



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving - PWGSC / Réception des soumissions -
TPSGC

11 Laurier St. / 11, rue Laurier

Place du Portage, Phase III

Core 0B2 / Noyau 0B2

Gatineau

Quebec

K1A 0S5

Bid Fax: (819) 997-9776

SOLICITATION AMENDMENT MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Information Products/Produits d'information

L'Esplanade Laurier,

East Tower 7th Floor

140 O'Connor, Street

Ottawa

Ontario

K1A 0R5

| | |
|--|---|
| Title - Sujet Electronic Medical PointofCare Tool | |
| Solicitation No. - N° de l'invitation 51019-201003/A | Amendment No. - N° modif. 005 |
| Client Reference No. - N° de référence du client 51019-201003 | Date 2020-08-31 |
| GETS Reference No. - N° de référence de SEAG PW-\$\$PI-035-78879 | |
| File No. - N° de dossier pi035.51019-201003 | CCC No./N° CCC - FMS No./N° VME |
| Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-09-18 | |
| Time Zone Fuseau horaire Eastern Daylight Saving Time EDT | |
| F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/> | |
| Address Enquiries to: - Adresser toutes questions à: Henry(pi035), Katelyn | Buyer Id - Id de l'acheteur pi035 |
| Telephone No. - N° de téléphone (343) 550-0484 () | FAX No. - N° de FAX () - |
| Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: | |

Instructions: See Herein

Instructions: Voir aux présentes

| | |
|--|--|
| Delivery Required - Livraison exigée | Delivery Offered - Livraison proposée |
| Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur | |
| Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur | |
| Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie) | |
| Signature | Date |

Amendment 005 is raised to respond to questions received during the solicitation period.

Questions and Answers

| # | Question | Response |
|----|---|---|
| 18 | Are there any other healthcare providers (clinicians) beyond the 180 mentioned in the RFP that could have access to the solution if it were to reside on the Veterans Affairs Canada (VAC) network / intranet / IP authenticated range? | <p>Yes, other healthcare providers beyond the 180 mentioned in the RFP could have access to the solution in this proposed configuration. Please note that in accordance with Sections 3 and 4 of the Statement of Work, healthcare providers at Veterans Affairs Canada are not working as clinicians while at VAC: "To ensure ongoing excellence in evidence-based practices, Veterans Affairs Canada (VAC) needs to procure an electronic medical evidence based point-of-care information tool to inform decision making when responding to consultations and adjudication requests.</p> <p>Online access to the Tool is necessary for approximately 180 users within VAC..." [emphasis added]</p> |
| 19 | Are there more than 51 MDs that would have access to the VAC network (intranet/ IP authenticated range)? | No. |