**PROCUREMENT OF RADIOTHERAPY AND DIAGNOSTIC EQUIPMENT, BELGRADE**

**(PROCUREMENT NO. IOP/36-2019/RD)**

**CLARIFICATION NO. 6**

Issued on April 17, 2020

Regarding the list of questions that the Purchaser, Public Investment Management Office Belgrade, No. 11 Nemanjina street, have received from the potential bidders, concerning the procurement procedure: Procurement of Radiotherapy and Diagnostic equipment, Belgrade no. IOP/36-2019/RD, we give you the following answers:

1.Your requirement under point 4.5 of item 3 of Lot 1 – MRi RT is defined so that it is met by only one manufacturer with all other requirements. Please modify the requirement to read as follows: Separate, multi-channel flex coils (two of them, different sizes) with minimum 2 elements each for the imaging of smaller joints.

Answer: Change is not acceptable.

Customer defined the minimum number of coil elements each flexible coil offered should have in order to reach optimal clinical performance and image resolution. As it is stated in request 4.5, coils will be used for imaging of the head for radiotherapy planning purpose. Combination of two such coils for head imaging will enable radiotherapy planning with 8 coil elements (2 flex coils, each 4 elements), which would be optimal for clinical results. Flexible coils with 2 elements each are not acceptable for customer from clinical perspective. Also, there are more vendors (more than one) who have flexible coils different sizes for requested purpose, with min. 4 elements up to 16 elements and even more. So, such request is not eliminatory at all.

2.Your Tender Documents defined under item 9 point 12 of LOT 2 medical-grade monitor. Please extend the response time from 5ms to 20 ms and clarify whether it should be a color monitor, since it will be used to diagnose and preview of color maps, blood vessels, 3D reconstructions, etc. acquired from CT or MRi or some other required modality?

Answer: Response time of 20ms is acceptable.

The offered monitor should be color monitor

3.Please define your point 7.2 of item 2 of Lot 2 as follows, in order to enable competition: 3D SSD technique (Surface Shared Display) or an appropriate technique that enables the same or similar clinical functionality. Please define points 7.5, 7.11, 7.12 and 7.13 of item 2 of LOT 2 in the same way and for the same reason adding - or an appropriate technique that enables the same or similar clinical functionality

Answer: Change is partially acceptable.

Item 7.2 is changed as follows: 3D SSD (shaded surface display).

SSD technique is known like that among all vendors and is not commercial name of any producer.

Also, all technical requests (7.2 as well as 7.5, 7.11, 7.12 and 7.13) are described in details and very precisely define functionalities of requested tools. All solutions- software and/or hardware options from different vendors will be acceptable if they meet requested functionalities.

4.Does point 1.40 of item 3 of Lot 2 has to be a medical device taking into account that automated burner burns medical-grade CD/DVD studies?

Answer: CD/DVD Robot required under item 1.40 should be medical device

5.Referring to your point no.2.2 of item 1 of LOT 2, MR 3T system which reads as follows:

Maximum power of gradient amplifier, min. 1.6MW

please remove or modify it in order to enable basic competition in the subject procurements so that it reads as follows:

Maximum power of gradient amplifier, min. 1.6MW or nominal power by gradient axis min. 60 kW.

Each manufacturer defines different physical units of measure in a nominal rather than an equivalent physical unit of measure, and the defined parameter corresponds to only one model of one manufacturer and does not refer to a nominal measure. To enable basic competition, please modify this parameter.

Answer: Change is not acceptable.

Gradient amplifier power defined under 2.2 directly relates with gradient performance defined under 2.1. Gradient amplifier represents the “engine” of the gradient system. A High-power amplifier is required to achieve and maximally utilize gradient performance (amplitude and slew rate) without any compromise. Maximum power of gradient amplifier is simply defined as product of Peak amplifier current and Peak amplifier voltage, among all vendors.  There are more than one manufacturer who can meet this requirement with their latest generation 3T systems.

LOT 2

Questions for Line item No.4 and Line item No.5

QUESTION 1: Is it acceptable to the Contracting Authority to change the technical requirement 1.1 so now it states: “High frequency generator of a constant potential of minimum power of 5kW”?

EXPLANATION: 5kW is standard in mammography. We are using low dose exposures, our tube doesn't need higher power to generate x-rays, which enables to consume less power. We offer a ""green"" solution to save money.

