

[Your Hospital Logo]

Teleradiology Services — Request for Proposal

Institution

Date

Contact Person

SECTION 1: VENDOR INFORMATION

Field	Response
Company Name	
Years in Operation	
Total Radiologists in Network	
Daily Scan Volume Capacity	
Number of Client Facilities	
Geographic Coverage	

SECTION 2: TURNAROUND TIME

Requirement	Your Commitment
Average TAT (routine scans)	_____ minutes
Critical findings TAT	_____ minutes
After-hours TAT (10 PM - 8 AM)	_____ minutes
Weekend/Holiday TAT	_____ minutes

Can you provide 90-day TAT data?

 Yes No**SECTION 3: SUBSPECIALTY ACCESS**

Subspecialty	24/7 Available?	Fellowship-trained?
Neuroradiology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oncologic Imaging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Radiology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Musculoskeletal (MSK)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiac Imaging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breast Imaging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: AI INTEGRATION

Capability	Response
AI pre-analysis before radiologist review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concurrent AI validation (real-time QC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of reports AI-validated	_____ %
AI accuracy rate (F1 score or equivalent)	_____
Number of pathologies detected	_____
AI works offline / on-device?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: INTEGRATION & SECURITY

Requirement	Response
PACS integration method	
EMR/HIS integration available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Go-live timeline	_____ days
On-site hardware required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ISO 27001 certified	<input type="checkbox"/> Yes <input type="checkbox"/> No
ISO 27701 certified	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIPAA compliant	<input type="checkbox"/> Yes <input type="checkbox"/> No
NABH accredited	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last penetration test date	

SECTION 6: COMMUNICATION & SUPPORT

Feature	Available?
Mobile app for referring physicians	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real-time critical finding alerts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct phone access to radiologists	<input type="checkbox"/> Yes <input type="checkbox"/> No
24/7 technical support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dedicated account manager	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7: PRICING

Item	Rate (INR)
X-ray (per study)	₹
CT scan (per study)	₹
MRI (per study)	₹
Ultrasound (per study)	₹
Monthly minimum commitment	₹
Setup / Integration fee	₹

Volume discounts available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 8: REFERENCES

Provide 3 client references from institutions of similar size:

#	Hospital Name	Contact Person	Phone/Email
1			
2			
3			

SECTION 9: EVALUATION SCORING (INTERNAL USE)

Instructions: Score each vendor 1-10 on each criterion. Multiply by weight to get weighted score. Highest total wins.

Criteria	Weight	Score (1-10)	Weighted
Turnaround Time Performance	25%		
Subspecialty Depth	20%		
AI Integration	20%		
Integration Speed & Ease	15%		
Security & Compliance	15%		
Communication & Support	5%		
TOTAL	100%		

Submission Details

Vendor Representative	
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Signature	
Date	

Template provided by 5C Network | www.5cnetwork.com
India's Largest AI-Powered Radiology Platform