

ENGINEERING, FACILITIES, EQUIPMENT AND PROCUREMENT

Biomedical Equipment Maintenance

Contract Requirements for All Diagnostic Radiology Systems

Reference AFMLO/FOM letter dated 1 April 1998. The referenced letter should be provided to all Directors of Medical Logistics to ensure all x-ray calibrations are properly documented. The letter contains important provisions for contract requirements for all diagnostic radiology systems. The letter is provided at **Attachment 1**, pages 1 and 2. Please ensure all appropriate personnel are aware of these provisions, and the recommendations provided. (AFMLO/FOM-E, CMSgt Alan Christian, DSN 343-4040)

1998 AFMLO Manufacturer P-Number Index

The centralized P-Number Index was designed to help standardize part numbers throughout the AF biomedical equipment technician (BMET) community. P-Numbers are for manufacturers of patient care equipment and are not to be used for third party parts providers or equipment dealers. Regardless of the source of the parts or the equipment, the end item manufacturer's P-Number must be used. Local generation of P-Numbers

should be kept to a minimum and only for non-medical equipment.

The current listing is provided at **Attachment 1**, pages 3 through 211 and is available for download on the Clinical Engineering web page. For the latest information, queries may be done through the Clinical Engineering web page at address:

***HTTP://140.139.13.36/AFMLO/PNUMBER/
MAIN.DBM***

To receive a new P-number, contact TSgt Walker with the following information: manufacturer, address, telephone number, and if possible web site and cage code.

The 1998 AFMLO manufacturer P-Number Index is designed to provide a maximum of information to the BMET in the field. Those areas that are incomplete will be updated whenever possible. Any information that you feel needs to be added or deleted should be submitted to TSgt Stephen M. Walker telephonically at commercial (301) 619-4039, DSN 343-4039, or by e-mail to:

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(AFMLO/FOM-E, TSgt Stephen Walker, DSN 343-4039)

Device Code Change

The device code for defibrillator/monitor should be changed from **11128** to **11129**. This will bring the device code in-line with the ECRI universal nomenclature system. The literals for this item should be [1,2,3,4,5,6,7,8,9,10,11,677,15,678,679,680,681,682,683,999]. Apparently, this device code was inadvertently entered into the system quite some time ago and was probably a typo. Please refer to AFCSM 41-230, Chapter 19 for information on completing the change. AFMLO would like to thank MSgt Ed Scott at Langley AFB

VA for bringing this to our attention. Questions or comments should be directed to TSgt Stephen Walker. (AFMLO/FOM-E, TSgt Stephen Walker, DSN 343-4039, e-mail is *Error! Bookmark not defined.*)

Picker VP4 Spare Parts Kit

The Picker VP4 X-Ray system included in the ATH requires an extensive repair parts kit. Refer to AFMLL 12-97, Attachment 1, pages 2 and 3 for a listing of the parts recommended for this kit. The list includes the FGM number, which is critical when trying to purchase these parts from Picker. Additionally, Picker has given us a 20 percent discount on these parts based on the need for each of our ATHs to have this kit. When ordering the kits, contracting should send the order directly to Mr. Paul Dudash by e-mail at:

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or fax to (404) 916-3198, and include the subject line "AF Parts Kit". This will guarantee each base receives the discounted price. If you have already ordered or received this kit, please let TSgt Walker know and it may be possible to get a refund or credit. Any questions related to spare parts kits should be addressed to TSgt Walker, e-mail:

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(AFMLO/FOM-E, TSgt Stephen Walker, DSN 343-4039)

Food and Drug Administration (FDA) Launches Electromagnetic Compatibility Program Web Site

FDA's Center for Devices and Radiological Health (CDRH) has launched a new web page addressing medical device electromagnetic compatibility (EMC). The new site provides some background

information on electromagnetic interference (EMI) and effects on medical devices. The site also boasts internal links to topics of interest including Interference between Digital TV Transmissions and Medical Telemetry Systems, links to documents available to help resolve medical device EMC problems, the FDA perspective on EMC, EMI testing of medical devices, and many others. There is also a links page for the IEEE EMC Society, AAMI, and the University of Oklahoma's Center for Study of Wireless EMC.