**Answer:**This is not acceptable

Mammography is an X-ray imaging diagnostic procedure that will achieve better diagnostics result with higher energy of X-ray beam like any other X-ray procedure. In clinical practice, there is a undoubtful need for higher energy to penetrate bigger breasts, for example - to improve the visualization of the margins of sub centimeter mass lesions. Also, for contrast imaging, having in mind the fact that it is performed with low and high energy of X-rays, being subtracted in order to provide functional imaging, there is a need for usage of higher kV than for common 2D mammography.

Also, having extra power capability, the system works relaxely in the necessary range being optimally loaded, and not under pressure in peaks, especially if there is higher throughput of patients which is expected by experience in the diagnostic department of IORS.

Consecutively, many manufacturers raised the nominal power of the generators for their new mammo units for the new ways of application.

QUESTION 2: Is it acceptable to the Contracting Authority to change the technical requirement 2.3 so now it states: “Anode material: Tungsten or Molybdenum (Mo) Rhodium (Rh)”?

EXPLANATION: With the anode filter of Molybdenum (Mo) Rhodium (Rh) we are offering more personalized exposures, which is aligned with anatomy, and optimized low dose for thick breast also.

**Answer:** Molybdenum (Mo) Rhodium (Rh) anode material is acceptable.

QUESTION 3: Is it acceptable to the Contracting Authority to change the technical requirement 2.5 so now it states: “Anode rotation speed min.9000 r.p.m.”?

EXPLANATION: The rotation speed depends on the anode temperature and the charge of the exposure. We provide our own tube, big anode, biggest anode heat capacity, which does not need higher rotation speed than 9000 rpm. This tube technology makes longer tube lifetime.

**Answer:** This is acceptable

QUESTION 4: Is it acceptable to the Contracting Authority to change the technical requirement 4.1 so now it states: “Direct or indirect conversion method”?

EXPLANATION: Conversion method does not impact image quality. What matters is the image quality, DQE. However, with indirect conversion it is possible to reach 7-8 years of detector lifetime, while with direct it is around 4 years.

**Answer:** This is not acceptable

Light spreading in the scintillator material leads to loss of resolution in indirect detectors which direct detectors do not experience.

QUESTION 5: Is it acceptable to the Contracting Authority to change the technical requirement 4.2 so now it states: “Same pixel size in 2D and 3D modes: max. 100µm.”?

EXPLANATION: For CsI technology there is no need for smaller than 100µm. We request to use the same pixel size in 3D and 2D acquis ions as well because it is important to not reduce image quality during tomosynthesis. Pixel binning is not in favor of radiologist.

**Answer:** This is not acceptable

Pixels size is defined independend of working mode. As there are four types (manufacturers) of Full Field Digital Detectors available today according to applied pixel size, 50 µm, 70 µm, 83 µm and 100 µm, we simply decided for the better half of the range. It is an accepted fact that the smaller the pixel size, the images have higher resolution. Higher resolution gives better visualization of fine detail, as is required for detecting microcalcifications and spiculations.

QUESTION 6: Is it acceptable to the Contracting Authority to change the technical requirement 5.3 so now it states: “Number of acquired images: min. 9”?

EXPLANATION: With our step and shoot technology, we don't need more than 9 acquisition as every low-resolution image we use for reconstruction are sharp in both directions. Whit motion acquisition there is data loss and have elevated dose level. With 9 sharp projection we are offering good image quality to radiologist and low dose for the patient.

**Answer:** This is not acceptable

Higher number of acquired images means higher quality of reconstructed image, taking into consideration optimal level between dose and image quality. Units available today have from 9 to 49 acquisitions, so we believe we have set this parameter to an optimal level.

LOT 2

Questions for Line item No.4 and Line item No.5

QUESTION 7: Is it acceptable to the Contracting Authority to change the technical requirement 5.9 so now it states: “Speed of Tomosynthesis scan less than 7 seconds”?

EXPLANATION: To separate better the tissue, better z resolution, there is a need for up to 7 seconds to perform more beneficial image.

**Answer:** As tomosynthesis is introduced into clinical usage more than ten years ago, in the meantime everybody understood that one of the most important factors in breast 3D imaging is speed of acquisition. The speed of tomosynthesis scan appeared to be the most important factor.

Scan times must be short for two key reasons: to support a reasonable patient throughput and more importantly, to reduce blurring caused by patient motion. Currently, no tomosynthesis system is capable of matching the very short total exposure times associated with conventional mammography. Even mammography has occasional cases of patient motion; therefore, it is expected that patient motion will be present in some tomosynthesis cases. Analogously to conventional mammography, this problem is expected to be greater the longer the total tomosynthesis scan time.

The faster the scan, the chances for patient movement artifact to appear are less. Even point one millimeter (0.1mm) of patient movement during tomosynthesis scan would make image of fine microcalcifications blurred. The same goes for fine spiculations. That might cause the need for repeating the scan.

QUESTION 8: Is it acceptable to the Contracting Authority to change the technical requirement 6.4 so now it states: “The capability to perform tomosynthesis guided biopsy and excision procedure (3D) of the breast lesions compatible with ATEC Hologic vacuum biopsy system or equivalent.”?

EXPLANATION: The required specification limits competition. There are other vendors also which have better compatibility with all of the players.

**Answer:** This is not acceptable

End user already has Hologic vacuum biopsy system, so all offered equipment has to be compatible with this requested system.

QUESTION 9: Is it acceptable to the Contracting Authority to change the technical requirement 7.2 so now it states: “Dedicated height adjustable operation console or monitor at acquisition workstation with protective operator shield min. 0,5 mm Pb, integrated in the housing of the acquisition station”?

EXPLANATION: The required specification can only be fulfilled by Hologic and it limits competition. We have an optimal height where monitors can be adjusted and huge space on the table.

**Answer:** This is not acceptable

At least three different manufacturers have height adjustable operating console. This function allows height adjustment to fit each individual user.

QUESTION 10: Is it acceptable to the Contracting Authority to change the technical requirement 7.7 so now it states: “DICOM Compatibility (Send / Receive, Query / Retrieve, Storage Commitment, Print, Worklist, MPPS)”?

EXPLANATION: We don't have Radiation Dose SR but we offer different solution that fulfills the requirement: dose archived in DICOM headers, AGD, entrance surface dose, dose summary from tomo projections.

**Answer:** This is not acceptable

DICOM Radiation Dose SR (Structured Report) is widely applied DICOM standard allowing recording and storing dose details in a DICOM study and finally reporting toward patient dose monitoring systems.

QUESTION 11: Is it acceptable to the Contracting Authority to change the technical requirement 7.10 so now it states: “DICOM Compatibility (Send / Receive, Query / Retrieve, Storage Commitment, Print, Worklist, MPPS)”?

EXPLANATION: We have dedicated shapes of buttons on the gantry which allows technologist to change and personalize protocol.

**Answer:** This is not acceptable

QUESTION 12: Is it acceptable to the Contracting Authority to change the technical requirement 8.12 so now it states: “Computer Assisted Detection (CAD) software with Artificial Intelligence (AI) for the detection of malignant tissue densities and calcifications in 2D and 3D. For tomosynthesis images it is required to use deep learning algorithm for each of the acquisition, not only on the synthetized view”?

EXPLANATION: Computer aided diagnosis has failed in mammography. Today, the adopted direction is using deep neural networks. Detection with Artificial Intelligence can be done through real 3D CAD which analyze each of the tomo acquisition and not only the synthetic view. Request is to modify failed CAD request for real 3D CAD, AI analysis of each tomo image.

**Answer:** This is not acceptable

Any solution that fulfils requirement 8,12 as it is described is acceptable.

QUESTION 13: Is it acceptable to the Contracting Authority to delete the technical requirement 9.3 that states: “Software such that CE2D can be combined with 3D images to obtain a co-registered image”?

EXPLANATION: It should happen during one compression which is not safe for the patient. It requires higher dose and if CE2D would have good image quality it wouldn't need to combine with screening image. Contrast enhanced mammography is a diagnostic tool, it doesn't need to be supported by other image to have evidence in reading.

**Answer:** This is not acceptable

1.In your Bidding Documents, LOT 2, ID 4., item 1.2 The Contracting Authority defined the following:

„Output voltage in the minimum range of 25 - 45 kV or wider in 1 kV steps”

Since possibility to have increments of 0,5kV is offering precise and secure using of dosage during the exam and possibility to have exact dose with precise exam completing which drasticly affects to quality of imaging is it acceptable to the Contracting Authority to modify the said item to:

„Output voltage in the minimum range of 25 - 45 kV or wider in 0,5 kV steps or more”

**Answer:** This is not acceptable

Most of manufacturers have increments of 1 kV steps. This parameter is set to an optimum level.

2.In your Bidding Documents, LOT 2, ID 4., item 3.16, the Contracting Authority defined the following:

„Compression paddle for small breast has automatic motorized shift in the X axis for correct collimation in MLO projections”

As manual shifting of the paddle is giving possibility for end user to control exam and it does not highly affects the final result and diagnostics is it acceptable to the Contracting Authority to modify the said item to:

„ Compression paddle for small breast has manual or automatic motorized shift in the X axis for correct collimation in MLO projections“

**Answer:** This is not acceptable

The motorized function of the shifting paddle is introduced on the modern digital mammography systems for improved system speed, elimination of possible operator’s errors and ease of use for the operators. The microprocessor of the mammo system triggers the automatic setup of the whole system according to particular projection and used compression paddle. If the operator choose LMLO projection on the acquisition station and the “small” paddle is installed, the system automatically shifts the paddle to the left side, and vice versa (RMLO-right side), in order to achieve the appropriate position. One unnecessary positioning step is eliminated.

3.In your Bidding Documents, LOT 2, ID 4., item 3.17, the Contracting Authority defined the following:

„ Compression paddle with the ability to adjust to the shape of the breast, in order to equalize compression by volume for all breast sizes“

As there other ways and technologies used on modern devices to proceed with the exam so patient will feel comfortable and there is no difference in final result without usage of required item, we are asking Contracting Authority to delete this item in order to allow the participation of more bidders of branded equipment.

**Answer:** This is not acceptable

As you should very well know, the compression is of crucial importance to quality of the both 2D and 3D image. Here we insist on the technical solution to achieve “equalization of compression by volume” that is important for equal visualization of the lesion in any position throughout the whole breast. If we would have this feature, (equal compression) we would have better visualization in the parts of volume more compressed, and worse visualization of the lesions in zones less compressed. That is not acceptable.

Almost all modern systems have compression paddles with the ability to adjust to the shape of the breast, beside all other technologies which make patients feel comfortable during exam.

4.In your Bidding Documents, LOT 2, ID 4., item 3.19, the Contracting Authority defined the following:

“Wall mounted compression plates holder”

Please clarify if this requirement can be purchased locally and offered like this.

**Answer:** Any solution provided and/or validated by manufacturer is acceptable.

5.In your Bidding Documents, LOT 2, ID 4., item 6.1, the Contracting Authority defined the following:

„ Biopsy Positioner with needle holder, guide and lateral approach kit. Providing functions to calculate the necessary coordinates of the sample for performing a biopsy study and to move the needle to the calculated position accurately.“

We are asking Contracting Authority to modify the said item to:

„ Biopsy Positioner with needle holder and guide kit. Providing functions to calculate the necessary coordinates of the sample for performing a biopsy study and to move the needle to the calculated position accurately. “ as defined on this way Contracting Authority is allowing more competitors to offer branded equipment.

**Answer:** This is not acceptable

Lateral approach kit is essential for biopsy of lesions that are difficult to access by vertical approach. Studies have shown that addition of lateral approach to conventional vertical approach improves the success rate of stereotactic biopsy, especially in patients with thin breasts.

6.In your Bidding Documents, LOT 2, ID 4., item 6.4, the Contracting Authority defined the following:

„ The capability to perform tomosynthesis guided biopsy and excision procedure (3D) of the breast lesions compatible with ATEC Hologic vacuum biopsy system “

Please clarify why performing tomosynthesis guided biopsy has to be compatible with biopsy system manufactured by Hologic as defined on this way Contracting Authority is directly forcing solely one Bidder. Please delete this item or redefine it explaining the real needs without limiting other brand manufacturers to prepare their offers. Forcing of one supplier is not in accordance with the Law.

**Answer:**

This is not acceptable

Here it is asked for the system “compatible with ATEC Hologic vacuum biopsy system” for the simple reason the end user (IORS) is already using the ATEC Hologic vacuum biopsy system for some years, and have no intention to change that system for now, as vacuum biopsy system is, for your knowledge, system that is intended for and should be used on the Stereotactic and Tomosynthesis Guided Biopsy and Excision procedure on the asked 3D mammography unit.

7.In your Bidding Documents, LOT 2, ID 4., item 6.6, The Contracting Authority defined the following:

„ Special compression biopsy paddle “

Please clarify what is required under this item in details as defined in this way there is no possibility to conclude what is needed.

**Answer:**

By special compression biopsy paddle we mean paddle for axilla biopsy or lateral biopsy compression paddle.

8.In your Bidding Documents, LOT 2, ID line 4., item 6.7, the Contracting Authority defined the following:

„ Special compression paddle with a wide opening for biopsy or compression paddle for tomobiopsy“

As using of special types of compression paddles is often used only in special and rare situations this item is limiting other branded manufacturers to offer their systems. In accordance with this please remove this item.

**Answer:** This is not acceptable

End customer is Institute of Oncology and Radiology of Serbia, most referent centre in Serbia and region, taking care of most difficult patients. