY ANALYZER (16 or more parameters)	3638	6640	
HOOD, LAMINAR FLOW	6075		
HOOD, SAFETY FUME, LAB	3679	6640	
HOOD, SAFETY, BACTERIOLOGICAL	3685	6640	
HOSPITAL COMMUNICATIONS SYSTEM (Nurse call system - IC 4072)	0050		G,Q,T
HOSPITAL INTERCOM SYSTEM	0051		Q,T
HUMIDIFIER/VOLUME VENTILATOR	1220	6515	
HYPOBARIC CHAMBER	0603	6530	M
HYPODERMIC INJECTION APPARATUS, JET AUTO	0605	6515	
HYPOTHERMIA APPARATUS, INTRA GASTRIC	1225	6515	
ICE MAKER	7210	4110	Y
IMPLANT INSTRUMENT SET (Components must be replaced with O&M funds)	1238	6545	
INCINERATOR, INFECTIOUS WASTE	5583	4540	M
INCINERATOR, PATHOLOGICAL WASTE (See also IDC 6625)	5584	4540	M
INCINERATOR, VETERINARY PATHOLOGY (See also IDC 5584)	6625	4540	
INCUBATOR, BLOOD CULTURE, RECIPROCATING ACTION	3688	6640	
INCUBATOR, INFANT	4055	6530	
INCUBATOR, INFANT TRANSPORT, EMSS	2070	6530	
INCUBATOR, INFANT TRANSPORT	4060	6530	
INCUBATOR, MECHANICAL BIOLOGICAL	3684	6640	
INFECTIOUS WASTE DISPOSAL SYSTEM (shreds, sterilizes, and packages the waste)	5585		M
INJECTOR, ANGIOGRAPHIC	0610	6515	
INJECTOR, AUTO	3090	6525	
INTENSIVE CARE SYSTEM INFANT	0612	6515	
INTENSIVE CARE SYSTEM MED	0615	6515	
INTENSIVE CARE SYSTEM, SURGICAL	1235	6515	
INTERIOR DECORATIVE PLANT PACKAGE	0007		F
INTERIOR SIGN PACKAGE	0008		F
INTRACRANIAL PRESSURE MONITOR	1234	6515	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
INTRUSION DETECTION SYSTEM	0055	6350	M,T
KERATOMETER	8023	6543	
KIDNEY MACHINE (Hemodialysis Machine)	0611	6515	
LABORATORY SCIENCE ITEM	3500		G
LAPAROSCOPE, OPERATIVE	1237	6515	
LASER (Also see IDC 1239, 3690 and 8026)	5600		G,P
LASER, LABORATORY (See other lasers at IDC 1239, 1246, 5600 and 8026)	3690		P
LASER, LITHOTRIPSY, IRETERAL	1246	6515	
LASER, PHOTOCOAGULATION, OPHTHALMOLOGICAL	8026		P
LASER, THERAPEUTIC, SURGICAL	1239	6515	P
LENS MEASURING INST. OPHTHALMOLOGICAL	8125	6540	
LIGHT, BILIRUBIN	0614	6515	
LIGHT, DENTAL OPERATING UNIT (May be a component of IDC 2647)	2630	6520	
LIGHT, DENTAL OPERATING, FIBEROPTIC	2635	6520	
LIGHT, SLIT OPHTHALMOLOGICAL	8030	6540	
LIGHT, SLIT WITH APLICATION TONOMETER	8031	6540	
LIGHT, SURGICAL CEILING EMSS	2075	6530	M
LIGHT, SURGICAL STAND	2077	6530	
LIGHT, OPERATING/EXAM, FIGEROPTIC	1240	6530	
LIGHT, SURGICAL CEILING	1245	6530	M
LINEAR ACCELERATOR, THERAPEUTIC	3288	6525	M,N,P, X
LIQUID CHROMATOGRAPH 9Sometimes called HPLC)	3604	6630	
LIQUID SCINTILLATION SYSTEM	5610		
LITHOTRIPTER SYSTEM, EXTRACORPEAL	1247	6515	M,P,X
LITHOTRIPTER, PERCUTANEOUS ULTRASONIC	1248	6515	
LOADER, FILM, PHOTOGRAPHIC DAY LIGHT	3095	6525	
LOGISTICS ITEM	0010		G,T
MACHINE, CASTING, AUTOMATIC	2638	6520	
MAGNETIC RESONANCE IMAGING SYSTEM	3096	6525	M,P,X
MANIKIN, RESUSCITATION TRAINING, RECORDING	0742	6910	
MATERIEL DISTRIBUTION SYSTEM	0011		
MATERIEL HANDLING EQUIPMENT	0012		T
PICTURE ACHIEVING AND COMMUNICATION (PACS) SYSTEM	3192	6525	M,X
MEDICINE ITEM	0500		G
METER, SOUND LEVEL	5630	6625	
MICROGRAPHIC EQUIPMENT	0130		D,G,T
MICROSCOPE, ELECTRON	3701	6640	
MICROSCOPE, OPERATING ROOM	1255	6515	
MICROSCOPE, SPECIAL PURPOSE (State purpose)	3702	6650	
MICROSCOPE, OPTICAL (Specify number of viewing positions /whether bright field, fluo or phase contrast)	3703	6650	
MICROTOME	3710	6640	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
MIRROR, MOBILE, MULTI SECTION	5185	6530	
MIRROR, MOBILE SINGLE	5186	6530	
MIXER TANK MASTER FILTER PHARM PROD	6100		
MIXER, LAB	3715	6640	
MODEL, ANATOMICAL	0745	6910	
MODEL, SKELETON	5190	6910	
MODEL, SPECIFY-BODY PART	5191	6910	
MONITOR, ANESTHESIA (Specify central or stand alone)	1370	6515	
MONITOR, BLOOD PRES (Specify number of stations)	0621	6515	
MONITOR, BLOOD PRES 1 STATION	0620	6515	
MONITOR, CARBON DIOXIDE	0619	6515	
MONITOR, CARDIAC (Specify number of stations)	0626	6515	
MONITOR, CARDIAC 1 STATION	0625	6515	
MONITOR, CENTRAL OXYGEN SYSTEM	1365	6515	M
MONITOR, CLOSED-CIRCUIT TV	3100		
MONITOR, COMPUTERIZED	0641	6515	
MONITOR, FETAL HEART	4650	6515	
MONITOR, FETAL HEART (IDC reserved for future use)	4651	6515	
MONITOR, HEART RATE (Specify number of stations)	0636	6515	
MONITOR, HEART RATE 1 STATION	0635	6515	
MONITOR, PHYSIOLOGICAL SYSTEM 1 STATION (Vital signs monitor; specify number of stations)	0645	6515	
MONITR, PHYSIOLOGICAL SYSTEM (Vital signs monitor)	2080	6515	
MONITOR, RESPIRATION (Specify number of stations)	0653	6515	
MONITOR, RESPIRATION 1 STATION	0651	6515	
MONITOR, RESPIRATION INFANT	0650	6515	
MONITOR, SYSTEM, EXERCISE-STRESS (Includes treadmill and ECG)	0630	6515	
MONITOR, TEMPERATURE	0661	6515	
MONITOR, VENTILATION (Specify number of stations)	0661	6515	
MONITOR/RECORDER, COMMUNICATIONS SYSTEM	0053		Q,T
NEONATAL CARE SYSTEM	0670	6515	
NEW FACILITY PACKAGE (Specify type)	0004		F,G
NOISE CLASSIFIER	5650		
NURSE CALL SYSTEM	4072	5830	M
NURSING ITEM	4000		G
NUTRITION CARE ITEM	7000		G,Y
OBSTETRICS/GYNECOLOGY ITEM	4500		G
OPERATING APPARATUS ENT	1207	6515	
OPHTHALMOLOGY/OPTOMETRY ITEM	8000		G
OPTICAL FABRICATION ITEM	7500	6540	G
OSCILLOSCOPE (TMDE)	0270	6625	E
OSMOMETER, SYSTEM	3720	6630	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
OVEN, LABORATORY	3725	6640	
OXIMETER	0672	6515	
OXYGEN GENERATION SYSTEM	0020		M
PACEMAKER	0675	6515	
PACEMAKER, EXTERNAL	0676	6515	
PACKAGER, CAPSULE AND TABLET	6125		
PAGING SYSTEM, RADIO	0111	5830	D,T,Z
PANENDOSCOPE	0682	6515	
PARALLEL BARS, ELECTRIC	5009	6530	
PARALLEL BARS, MANUAL	5008	6530	
PARALLEL BARS, PHYS THERAPY FIXED	5005	6530	
PARALLEL BARS THERAPY PORTABLE	5010	6530	
PATIENT LIFT, SPECIFY ELEC OR MANL	5195	6530	
PERIMETER, OPHTHALMOLOGICAL	8050	6540	
PERIMETER, OPHTHALMOLOGICAL, AUTOMATED	8051	6540	U
PERITONEOSCOPE	0681	6515	
PHANTOM, NUCLEAR	0449	6625	E
PHANTOM, RADIOGRAPHIC (Changed from PHANTOM)	0450	6625	E
PHANTOM, ULTRASONIC	0451	6625	E
PHARMACY ITEM	6000		G
PHOROPTER (Without the chair or stand)	8060	6540	
PHOROPTER UNIT WITH STAND CHAIR	8070	6540	
PHOTOMETER, FLAME	3730	6650	
PHYSICAL MEDICINE ITEM	5000		G
PIPETTE, AUTO	3735	6640	
PNEUMO-PLETHYSMOGRAPHY	0680	6515	
POLISHING MACHINE, OPHTHAL LENS	7660	6540	
POSITRON EMISSION TOMOGRAPHY SCANNER	3111	6525	M,P,X
POWER SUPPLY, UNINTERRUPTED (UPS)	0025		M,T
PREVENTIVE MEDICINE ITEM	5500		G
PRINTING AND BINDING EQUIPMENT	0150		D,G,T, Z
PROBE, SCINTILLATION	3115	6525	P
PROCESSING MACHINE, PHOTOGRAPHIC FILM	3120	6525	
PROCESSING MACHINE, X-RAY FILM, AUTO DENTAL	2650	6525	
PROCESSING UNIT, X-RAY FILM, TABLETOP	3134	6525	
PROCESSING UNIT, X-RAY FILM	3135	6525	
PROCESSOR, BLOOD PHORESIS	3739	6640	
PROCESSOR, TISSUE, AUTO LAB	3740	6640	
PROJECTOR, OPHTHALMOLOGICAL, ACUITY TEST	8073	6540	
PSYCHIATRY/NEUROLOGY ITEM	1500		G

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
PUMP, CARDIAC ASSIST	1270	6515	
PUMP, EXTREMITY, COLD COMPR	5076	6515	
PUMP, EXTREMITY, INTERMIT COMPR	5075	6515	
PUMP, EXTREMITY, SEQUENT COMPR	5077	6515	
PUMP, INFUSION	4075	6515	
RADIO NUCLIDE IMAGING SYSTEM	3150	6525	G,M,N, P
SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT) SYS	3152	6525	N,P,X
RADIOTELEPHONE SYSTEM	0115	6540	D,T,Z
RADIOSCOPE	8075	6540	
READER, BAR CODE LABEL	0015		T
READER, MICROFICHE	0131	6730	D,T,Z
READER-PRINTER, MICROFICHE	0132	6730	D,T,Z
RECEIVER - TRANSMITTER, EMSS	2100	5805	D,T
RECEIVER - TRANSMITTER, TELEMETRY	2120	5805	D,T
RECORDER, ELECTROCARDIOGRAM PORTABLE	0683	6515	
RECORDER, PHYSIOLOGIC MULTI-CHANNEL	0597	6515	
RECORDER, VIDEO TAPE (Radiology use only)	3148	6525	
RECORDS MANAGEMENT EQUIPMENT	0140		D,G,T
REFRACTOR	8080	6540	
REFRIGERATOR, BLOOD BANK	3769	4110	M
FEFRIGERATOR, MECH BIOLOGICAL W/ALARM	3770	4110	
REFRIGERATOR, MECH COMM	7221	4110	Y
REFRIGERATOR, MECH COMMERCIAL, LAB-TYPE W/O ALARM	3771	4110	
REFRIGERATOR, MECH MORTUARY	3772	4110	M
REFRIGERATOR, PHARMACEUTICAL W/ALARM	6270	4110	
RESPIRATOR, PORTABLE	0697	6530	
RESUSCITATOR, HEART-LUNG	0705	6515	
RESUSCITATOR, OXYGEN-POWERED, PRESSURE CYCLED	0700	6515	
RESUSCITATOR-INHALATOR, PORTABLE	0710	6515	
RESUSCITATOR/ASPIRATOR, EMSS	2140	6515	
ROTOR, CENTRIFUGE, LABORATORY, REFRIGERATED	3773	6640	
SAMPLER, AUTO	3775	6640	
SCALE, WEIGHING, PATIENT BED	4077	6530	
SCANNER, DIAGNOSTIC	0725	6515	
SCANNER, DIAGNOSTIC ULTRASOUND	3157	6525	I,R,X
SCANNER, RECTILINEAR (Specify Single or Dual Photon)	3155	6525	N,P,X
SCANNER, ULTRASOUND OPHTHALMOLOGICAL (See also IDC 3157)	8090	6525	X
SCRUBBING MACHINE, FLOOR	0018	7910	T
SEALER, HEAT (For hospital linen packaging)	0017	3540	T

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
SEALING MACHINE ELECTRIC, UNIT DOSE	6155	3540	
SHAKING MACHINE, LAB	3790	6640	
SHAMPOOING MACHINE, CARPET	0019	7910	T
SHARPENER, MICROTOME	3795		
SHELVING SYSTEM, TRACK-MOUNTED (Often called "space-saver shelving")	0013		
SILVER RECOVERY UNIT, FILM PROCESS	3160	6525	M
SIMULATOR, RADIATION THERAPY	3175	6525	N,P
SIMULATOR, VISUALLY KEYED	1550	6515	
SINK, SURGICAL SCRUB	1292	6515	M
SKELETON, HUMAN ADULT	4078	6910	
SPECTROFLUOROMETER	3805		
SPECTROMETER (Formerly IDC 5679; see also IDC 3602)	3807	6640	
SPECTROPHOTOMETER	3810		
SPHYGMOMANOMETER, ELECTRIC-ULTRASONIC	1295	6515	
SPIROMETER, DIAGNOSTIC	0727	6515	
SPIROMETER, MONITORING	0728	6515	
STAINER, SLIDE, AUTO CYTOLOGY	3815	6640	
STAINER, SLIDE, AUTO HEMATOLOGY	3816	6640	
STAIRS, PORTABLE	5080	6530	
STAND, PHOROPTER (Without the PHOROPTER or chair)	8100	6540	
STERILIZER, ELECTRIC, DENTAL (Specify Bench or Floor Mounted)	2686	6530	M
STERILIZER, GAS (Specify type of gas and chamber size)	4100	6530	M
STERILIZER, INFECTIOUS WASTE	5682	6530	M
STERILIZER, STEAM (Supplied by steam line, specify chamber size)	4110	6530	G,M
STERILIZER, STEAM (With electrically heated boiler; specify chamber size)	4111	6530	G,M
STERILIZER, STEAM 16X16X26 (Supplied by steam)	4112	6530	M
STERILIZER, STEAM 16X16X26 (With electrically heated boiler)	4113	6530	M
STERILIZER, STEAM 20X20X38 (Supplied by steam line)	4118	6530	M
STERILIZER, STEAM 20X20X38 (With electrically heated boiler)	4119	6530	M
STERILIZER, STEAM 24X24X36 (Supplied by steam line)	4114	6530	M
STERILIZER, STEAM 24X24X36 (With electrically heated boiler)	4115	6530	M
STERILIZER, STEAM 24X36X48 (Supplied by steam line)	4116	6530	M
STERILIZER, STEAM 24X36X48 (With electrically heated boiler)	4117	6530	M
STERILIZER, ULTRAVIOLET	4129	6530	M
STEREOSCROPE, VISION TESTING	8110	6540	
STIMULATOR, ELEC, ALT CURRENT	5176	6515	
STIMULATOR, ELEC, DIRECT CURRENT	5177	6515	
STIMULATOR, ELEC, INTERFERENTIAL	5178	6515	
STIMULATOR, ELEC, IONTOPHORESSIS	5179	6515	
STIMULATOR, ELEC, MUSCLE	5175	6515	

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
STIMULATOR, ELEC, PULSED CURRENT	5180	6515	
STIMULATOR, ELEC, TRANS NERVE	5181	6515	
SUCTION APPARATUS	4150	6515	
SUCTION, PRESSURE, APPARATUS	4160	6515	
SURFACER, OPHTHAL LENS, AUTO	7690	6540	
SURGICAL ITEM	1000		G
TABLE, AUTOPSY	3820	6530	
TABLE, EMERGENCY, TRANSPORT/TREAT	4017	6530	
TABLE, EXAM	0730	6530	
TABLE, EXAM, UROLOGICAL	1315	6530	
TABLE, EXERCISER PHYS THERAPY	5202	6530	
TABLE, HAND THERAPY	5207	6530	
TABLE, MAT, EXERCISE, ADJUSTABLE	5208	6530	
TABLE, MAT, EXERCISE, FIXED HEIGHT	5209	6530	
TABLE, MAT, EXERCISE, FOLDING	5210	6530	
TABLE, OB/GYN, DELIVERY	4700	6530	
TABLE, OB/GYN, EXAM TREATMENT	4725	6530	
TABLE, OPERATING, HOSPITAL (IDC reserved for future use)	1310	6530	
TABLE, OPERATING, HOSPITAL	1311	6530	
RADIO TRANSLUCENT (For use with mobile C-Arm, IDC 3224/3225)	1312	6530	
TABLE, OPERATING, VETERINARY	6700	6530	
TABLE, ORTHOPEDIC	1305	6530	
TABLE, PROCTOSCOPE	0735	6530	
TABLE, RADIO, UROLOGICAL	3272	6525	H,X
TABLE, RADIOGRAPHIC (Specify whether unit is with or w/o image intensifier)	3183	6525	H,X
TABLE, TILT, MAN	5225	6530	
TABLE, TILT, MANUAL OR ELECTRIC (State which)	5200	6530	
TABLE, PLINTH, ELECTRIC	5201	6530	
TABLE, EXERCISER PHYS THERAPY	5202	6530	
TABLE, PLINTH, FIXED HEIGHT	5203	6530	
TABLE, PLINTH, MANIPULATION	5204	6530	
TABLE, PLINTH, PORTABLE	5205	6530	
TABLE, PLINTH, TRACTION	5206	6530	
TANK, MASTER, X-RAY FILM PROCESS DENTAL	2705	6525	
TANK, MASTER, X-RAY FILM PROCESS	3185	6525	
TANK, STORAGE, OXYGEN	5687		
TELECOMMUNICATIONS EQUIPMENT	0110		D,G,T, Z
TELERADIOLOGY SYSTEM	3190	6525	M,X
TEST EQUIPMENT GENERAL (TMDE)	0250		G,E

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
TEST SET, DIGITAL (TMDE)	0280	6625	E
TESTER, BLOOD CULTURE, BODG FLUIDS	3822		
TESTER, ARTHROMETER, KNEE LIGAMENT	5230		
TESTER, HAND GRIP, DYNAMOMETER	5231		
TESTER, INCLINOMETER	5232		
TESTER, KIT, JOINT GONIOMETER	5233		
TESTER, KIT, SKIN SENSITIVITY	5234		
TESTER, MUSCLE, MANUAL	5235		
TESTER, PINCH GRIP, DYNAMOMETER	5236		
TESTER, SKINFOLD CALIPER	5237		
TESTER, VOLUMETER, ARM	5238		
TESTER, VOLUMETER, FOOT	5239		
TESTER, VOLUMETER, FOREARM	5240		
TESTER, VOLUMETER, HAND	5241		
THERAPY UNIT, RADIATION COBALT	3194	6525	M,N,P, X
THERMOREGULATOR, PATIENT	1360	6530	
THYROID UPTAKE SYSTEM	3825		
TITRATOR	3830	6630	
TONOMETER OPHTHALMOLOGICAL	8115	6540	
TRACTION APPARATUS	5035	6530	
TRAINER, ARRHYTHMIA	0740	6515	
TRANSPORTER, PATIENT	4018	6530	
TREADMILL (The monitor or entire system is IDC 0630)	0750	6530	
TUBE, X-RAY APPARATUS	3198	6525	O
TUBEHEAD, X-RAY APPARATUS	3197	6525	O
ULTRACENTRIFUGE (Operates at or above 6,000 RPM)	3594	6640	
ULTRASONIC APPARATUS, PHYS THERAPY	5250	6530	
ULTRASONIC PROPHYLAXIS UNIT, DENTAL RESINS	2660	6520	
ULTRASONIC PROPHYLAXIS UNIT, VETERINARY	6650	6515	
VACUUM SYSTEM, DENTAL	2715	6520	M
VENTILATOR, AUTOMATIC-MANUAL, ADULT	1380	6515	
VENTILTOR, AUTOMATIC-MANUAL, INFANT	1381	6515	
VETERINARY MEDICINE ITEM	6500		G
VIEWER, X-RAY FILM, AUTOMATIC	3200	6525	
VISULA INFORMATION EQUIPMENT (Formerly Audiovisual Equipment)	0120		D,G,T, Z
WASHER, BEDPAN/URINAL	4170	6530	
WASHER, CART	4165	6530	M
WASHER, CELL, AUTO	3841	6540	
WASHER, CELL, AUTO HEMATOLOGIC DIFFERENTIAL	3840	6640	
WASHER-STERILIZER, SURGICAL INSTRUMENT (Specify chamber size)	4175	6530	M

(continued) TABLE A-3. STANDARD ITEM DESCRIPTION TABLE - NOMENCLATURE SEQUENCE

STANDARD ITEM DESCRIPTION	IDC	FSC	NOTES
WASHING MACHINE, GLASSWARE LAB	3850	6640	
WELL COUNTER	3215	6525	
WELL SCINTILLATION DETECTOR	3875		P
WINDOW COVERING PACKAGE	0009		F
X-RAY APPARATUS VETERINARY	6680	6525	P,X
X-RAY APPARATUS, CARDIAC CATH LAB, BI-PLANE	3237	6525	H,M,P, X
X-RAY APPARATUS, CARDIAC CATH LAB, SINGLE PLANE	3236	6525	H,M,P, X
X-RAY APPARATUS, DENTAL, 7MA FIXED	2725	6525	P
X-RAY APPARATUS, DENTAL, 7MA PORTABLE	2730	6525	P
X-RAY APPARATUS, DENTAL, 15MA FIXED	2735	6525	P
X-RAY APPARATUS, DENTAL, 15MA PORTABLE	2740	6525	P
X-RAY APPARATUS, DENTAL, CYPHALOMETRIC (State mA and kVp in nomenclature)	2746	6525	P
X-RAY APPARATUS, DENTAL, CYPHALOMETRIC/PANOGRAPHIC	2748	6525	P
X-RAY APPARATUS, DENTAL, PANOGRAPH	2750	6525	P
X-RAY APPARATUS, MAMMOGRAPHY	3230	6525	H,M,P, X
X-RAY APPARATUS, PHOTOFLUORO	3235	6525	H,M,P, X
X-RAY APPARATUS, RADIO (Specify mA up to 500 mA)	3241	6525	H,M,P, X
X-RAY APPARATUS, RADIO (Specify mA above 500 mA and if unit has tomographic capability)	3246	6525	H,M,P, X
X-RAY APPARATUS, RADIO MOBILE (Specify mA up to 299 mA)	3261	6525	H,M,P, X
X-RAY APPARATUS, RADIO MOBILE (Specify mA above 299 mA)	3264	6525	H,M,P, X
X-RAY APPARATUS, RADIO PORTABLE (Up to 20 mA, specify mA)	3220	6525	H,P
X-RAY APPARATUS, RADIO/FLUORO, MOBILE C-ARM	3224	6525	H,P,R,X
X-RAY APPARATUS, RADIO/FLUOR, MOBILE C-ARM W/DIG-SUB	3225	6525	H,P,R,X
X-RAY APPARATUS, RADIO/FLUORO (Specify mA up to 500 mA)	3252	6525	H,M,P, X
X-RAY APPARATUS, RADIO FLUORO (Specify mA above 500 mA and if unit has tomographic capability)	3257	6525	H,M,P, X
X-RAY APPARATUS, THERAPEUTIC GRENTZ RAY	3280	6525	M,N,P, X
X-RAY APPARATUS, TOMOGRAPHY COMPUTED	3265	6525	C,M,P, X
X-RAY APPARATUS, TOMOGRAPHY, COMPUTED, HEAD UNIT	3266	6525	C,M,P, X
X-RAY APPARATUS, TOMOGRAPHY, COMPUTED, MOBILE	3268	6525	C,P,X
X-RAY APPARATUS, UROLOGICAL	3270	6525	H,M,P, X
X-RAY CALIBRATION/VERIFICATION SYSTEM TOMO (TMDE)	0260	6625	E

APPENDIX B. MEDCASE FORMS: DA FORM 5027-R, DA FORM 5028-R, MEDCASE PROGRAM REQUIREMENT (MPR), AND MEDCASE SUPPORT AND TRANSMITTAL FORM (MSTF)

B-1. INTRODUCTION

The basic MEDCASE forms, DA Form 5027-R (MEDCASE Program Requirement [MPR]) and DA Form 5028-R (MEDCASE Support and Transmittal Form [MSTF]) are the primary forms used to identify and obtain approval for a MEDCASE eligible equipment item.

B-2. GENERAL

A MEDCASE requirement is initiated by the preparation and processing of DA Form 5027-R and DA Form 5028-R. Together the DA Form 5027-R and DA Form 5028-R provide an auditable record that documents the need, coordination, and approval of a MEDCASE requirement. Chapter 3 contains guidance concerning the development and staffing of these forms.

B-3. REPRODUCTION

DA Form 5027-R and DA Form 5028-R will be locally reproduced on 8½ by 11 inch-paper. Copies for reproduction purposes are located at the back of this publication.

B-4. ELECTRONIC FORMS

DA Forms 5027-R and 5028-R are available electronically through the electronics forms library of the U.S. Army Publishing Agency, Alexandria, VA.

B-5. PREPARATION

A DA Form 5027-R/5028-R must be prepared for each MEDCASE requirement, i.e., one DA Form 5027-R/5028-R for each end item, set, or system requested. Exceptions are discussed in Chapter 3, paragraph 3-3a. Provide the number of copies prescribed by command guidance. Forward complete copies of the DA Form 5027-R/5028-R with all enclosures to the address below for MEDCASE requirements that require review and approval at U.S. Army Medical Command (USAMEDCOM).

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

Copies that are forwarded to the commands and to the USAMEDCOM should bear original signatures.

B-6. INSTRUCTIONS FOR COMPLETING DA FORM 5027-R, MEDCASE PROGRAM REQUIREMENT

Item 1 - Self-explanatory
Item 2 - Enter requesting activity name and address
Item 3 - Enter requesting Division, Department or Service
Item 4 - Enter appropriate Asset Control Number (See Chapter 3)
Item 5 - Enter requesting activity TDA Unit Identification Code (UIC)
Item 6 - Self-explanatory
Item 7 - Enter applicable Budget Line Item Code (See Chapter 3)
Items 8, 9 and 10 - Self-explanatory
Item 11 - Enter Standard Item Description (See Appendix A)
Items 12, 13, and 14 - Self-explanatory
Items 15 and 16 - Self explanatory; continuation sheets may be used where necessary and it is acceptable to leave this item blank with a reference to "see attached sheet."
Items 17, 18, 19, 20, 21, 22, 23, and 24 - Self-explanatory
Items 25, and 26 - Self-explanatory. The initiator and the chief of the requesting department or service must sign this form to certify the requirement described is valid and that the justification provided is accurate to the best of their knowledge. Their signatures also certify that consideration has been given to the availability of existing and excess assets to satisfy the requirement.

B-7. Instructions for Completing DA Form 5028-R, MEDCASE Support and Transmittal Form

Items 1 and 2 - Self-explanatory (Perpetuated from associated DA Form 5027-R)

Items 3 through 41 - Self-explanatory

APPENDIX C. LETTERS OF AUTHORITY (LOAs)

C-1. GENERAL

The LOA grants authority to cite funds and incur obligations for MEDCASE equipment. Chapter 7 provides detailed information pertaining to the use and management of LOAs. All LOAs are transmitted electronically via E-Mail.

C-2. EXAMPLES

a. Figure C-1 is a sample of an E-mail Letter of Authority (LOA) With Data Elements.

b. Figure C-2 is a sample of an Amendment to an E-Mail LOA.

c. The circled numbers in each Figure designate the data elements. An explanation of these circled numbers follows each Figure.

FIGURE C-1. E-Mail Letter of Authority With Data Elements As Marked

TO: margie_medcase@smtplink.ddeamc.amedd.army.mil at Internet-Mail -- (1)
CC: xxx@detrick-hsc.army.mil at Internet-Mail
Subject: LOA P961110

FROM: MCMR-MMT-C 31 October 1996 (2)
RETURN LOA TO E-MAIL ADDRESS:
GOLD_BELL@FTDETRCK-CCMAIL.ARMY.MIL

ACN(S): 010096997-- (3)

EXPIRATION DATE: 28 FEB 97 -- (4)

DOLLAR AMOUNT: $164,125.00 (5) LOA: P961110 -- (6)

1. DIRECT FUND CITATION AUTHORITY: THIS MESSAGE PROVIDES AUTHORITY TO INCUR OBLIGATIONS UNDER THE FOLLOWING ACCOUNTING CLASSIFICATION FOR THE PURCHASE OF THE ACN AND THE AMOUNT SHOWN ABOVE.

(7) 9760130.1871 074-8027 847721.00000 31E4 000000 (14-POS DOC #) SPUR 018126 P961110

(8)

2. EXECUTION INSTRUCTIONS:

A. FURNISH A COPY OF THIS AUTHORITY TO THE SERVICING FINANCE AND ACCOUNTING OFFICE.

B. ALL OBLIGATION DOCUMENTS MUST SHOW THE FUND CITE PROVIDED ABOVE.

C. MAINTAIN AN OBLIGATION RECORD AS SHOWN BELOW.

D. SUBMIT ALL OBLIGATION DOCUMENTS TO COMMANDER, USAMMA ATTN: MCMR-MMT-C FORT DETRICK, MD 21702-5001, VIA MAIL OR FAX 301-619-4480/DSN 343-4480 WHEN THE CONTRACTS ARE AWARDED. A COPY OF RECEIVING REPORTS SHOULD BE FORWARDED TO THE USAMMA WHEN THE ITEM IS RECEIVED.

3. THE PAYING OFFICE FOR CONTRACTS ISSUED UNDER THE AUTHORITY OF THIS LOA IS:
DFAS-ROME
ATTN: VENDOR PAY, RO-FPV
124 CHAPPIE JAMES BLVD
ROME, NY 13441-4511
PHONE 800-553-0527

OBLIGATION DATE -(9) REQUISITION NUMBER-- (10) DOLLAR AMOUNT OBLIGATED- (11)

_____ _____ _____
_____ _____ _____
_____ _____ _____
ADDITIONAL OBLIGATION LINES MAY BE ADDED TO THIS LOA.

EXPLANATION OF FIGURE C-1
E-Mail Letter of Authority with Data Elements as Marked

The following explanation is of specific elements on the LOA shown at Figure C-1. It is keyed to the circled numbers in Figures C-1.

ITEM 1. ISSUE TO - The address of the activity to which the LOA is sent.

ITEM 2. DATE ISSUED - This is the date the LOA was generated by the USAMMA. Funds are available as of that date for execution of the LOA. In no case should a contract, purchase/delivery order be awarded prior to that date.

ITEM 3. ASSET CONTROL NUMBER (ACN) - The ACN(s) to be purchased with the LOA. In no case should other requirements be purchased with this LOA.

ITEM 4. EXPIRATION DATE - The LOA is valid for a specific number of days ending on the expiration date. In no case should a contract, purchase/delivery order be awarded past this date without amendment to the LOA.

ITEM 5. AMOUNT AUTHORIZED - Total dollar allocated on this LOA. Obligations incurred shall not exceed this amount without amendment to the LOA.

ITEM 6. LOA NUMBER - Seven-digit field that is assigned by the USAMMA for LOA transaction control. The Advice number is unique to an LOA and is used only once within a FY. All references to an LOA use this number.

ITEM 7. ACCOUNTING CLASS - The accounting classification cited on this LOA must be reflected on the contract, purchase/delivery order exactly as on the LOA. If funds are controlled by a project code, the project code is incorporated in this line.

ITEM 8. BUDGET LINE ITEM - Identifies the program category within the Defense Health Program-Procurement (MEDCASE) appropriation.

ITEM 9. OBLIGATION DATE - Calendar date the obligation occurred.

ITEM 10. REQUISITION NUMBER - Requisition Number obligated against this LOA.

ITEM 11. DOLLAR AMOUNT OBLIGATED - Dollar value of the contract, purchase/
delivery order number obligated against this LOA.

NOTE: A copy of the contract or delivery order must accompany the LOA when it is returned to USAMMA.

FIGURE C-2. Amendment to an E-Mail Letter of Authority

TO: margie_medcase@smtplink.ddeamc.amedd.army.mil at Internet-Mail-- (1)
CC: xxx@detrick-hsc.army.mil at Internet-Mail
Subject: AMENDMENT TO LOA P961108

FROM: MCMR-MMT-C
RETURN AMENDMENT TO E-MAIL ADDRESS:
GOLD_BELL@FTDETRCK-CCMAIL.ARMY.MIL

(2)

1. INFORMATION CITED ON LOA P961108 IS CHANGED AS FOLLOWS:

A. EXPIRATION DATE IS EXTENDED TO: NO CHANGE -- (3)

B. FUNDING AUTHORITY IS INCREASED BY $ 164,125.00. TOTAL OBLIGATIONS
SHALL NOT EXCEED $1,412,875.00. -- (4)

2. THE ACCOUNTING CLASSIFICATION AND EXECUTION INSTRUCTIONS ON THE ORIGINAL LOA REMAIN UNCHANGED. RETURN THE AMENDMENT WITH THE ORIGINAL SIGNATURE WITH
THE OBLIGATIONS PACKAGE.

(5)

3. THIS AMENDMENT IS CHANGE NUMBER 01 TO SUBJECT LOA.

4. ACN(S):
010096995

EXPLANATION OF FIGURE C-2.
Amendment to an E-Mail Letter of Authority

The following is an explanation of specific elements on the LOA amendment. It is designed for use in coordination with the circled numbers in the illustration in Figure C-2.

ITEM 1. ISSUE TO - Address of the activity to which the LOA was issued.

ITEM 2. LOA NUMBER - Seven-digit field assigned by the USAMMA for a specific LOA.

ITEM 3. EXPIRATION DATE - This reflects the new expiration date of the LOA. If no change occurred it will read "NO CHANGE".

ITEM 4. AMOUNT AUTHORIZED - Total dollars allocated on the LOA. Obligations incurred shall not exceed this amount without another amendment to the LOA. If no change occurred to the amount it will read "NO CHANGE".

ITEM 5. CHANGE NUMBER - Identifies the number of LOA amendments.

APPENDIX D. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) REQUISITION (EXAMPLE)

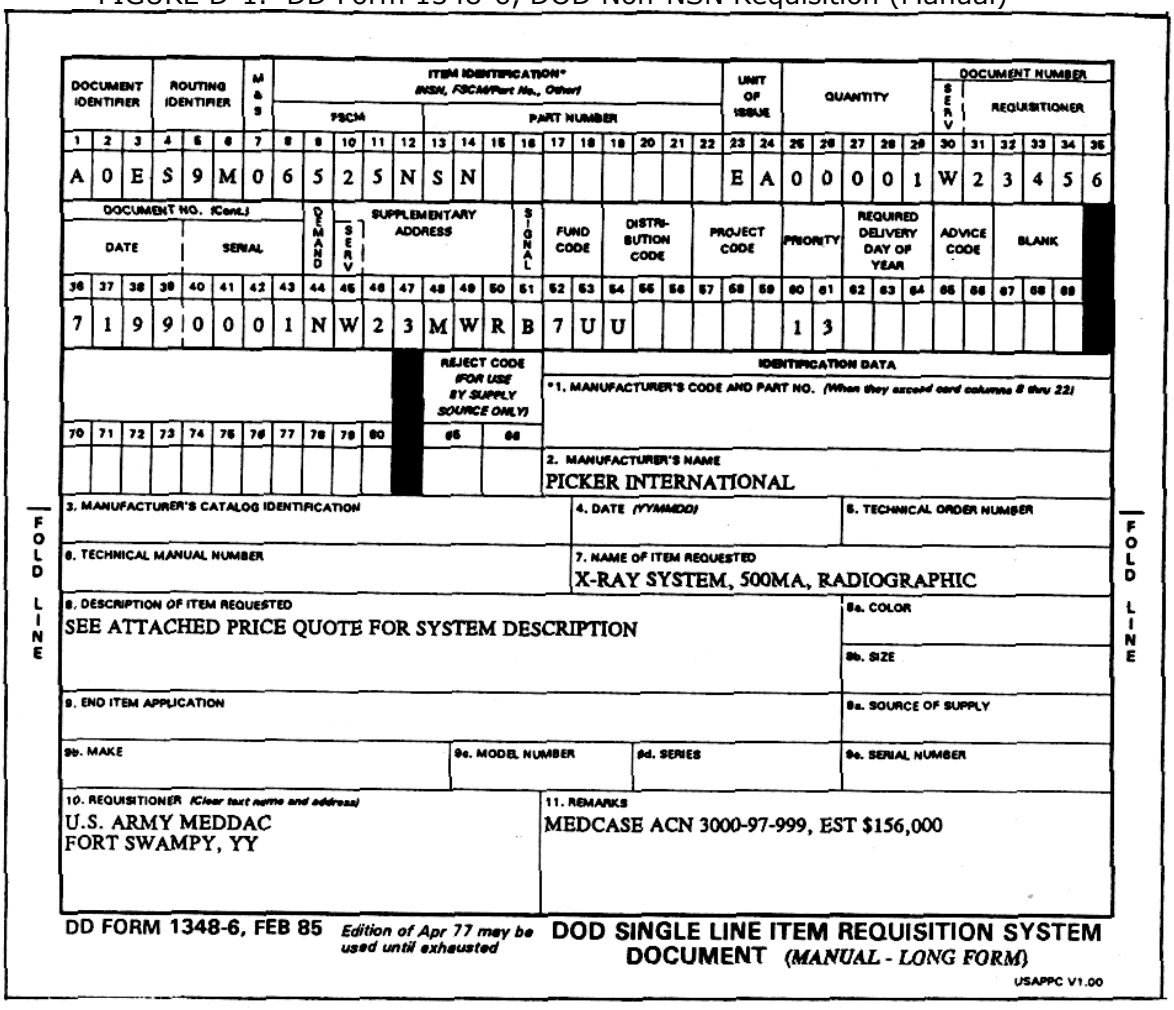
D-1. GENERAL

This appendix provides an example of a DD Form 1348-6 (see Figure D-1) to use in preparing requisitions for MEDCASE requirements. The DD Form 1348-6 is used for equipment acquisitions through the wholesale supply system or independent contracting agencies. This requisition form is used for standard, non-stocked (AAC "L"), Shared Procurement and non-standard items.

D-2. COPIES

The USAMMA must receive three complete legible copies of each requisition with attachments for each copy.

FIGURE D-1. DD Form 1348-6, DOD Non-NSN Requisition (Manual)



DOCUMENT IDENTIFIER	ROUTING IDENTIFIER	M&S	ITEM IDENTIFICATION* (NSN, FSCM/Part No., Other) PSCM	PART NUMBER	UNIT OF ISSUE	QUANTITY	DOCUMENT NUMBER SERV	REQUISITIONER
A0E	S9M	0	6525	SN	EA	00001	W	23456

DOCUMENT NO. (Cont.) DATE	SERIAL	DEMAND	SUPPLEMENTARY ADDRESS SERV		SIGNAL	FUND CODE	DISTRIBUTION CODE	PROJECT CODE	PRIORITY	REQUIRED DELIVERY DAY OF YEAR	ADVICE CODE	BLANK
7199	0001	N	W	23	MWRB	7	UU		13			

REJECT CODE (FOR USE BY SUPPLY SOURCE ONLY)

IDENTIFICATION DATA

*1. MANUFACTURER'S CODE AND PART NO. (When they exceed card columns 8 thru 22)

2. MANUFACTURER'S NAME: PICKER INTERNATIONAL

3. MANUFACTURER'S CATALOG IDENTIFICATION

4. DATE (YYMMDD)

5. TECHNICAL ORDER NUMBER

6. TECHNICAL MANUAL NUMBER

7. NAME OF ITEM REQUESTED: X-RAY SYSTEM, 500MA, RADIOGRAPHIC

8. DESCRIPTION OF ITEM REQUESTED: SEE ATTACHED PRICE QUOTE FOR SYSTEM DESCRIPTION

8a. COLOR

8b. SIZE

9. END ITEM APPLICATION

9a. SOURCE OF SUPPLY

9b. MAKE

9c. MODEL NUMBER

9d. SERIES

9e. SERIAL NUMBER

10. REQUISITIONER (Clear text name and address)
U.S. ARMY MEDDAC
FORT SWAMPY, YY

11. REMARKS: MEDCASE ACN 3000-97-999, EST $156,000

DD FORM 1348-6, FEB 85 *Edition of Apr 77 may be used until exhausted*

DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT *(MANUAL - LONG FORM)*

USAPPC V1.00

APPENDIX E. ASSET VISIBILITY FILE REPORTS

E-1. GENERAL

The Asset Visibility File is compiled of extracts from every AMEDD property book; therefore, it contains all of the important AMEDDPAS data elements for property accountability, maintenance management, and equipment forecasting and acquisition. The *AMEDDPAS Users Manual* lists the individual data elements available in AMEDDPAS. With programming, any of these data elements can be displayed in a detailed or summary fashion in numerous report formats for one or several activities. The Asset Visibility File (AVF) is as accurate as the property book information from which it is compiled.

E-2. ACCESS

Activities with a need for information from the AVF should contact the USAMMA (ATTN: MCMR-MMT-C, DSN 343-4326/Commercial 301-619-4326) to discuss details for production of a desired report. Figures E-1 and E-2 provide examples of the capabilities of the Asset Visibility System.

FIGURE E-1. Asset Visibility Report - Age of Assets by Property Book and IDC

AGE OF ASSETS BY PB AND IDC

(1) (2)

PB NR: 99 IDC: 2500 THRU 2750

IDC	QTY	AVER AGE	MIN AGE	MAX AGE
2500	108	8.4	2.0	22.9
2545	447	15.9	9.9	19.0
2565	6	13.6	12.4	15.5
2625	31	7.3	2.9	13.6
2630	9	15.7	11.0	20.0
2638	1	7.2	7.2	7.2
2645	2584	9.9	5.4	15.5
2650	3	6.8	5.5	8.9
2670	36	6.1	2.9	8.5
2686	4	10.5	10.5	10.5
2735	36	11.3	10.9	12.5
2748	1	2.9	2.9	2.9
2750	7	5.9	3.2	12.6

(3)

PB 99 TOTALS TOTAL QUANTITY 3273

AVG AGE 10.0 (4)

MIN AGE 2.0

MAX AGE 22.9

DO YOU WANT TO SEE THE OLDEST ASSET (YES/NO) **YES**

MMCN: 25781 IDC: 2500 ACN: 250068001

UNIT PRICE: 1,273.01 DATE IN SVC: 6902 (5)

NOMENCLATURE: CURING UNIT 115 VOLT

PB NR: 99 IDC: 2500 THRU: 2750

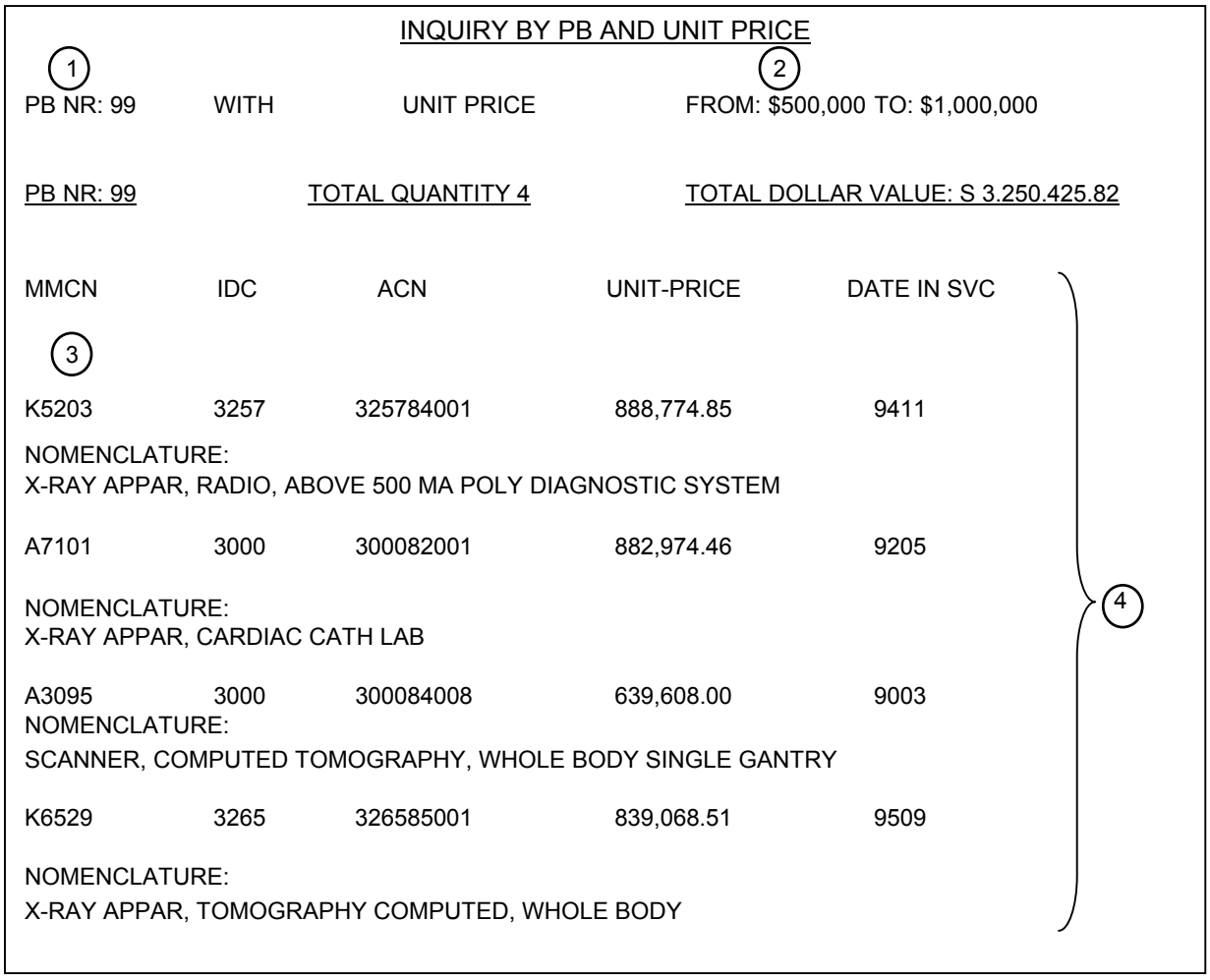
E-3. EXPLANATION OF FIGURE E-1

Asset Visibility Report, Age of Assets by Property Book and Item Description Code.

General. Figure E-1 is an example of the type of information that is available from the Asset Visibility File. This particular report is a supply study which indicated the average ages or range of ages for dental equipment at a selected activity. This information may be helpful as a planning and forecasting tool. The items discussed below correspond to the numbered circles in Figure E-1.

(1) **ITEM 1**. AMEDDPAS Property Book number selected is "99".
(2) **ITEM 2.** This is the range of IDCs for all Dental Equipment.
(3) **ITEM 3.** This line indicates that there are seven (7) Panographic X-ray units (IDC-2750) with an average age of 5.9 years and an age range of 3.2 to 12.6 years.
(4) **ITEM 4**. This entry shows that the average age of all dental equipment is 10.0 years at this activity.
(5) **ITEM 5.** This part of the report provides information on the oldest asset.

FIGURE E-2. Asset Visibility Report - Inquiry by PB and Unit Price



INQUIRY BY PB AND UNIT PRICE

(1) (2)

PB NR: 99 WITH UNIT PRICE FROM: $500,000 TO: $1,000,000

PB NR: 99 TOTAL QUANTITY 4 TOTAL DOLLAR VALUE: S 3.250.425.82

MMCN (3)	IDC	ACN	UNIT-PRICE	DATE IN SVC
K5203	3257	325784001	888,774.85	9411
NOMENCLATURE: X-RAY APPAR, RADIO, ABOVE 500 MA POLY DIAGNOSTIC SYSTEM				
A7101	3000	300082001	882,974.46	9205
NOMENCLATURE: X-RAY APPAR, CARDIAC CATH LAB				
A3095	3000	300084008	639,608.00	9003
NOMENCLATURE: SCANNER, COMPUTED TOMOGRAPHY, WHOLE BODY SINGLE GANTRY				
K6529	3265	326585001	839,068.51	9509
NOMENCLATURE: X-RAY APPAR, TOMOGRAPHY COMPUTED, WHOLE BODY				

(4)

E-4. EXPLANATION OF FIGURE E-2

Asset Visibility Report, Assets by Property Book and Unit Price.

Figure E-2 is another example of the type of information that is available from the Asset Visibility File. The example lists high-dollar assets over $500,000 that are on hand at a selected activity. This information may be helpful for property accountability and maintenance management purposes. The items discussed below correspond to the numbered circles in Figure E-2.

(1) **ITEM 1**. AMEDDPAS property book number selected is "99".

(2) **ITEM 2**. This is the dollar range of the report, (i.e., $500,000 to $1,000,000).

(3) **ITEM 3**. MMCN is the local assigned Materiel Management Control Number.

(4) **ITEM 4**. These are four (4) items that are recorded on the property book at this activity.

APPENDIX F. DIAGNOSTIC IMAGING AND THERAPEUTIC EQUIPMENT

F-1. INTRODUCTION

This appendix explains documents associated with the acquisition and acceptance of diagnostic imaging and radiation therapy equipment. It also provides a detailed explanation of the responsibilities and procedures involved in the acceptance of diagnostic imaging equipment acquired through contracts administered by the Defense Supply Center Philadelphia (DSCP).

F-2. CONTENTS

Reproducible copies of documents for use in preparing Medical Care Support Equipment (MEDCASE) Program Requirements (MPRs) may be obtained from the USAMMA.

F-3. DIAGNOSTIC IMAGING ACCEPTANCE

a. GENERAL. Upon completion of installation, the vendor is required to notify DSCP or VA contracting office, in writing that the system is ready for acceptance inspection. The inspection must occur within 30 days following the DPSC receipt of the notification. Initial or first-time inspection costs are at government expense.

b. USAMMA X-RAY ACCEPTANCE PROGRAM. X-ray acceptance inspections are performed by one of the following methods.

(1) CONUS. DSCP notifies the Maintenance and Engineering Division of USAMMA that the system is ready for acceptance testing. Technicians from the using organization or one of USAMMA's medical equipment repair activities (Tobyhanna, PA, or Ogden, UT) are assigned to perform the tests. Results of the acceptance testing are forwarded to the contracting officer at DSCP for decision. The USAMMA representative provides an electronic or printed copy of the acceptance test document to the activity. The acceptance test information is to be retained by the customer, who is responsible for maintaining it on file.

(2) OCONUS. DSCP notifies the USAMMA that the system is ready for acceptance testing. The Medical Maintenance Operations Division notifies the appropriate OCONUS maintenance activity by message, which conducts the tests.

(3) Local Acceptance. Certain types of diagnostic imaging systems, such as mobile radiographic or fluoroscopic units, dental x-ray systems, conventional radiographic or fluoroscopic systems, or other systems which do not require extensive testing may be inspected locally by Biomedical Equipment Maintenance personnel. Local inspection is dependent upon the availability of qualified personnel and the necessary Test, Measurement and Diagnostic Equipment (TMDE).

c. ACCEPTANCE TEST FAILURE. The failure of an x-ray system to meet acceptance test protocols is a determination that may be made only by the contracting officer. Once the vendor has been notified with rejection letter, he is required to reimburse the government for all expenses related to the re-inspection.

F-4. FACILITY SURVEY REPORT (FSR)

a. PURPOSE. The FSR is used in lieu of the Pre-Acquisition Site Survey (PASS) for diagnostic imaging/therapeutic radiation equipment which is to be installed in a new or renovated facility (BLIC "MB" requirement). It is used by DSCP to insure that a system is acquired that will successfully interface with the proposed facility.

b. USE. A completed FSR must be submitted with the DA Forms 5027-R/ 5028-R for a BLIC "MB" diagnostic imaging or therapeutic radiation requirement.

c. EXAMPLE. A blank FSR, for local reproduction, may be obtained by contacting the USAMMA at:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMT-C
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
301-619-7403/DSN 343-7403

F-5. RADIOLOGY PRE-ACQUISITION SITE SURVEY (PASS)

a. PURPOSE. This survey should ensure site readiness for installation of a radiology system. It indicates that planning for equipment installation has begun. Site readiness and equipment delivery must be closely coordinated.

b. APPLICABILITY. Site surveys are required for all radiology/diagnostic imaging systems (IDCs 3000-3499) where installation and room preparation are required. Portable units do not require a PASS.

c. WHEN SUBMITTED. The PASS must be submitted to the USAMMA with the MEDCASE Program Requirement (MPR) package. The PASS should also be provided to the contractor during his site review after contract award.

d. PREPARATION. PASS should contain input from the Chief of Biomedical Maintenance and the Facilities Engineer. Basic points for these individuals to consider are:

(1) Electrical Power. Is the existing power supply adequate for the type of system being planned? If not, what modifications are required? Indicate proposed specifications for the modified electrical distribution system.

(a) X-ray System: Maximum peak tube potential (kVp); maximum rated tube current (mA); maximum power (kVa) demand; required percent voltage regulation for operation without derating; maximum line current.

(b) Existing or Required Electrical Supply: Voltage; phase; frequency; range of voltage variations; number of voltage transients per hour under two percent of supply voltage; number of voltage transients per hour in excess of two percent of supply voltage.

(c) Distribution Transformer: kVa; voltage regulation at rated load (0.95 power factor); predicted voltage regulation at x-ray system maximum demand (if more than one x-ray system is served by the same transformer; also calculate

regulation during simultaneous operation of the two largest x-ray systems at maximum capacity); wye or delta configuration (three-phase only).

(d) Secondary Feeder: Length in feet (meters) from transformer to disconnect in x-ray control booth; phase, neutral and ground wire sizes; calculated percent voltage regulation in secondary feeder during x-ray system maximum demand (if part of the feeder supplies branches to other x-ray systems, also calculate percent voltage regulation during simultaneous operation of the largest x-ray system other than that being planned).

(e) Percent voltage regulation at x-ray system (totals from single system operation and, if applicable, simultaneous operation).

(f) Disconnect(s): Type (circuit breaker or fused safety switch); ratings of switches; circuit breakers and/or fuses.

(g) Auxiliary Power Requirements: voltage, phase, frequency, and amperage.

(h) Grounding Requirements: See the National Electric Code (NFPA 70 Article 517-51(c)).

(i) Emergency Power: If operation of the proposed generator will be necessary during periods when emergency power is used, emergency generator specifications should be identified to include voltage, phase, frequency, available kVa and type (wye or delta) or output (see IM 5-838-2).

(j) Existing Conduit: The location of existing electrical conduit and utility connections should be determined and indicated in a room drawing with the survey. This information will be helpful in determining the amount of new conduit that must be urn and the amount of existing conduit that can be used. Maximizing use of existing conduit where possible will obviously accelerate installation.

(k) Single-phase Equipment versus Three-phase Power: It is not necessary to replace an incoming three-phase power line, if single-phase equipment is being installed, provided that amp capacity is sufficient on the line. However, an additional three-phase to single-phase transformer will be required. This can be ordered with the radiology system if the requirement is identified prior to contract.

(l) Microprocessor Power Requirements: Microprocessors are often used as components to radiology and diagnostic imaging equipment. The use of these devised requires stable power. This can be achieved with a constant voltage output transformer. This can be ordered with the system if identified and required. The requirement for stable line regulation must be stated on the PASS and the COL when stable line voltage requirements are needed.

(2) Other Utilities. Some x-ray systems require other utilities in addition to the electrical service. For example, certain spot-film devices use compressed air for cassette transport mechanisms. All utility requirements should be identified in the pre-acquisition site survey. Consult the Department of Public Works (DPW) personnel when assistance is required.

(3) Lighting. Depending on the type of tube hanger to be utilized, some x-ray facilities may require relocation of recessed overhead fluorescent lighting

fixtures. In addition, the department chief may require controls on the spot-film device that enable them to dim or extinguish the overhead lights. Include all specifications for lighting relocation and wiring adjustment in the pre-procurement site survey. Consult DFAE when assistance is required.

(4) Overhead Hangers. If the proposed system requires overhead support, identify existing and proposed methods for attachment of the tube rails and other accessories. For new systems, use a girded hanger system to reduce installation costs.

(5) Floor Plans.

(a) Provide a line drawing illustrating (at a minimum) the floor plan of the room and the proposed location of the following components:

- x-ray control
- high-voltage generator
- table or cradle
- wall-mounted cassette holders and/or
- other large components occupying significant floor space

The recommended scale for floor plans is ½ inch = 1 foot or metric equivalent as required, provided the scale is annotated on the drawing. When necessary, use additional drawings to illustrate important construction modifications that will be required. Allow space for a wheeled litter to be rolled next to the x-ray table.

(b) Locate tables and wall-mounted cassette holders to permit necessary vertical, longitudinal, and lateral movement of the over table tube housing assembly in relation to them. As discussed above, existing conduit should be indicated on the drawing along with any new conduit that may be received. All room design shall be consistent with the radiation safety requirements of TB MED 521. Consult the Nuclear Medical Science Officer, Health Physicist, or Radiological Physicist (if one is assigned). If necessary, additional assistance may be obtained from the USAEHA at:

U.S. Army Environmental Hygiene Agency
ATTN: HSE-RH
Aberdeen Proving Ground MD 21010-5422

e. REFERENCES

Manuals that should be on-hand to help with preparation are:

(1) Manufacturer's technical bulletins for all x-ray systems currently installed or to be installed.

(2) TB MED 521, Management and Control of Diagnostic and Therapeutic X-Ray and Gamma Beam Equipment.

f. EXAMPLE

A blank PASS, for local reproduction, may be obtained by contacting the USAMMA at:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMT-C
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
301-619-7403/DSN 343-7403

APPENDIX G. BUSINESS CASE ANALYSIS FORMAT

G-1. GENERAL INSTRUCTIONS

a. The following data must accompany the initial submission (non-replacement requirements) of items or systems with a total cost of $350,000 or more. This does not apply to Technology Assessment Requirements Analysis (TARA)-generated requirements. This information will be incorporated into the TARA assessments and reports. If your request is for a non-medical item, answer as many questions as are applicable.

b. The format submission will be worded in concise language, responding to each question in the format shown below. The submission will be understandable without the reader having to refer to this format. For medical items, do not use the term "not applicable." The submission will state why a question is not applicable. Workload data cited in the submission will pertain only to the equipment or system being requested. The cost analysis section must be complete. Data on cost per procedure and annual costs where services are provided by other facilities must relate to workload and cost for performing these same services in-house.

G-2. EQUIPMENT DESCRIPTION

a. Give a complete description of the item or system. (Include all major attachments or accessories, models, and manufacturer.)

b. Provide a functional description. Describe what the unit does and its intended use.

c. Describe how these procedures are accomplished now.

G-3. BASIS FOR REQUIREMENT

a. The MEDCASE submission, DA Form 5027 and 5028 should answer the following questions:

(1) What will the equipment be used for and why is it required?

(2) How will the equipment be used with other equipment?

(3) What are the advantages of the requested item over equipment currently in use or available on the market and why are these advantages needed?

(4) What will the impact upon mission accomplishment if the requested item is not acquired?

(5) Will patient care be improved? How?

(6) Has consideration been given to the use of available excess assets?

(7) What technological advantages are gained?

(8) How does the equipment support (if applicable) the assigned physician-training program?

(9) Number of qualified personnel required to operate the equipment versus the number of qualified personnel currently available.

(10) Operator training requirements.

(a) Number of personnel to be trained.

(b) How is the training to be accomplished?

(11) How will the equipment be maintained?

(12) Maintenance training requirements.

(a) Number of maintenance personnel to be trained.

(b) How is training to be accomplished?

(13) What building modifications (structural and utilities) are required? Include a written cost estimate.

(14) Other health care facilities (DOD, Veterans Administration, and civilian health care facilities).

(a) Provide name, location, and distance from your activity.

(b) Provide cost per procedure. (For multiple procedures use average costs.) List separately for each facility.

(c) Identify patient transportation, travel, and per diem costs. Also, identify other costs such as technical or professional personnel required to accompany patients.

(d) Show annual cost if workload is purchased from available Federal or civilian sources.

(e) Explain why each facility can or cannot satisfy your requirement.

G-4. COST ANALYSIS

1. Acquisition costs:

(a) Equipment: $_____

(b) Transportation: $_____

(c) Installation: $_____

(d) Facility modification: $_____

(e) Training: $_____

(f) Total fixed cost: $_____

2. Anticipated life expectancy of the item or system (include rationale used in establishing the life expectancy).

3. Annual allocation of fixed cost (total fixed cost divided by life expectancy).
4. Annual operating costs (must be based on workload).
   (a) Consumable supplies: $_____
   (b) Maintenance: $_____
   (c) Personnel: $_____
   (d) Total annual operating costs: $_____
   (e) Total life cycle sustainment costs: $_____

G-5. RETURN ON INVESTMENT

What is your projected return on investment and when do you expect to see it?

G-6. NON-MEDICAL ITEM

Is it more cost effective to lease this item versus purchase?

SB 8-75-MEDCASE GLOSSARY - 2004

Abbreviation/Acronym	Definition
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
BCA	Business Case Analysis
BCE	Base LevelCommercial 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
DMLSS	Defense Medical Logistics Standard Support
DMO	Defense Medical Facilities Office
DMS	Defense Messaging System
DOD	Department of Defense
DOIM	Directorate of Information Management
DPW	Department of PublicWorks
DSCP	Defense Supply Center Philadelphia

SB 8-75 MEDCASE Glossary - 2004

Abbreviation/Acronym	Definition
E	
EC(s)	Essential Characteristics
EDL	Equipment Data List
ESOC	Emergency Supply Operations Center
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 Descritpion Code
IFT	Interfund Transfer
IMA	Information Mission Area
IMAE	Information Mission Area Equipment
IMO	Information Management Officer
IMSA	Installation Medical Supply Activity
J	
JMAR	Joint Medical Asset Repository
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

Abbreviation/Acronym	Definition
M	
MDS	Materiel Distribution System
MEDCASE	Medical Care Support Equipment
MFRCL	Medical Facilities Room Contents List
MILCON	Military Construction
MIPR	Military Intrdepartment Purchase Request
MPR	MEDCASE Program Requirements
MRE	MEDCASE Requirements and Execution
MRI	Magnetic Resonance Imaging
MRO	Materiel Release Order
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 Budge 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

Abbreviation/Acronym	Definition
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

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

By Order of the Secretary of the Army:

PETER J. SCHOOMAKER
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 MEDCASE.