This site can be found at:

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(AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

Clarification/Update - New Department of Veterans Affairs (VA) On-Site Contracting Program Guidelines

In AFMLL 2-98, updated guidelines for use of the VA On-Site Contracting Program at AFMLO were provided for your use. Among the changes was a requirement to establish a vendor file with Accounting and Finance (AFO) for the RID "OGR". This is necessary in order to streamline and expedite the processing of payments to the VA.

If you use the VA On-Site Contracting Program and haven't already established the vendor file with AFO, process an "EVD" transaction in MEDLOG for RID "OGR" and use **Attachment 6** to provide AFO the required information. All you have to do is fill in your SRAN and forward the document to the AFO point of contact for the Integrated Accounts Payable System (IAPS). A blank copy of the form used in attachment 1 can be found in AFCSM 41-230, Vol. 2, Figure 8-2 (formerly AFM 167-230, Figure 8-26). (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

Biomedical Equipment Technician (BMET) Tool Kits

Due to a recent Air Force suggestion, AFMLO reevaluated the BMET tool kit program. Areas reviewed were the purchase cost for these tool kits, and how we manage the return of tool kits to the 384th Training Squadron at Sheppard AFB TX after a BMET separates or retires from the Air Force.

The final review indicated we need to be more aggressive in managing the program, and ensure tool kits are purchased from the best possible source. The AFMLO/FOM office is investigating with several companies for better pricing, rather than purchasing through GSA.

The biggest change to the program is, effective **1 May 1998** all tool kits and multimeters of BMETS separating or retiring from the Air Force will be returned to the 384th Training Squadron at Sheppard AFB TX. These tool kits will be reissued to students graduating from the Biomedical Engineering Course.

The BMET NCOIC or Superintendent will replenish all tools before shipping to the 384th Training Squadron. See **Attachment 1**, pages 212 and 213 for tool listing.

The 384th Training Squadron at Sheppard AFB TX will replace older tool kit cases.

Individuals deploying (AF active duty, AF Guard and AF Reserves) will hand carry the tool kit to the deployment site. The tool kit should be listed as excess baggage on the orders.

During PCS moves, tool kit will be hand carried or listed as professional gear. Tool kits must not be shipped as household goods.

Contact CMSgt Christian if you have any questions. (AFMLO/FOM-E, CMSgt Alan Christian, DSN 343-4040)

Facilities Management

Approved Suggestion - Reverse Osmosis Water Treatment Systems

Does your Medical Treatment Facility use de-ionized water? If so, then you may benefit from the following suggestion submitted through the Air Force IDEA (Suggestion) Program. This suggestion has been approved for optional implementation by all Air Force medical treatment facilities (MTFs) in all Major Commands.

Suggestion Number MTHM960006, "Reverse Osmosis Water Treatment," recommended that facilities install or upgrade a Reverse Osmosis Water Treatment system to provide treated water for steam generation, laboratory analyzers, sterilizes, etc. At the 366th Medical Group, Mountain Home AFB, ID, a water service (Culligan Water) used to change out four de-ionized water tanks every 14 days at a cost of \$349 or \$9,074 per year. (The de-ionized water was used to supply treated water to two steam generators which supplied humidity for the surgery and labor and delivery sections of the hospital.) Upon investigation, they learned that an existing small reverse osmosis water treatment system, which supplied treated water for the lab and central sterile supply, could be upgraded to handle the requirements of the steam generators as well. They invested \$8352 to purchase and install the necessary equipment, resulting in a one-year payback and \$722 cost savings the first year. Subsequent savings will be \$8,000-\$9,000 per year.

This suggestion has potential for Air Force-wide savings; however, each MTF must do an

independent evaluation to determine applicability and cost effectiveness. Depending on the application, reverse osmosis may not be the most cost-effective water treatment option. MTFs requiring treated water for any purpose are advised to invest the required funds up front to hire a state-certified water quality professional. This person will take into consideration the MTF's monthly requirements for treated water, level of treatment required for different purposes, quality of the source water, etc. All of these variables must be considered together to determine the most efficient and cost-effective water treatment option(s).

Facilities Managers are encouraged to do an analysis to determine if implementation of this suggestion will save money at their MTF. O&M dollars saved by using more cost-effective water treatment technologies can be used to accomplish facility projects that might otherwise be deferred due to insufficient funding.

If your facility adopts this suggestion, please complete an AF Form 1000-1, "Suggestion Evaluation and Transmittal," citing the suggestion number (MTHM960006). Forward the completed form to the originating Base Suggestion Program Office at the following address: 366 WG/MO, Mountain Home AFB, ID, 83648. You may also FAX the form to DSN 728-4581. If you need to reach the Mountain Home Suggestion Program Office, call DSN 728-2731. Thanks to Mr. Hilton Biggs, Assistant Facilities Manager of the 366th Medical Group, Mountain Home AFB ID, for submission of this cost-saving idea. (AFMLO/FOM-F, Capt Rhonda Hillman, DSN 343-2117)

What's Happening at AFMLO/FOM-F?

This article is designed to provide updates on current facilities management related topics and issues.

New Member of the Facilities Management Support Team

We are pleased to announce that Major Roger Stull will join the Facilities Management Support Team at AFMLO at the end of April.

Major Stull brings a wealth of facilities management experience from his assignments at San Vito Air Station, where he was the construction project officer for the MILCON project, and Howard AFB PN, where he was Director, Medical Logistics and construction project manager for two major renovation/expansion projects totaling over \$5 million. In addition to his military experience, he brings with him a masters degree in Logistics Management from the Air Force Institute of Technology, and over five year's worth of experience in healthcare management experience while stationed at Peterson AFB CO, and San Vito Air Station, Italy. Major Stull will be taking the lead on the revision of AFI 41-201 and AFOSH Standard 127-8, the "Toolbox" program issues, energy management, and utilities issues. Major Stull's e-mail is stullr@ftdetrck-ccmail.army.mil. His telephone number is DSN 343-2117.

Medical Facilities Management Course J3AZR4A271-017

The calendar dates have been tentatively set for the FY 1999 Medical Facilities Management Courses. The course has been expanded from the previous format of 13 academic days to 15 academic days. All courses will be held at Sheppard AFB TX on the following dates: 19 Oct - 6 Nov 98, 25 Jan - 12 Feb 99, 8 - 26 Mar 99, 3 - 21 May 99, and 2 - 20 Aug 99. If you are interested in attending any of

the FY 99 classes, contact your MAJCOM Facilities Management Representative immediately to volunteer. This is important even if you are not sure you will be able to attend on a certain date. Furthermore, if you know of others who would be interested in attending, please ensure they receive this information. Again, these dates are tentative and may change.

1998 Joint Services Medical Facilities Management Symposium/American Society for Healthcare Engineering Annual Conference

Once again, the Air Force Medical Facilities Management Symposium will be held in conjunction with the ASHE annual conference and technical exhibition, and the Army, Navy and Department of Veterans Affairs Medical Facilities Management symposia. The '98 Joint Services Symposium/ASHE conference will be held at the Colorado Convention Center in Denver, Colorado, 13-17 July 1998. For planning purposes, you should mark your calendars now. (Travel days will be on Sunday and Saturday; the conference/symposium will be five full days.)

Once again, AFMLO's plan is to centrally fund the registration fee for Air Force participants. While a limited number of funded training quotas (which will fully cover travel and per diem) will be available through AETC, the majority of attendees will be required to obtain local funding to pay for all travel and per diem costs. For this reason, you should immediately submit a TDY request to the appropriate MTF office. Waiting until May or June to submit your TDY request may result in disapproval due to lack of funds.

Revision of AFI 41-201, Managing Clinical Engineering Programs, and AFOSH Standard 127-8, Medical Facilities

AFI 41-201 and AFOSH Standard 127-8 are both in need of revision. If you are interested in being part of a committee to conduct the review/revision of these documents, please contact your MAJCOM Facilities Management Representative to volunteer. Within the next couple of months, each MAJCOM will be asked to nominate individuals to participate in these committee meetings. Two separate committees will be formed--one for the revision of AFI 41-201 and one for the revision of AFOSH Standard 127-8. Furthermore, the committee for the revision of AFI 41-201 will be broken down into subcommittees for each of the different chapters. For more information, contact Major Stull at DSN 343-2117.

E-Mail Addresses

We are continuing to gather and update e-mail addresses for all facilities managers. The reason we need to keep our address list current is e-mail is the quickest way for us to get information out to you. We currently have working e-mail addresses for most of you. Once you are assigned an e-mail address, please forward a message to AFMLO/FOM-F so we can add you to our e-mail directory. You should also send a message to your MAJCOM Facilities Management Representative. Furthermore, if you provided an e-mail address to us, but have not yet received a message directly from AFMLO/FOM, this means we don't have the correct address. Please send us a new message with the corrected/updated address. Please forward messages to one of the following:

Maj Hart	hartr@ftdetrck-ccmail.army.mil
Maj Stull	stullr@ftdetrck-ccmail.army.mil
Capt Zak	zagr@ftdetrck-ccmail.army.mil

(AFMLO/FOM-F, Maj Dick Hart, DSN 343-4081)

Special Section on the Year 2000

Year 2000 Effects on Medical Equipment

The seeds of the Year 2000 problem were planted during the last century. People using Herman Hollerith's original 40 column punch card (designed in 1887) truncated the year to the last two digits to save space. There weren't many cards in use when 1899 rolled to 1900, so the problem was minimal. When computers spread into business and medicine during the 1960s, memory was in short supply and very expensive. Again, programs were written with dates represented by only the last two digits of the year (e.g. 95 for 1995) to save valuable space. Succeeding generations of programmers mimicked the code of their predecessors, and the convention stuck, even though available storage increased. What then seemed like a good way to reduce memory requirements has now resulted in the possibility of major problems with these programs when the year 2000 arrives. The fear is that when the date changes from 31 Dec 99 to 1 Jan 00, the programs will see the 00 as 1900 or some year other than 2000. To complicate the issue further, century years are only leap years when divisible by 400, therefore 2000 is a leap year. In addition, it was recently discovered that the problem goes much deeper than programming alone, many microchips can not handle the date transition either. As you would expect, this can wreak havoc in the banking, insurance, and federal benefits industries. But, it may also result in problems with your medical equipment.

Medical equipment most susceptible to the year 2000 (Y2K) effects are those dependent on dates for calculations (e.g. age) or used in conjunction with PCs (either during setup or normal operation). A medical device function that depends on a calculation involving a date that is performed incorrectly as a result of a date

problem could present a risk to the patient. One example is a product used for planning the delivery of radiation treatment using a radioactive isotope as the radiation source. An error in the calculation of the radiation source strength on the day the therapy is to be delivered could result in incorrect treatment and adverse consequences for the patient.

AFMLO, in conjunction with Army and Navy counterparts, is in the process of surveying the medical equipment industry to build a database of equipment affected by the Y2K problem along with manufacturer recommended solutions. We can not, however, fully depend on manufacturers to take the lead on this issue. We need to be aware a problem may exist with our equipment and make a proactive effort towards eliminating the problem. To that end, AFMLO has collected the QAM and IMF files from your MEDLOG and compiled them into a central inventory of equipment in Air Force medical treatment facilities. We are just now beginning to analyze the two databases to determine how much Y2K affected equipment is in the Air Force inventory.

AFMLO recommends that BMETs do not test equipment unless directed by the manufacturer and then only if written procedures are provided by the manufacturer. There are several reasons for this recommendation. First, several manufacturers have reported catastrophic failures of their equipment when dates are advanced prematurely. Second, software/hardware verification and validation, when done by a manufacturer, takes into account numerous interactions and may take days to perform. While testing accomplished by BMETs may give the impression that a device is safe to use, it is possible that a failure may still occur in a certain configuration or mode of operation, under specific patient conditions, with certain accessories attached, or any combination of these factors.

Under Food and Drug Administration (FDA) guidance (Good Manufacturing Practices regulations, Quality System regulation, and the Safe Medical Devices Act of 1990), manufacturers must investigate and correct problems that present a significant risk to patient health. This includes devices that fail to operate according to their marketed specifications because of inaccurate date recording and/or calculations. Also according to FDA guidance, BMETs cannot modify equipment without manufacturer guidance. If unauthorized modifications are done, the manufacturer relinquishes reliability to the BMET and the BMET becomes the manufacturer in the eyes of the FDA.

Deputy Secretary Kevin Thurm of the Department of Health and Human Services, in a letter on January 21, 1998, asked biomedical equipment manufacturers to provide information on the Year 2000 compliance status of their products. The information received from manufacturers is being made available on the Internet page maintained by the FDA. This website will only contain information for those products identified by the manufacturer as not being "Year 2000 compliant." The website is located at: <http://www.fda.gov/cdrh/yr2000/year2000.html>. This website also contains FDA's letters to manufacturers, the Center for Devices and Radiological Health (CDRH) testimonies to the US House of Representatives, and other Year 2000 links.

For those interested in learning more about the cause and possible effects of the year 2000 on information systems, visit the Air Force Y2K Home Page on the Internet at: *Error! Bookmark not defined.* This is an excellent source for contract clauses, action plans, and links to other organizations, most notably the Information Technology Association of America (ITAA) home page. ITAA produces a free weekly newsletter on Y2K that can be obtained by subscription or read on-line on their home page. The ITAA newsletter covers a variety of Y2K related topics.

Another excellent source of Year 2000 information focused on the medical field is The Rx2000 Solution Institute site at <http://www.rx2000.org>. The Rx2000 Solution Institute is a non-profit special interest group. This site boasts an excellent discussion forum list server, articles, publications, presentations, briefings, information about conferences and forums, and much more.

Finally, I would like to mention that many manufacturers are putting Year 2000 compliance information on their websites. GE Medical, for example, put Year 2000 data on-line the first week of April. GE's compliance information is included at Attachment 6.

Manufacturers Respond to the Year 2000 Issue

As I mentioned in the previous article, AFMLO has been gathering and recording Year 2000 compliance information from equipment manufacturers. We have received more than 125 letters to date and are continuously receiving more. These letters will begin to appear as a regular attachment to the AFMLL, with the majority being published in AFMLL 05-98. These letters are being forwarded to you by way of the AFMLL for your action. This issue contains letters from the following manufacturers. These letters can be found in **Attachment 6**. To encourage standardization and ease database analysis, MEDLOG records **must** be changed to reflect the manufacturer name as provided below.

- Abbott Labs
- Acuson
- Beckman Instruments
- Bristol Babcock
- Fischer Imaging
- GE Medical Systems
- Lorad

- Marquette
- Ohmeda
- Physio-Control
- Picker
- Protocol
- Spacelabs

Again, this sampling is just the first installment in a series of letters and specific guidance that will be published in the AFMLL each month.

Contract Clause to Ensure Compliance with the Year 2000

Are you certain the new equipment you are buying is Year 2000 compliant? To ensure the medical equipment you purchase is in compliance with the Year 2000 date change, you and your contracting office need to address Year 2000 compliance in every purchase order or delivery order for equipment or maintenance significant supply items.

The Federal Acquisition Regulations (FAR) define Year 2000 compliance in Subpart 39.002. "Year 2000 compliant," means the technology accurately processes date/time data (including, but not limited to, calculating, comparing, and sequencing) from, into, and between the twentieth and twenty-first centuries, and the years 1999 and 2000 and leap year calculations, to the extent that other information technology, used in combination with the information technology being acquired, properly exchanges date/time data with it.

The FAR goes into more detail about Year 2000 compliance and purchasing in Subpart 39.106, Year 2000 compliance. Subpart 39.106 states:

"When acquiring information technology that will be required to perform date/time processing involving dates subsequent to December 31, 1999, agencies shall ensure that solicitations and contracts—

(a) (1) Require the information technology to be Year 2000 compliant; or (2) Require that non-compliant information technology be upgraded to be Year 2000 compliant prior to the earlier of (i) the earliest date on which the information technology may be required to perform date/time processing involving dates later than December 31, 1999, or (ii) December 31, 1999; and

(b) As appropriate, describe existing information technology that will be used with the information technology to be acquired and identify whether the existing information technology is Year 2000 compliant.”

A clause should be inserted into all solicitations and contracts that will hold the contractor responsible for ensuring equipment purchased is compliant with not only the year 2000 date change and multi-century calculations, but also year 2000 leap year calculations. If your contracting office is not inserting a Year 2000 clause, provide the following clause from the General Service Administration (GSA) Council Subcommittee on the Year 2000 to your contracting office when purchasing any medical equipment.

“Year 2000 Warranty”

“The contractor warrants that each hardware, software, and firmware product delivered under this contract [and listed in the procuring agency’s specifications] shall be able to accurately process date/time data [including, but not limited to, calculating, comparing, and sequencing] from, into, and between the twentieth and twenty-first centuries, and the years 1999 and 2000 and leap year calculations to the extent that other information technology, used in combination with the information technology being acquired, properly exchanges date/time data with it. If the contract requires that specific listed products must perform as a system in accordance with the foregoing warranty, then

that warranty shall apply to those listed products as a system. The duration of this warranty and the remedies available to the Government for breach of this warranty shall be as defined in, and subject to, the terms and limitations of the contractor’s standard commercial warranty or warranties contained in this contract, provided that notwithstanding any provision to the contrary in such commercial warranty or warranties, the remedies available to the Government under this warranty shall include repair or replacement of any listed product whose non-compliance is discovered and made known to the contractor in writing within ninety (90) days after acceptance. Nothing in this warranty shall be construed to limit any rights or remedies the Government may otherwise have under this contract with respect to defects other than Year 2000 performance.”

By educating yourself and your contracting office, you can ensure that any new equipment that your facility purchases will be Year 2000 compliant.

Contingency/Disaster Recovery Plans and the Year 2000

Did you know 1 January 2000 is a Saturday? The fact that it is not a normal business day makes it even more important that all areas of the MTF develop or update contingency and/or disaster recovery plans. Regardless of how well Year 2000 corrective actions are planned and executed, the potential for unanticipated effects remains.

Contingency planning is necessary to handle risks related to the Year 2000 problem. These plans help to ensure continued and uninterrupted operation of your facility. Given the complexities of medical devices and the immovable deadline of the year 2000, error free compliance of all devices may not occur. Manufacturer delivery dates for updates or

replacements may slip or even if updated, devices and systems may still fail.

Project managers should determine which systems could most critically affect mission readiness if degraded by Year 2000 problems. Contingency plans should include identification of backup systems to avoid outages of critical systems and devices and preplanned establishment of rapid-response teams to ensure seamless healthcare delivery. Plans should consider development and activation of alternate automated or manual procedures to ensure continuity of service in the face of equipment degradation or failure. In addition, support staff for each area should be available or on call at midnight on 31 December 1999 to prepare to deal with anomalous equipment behavior.

Risk mitigation strategy for critical medical devices should be included in contingency plans. Examples of risk mitigation strategies include eliminating the risk through corrective action (fix), switching to a back-up system in the event of failure or incorrect operations (substitute/replace), or developing an alternative solution (work around). An example of a work around would be adding "+28 years" to a text field of an imaging system that prints the year 1972 on films instead of 2000.

Bottom line is you need to plan for and/or have a back-up system in place for every potential life-threatening failure or incorrect operation. It is far better to have plans and not use them than to not be prepared. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

Quality Assurance

Food and Drug Administration (FDA) Recalls/Alert Notices

Attachment 2, paragraph 1, provides information on FDA medical equipment recalls and alerts. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety should follow the guidance provided to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

No FDA medical equipment recalls or alerts were received for this AFMLL. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety are reminded to continue monitoring other publications which provide guidance to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

Medical Equipment Management

Shared Procurement Equipment Items Currently Available

AFMLL 04-97, Attachment 1, pages 1 and 2, contains a list of all current Shared Procurement contracts and optional contracts available through the Defense Personnel Support Center (DPSC). If you plan to order any of these items for your facility, use the specific ordering instructions and overall program guidance contained in AFMLL 04-96, pages CE-4 and CE-5. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

“Piggyback” Contracts Currently Available

AFMLL 16-96, Attachment 1, pages 4 and 5, contains a list of all current “piggyback” contracts currently available through DPSC. These contracts will allow facilities to “piggyback” requirements onto existing orders placed for specific quantities. Many of these contracts are designed to buy large quantities at reduced prices, and are written with the option of buying additional quantities at the same price. The list includes available quantities and “Order By” dates. To order, send your MILSTRIP requisitions to DPSC, and reference the contract number (from the listing) in the note section. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

WILLIAM H. HILL
Deputy Chief, Air Force Medical Logistics Office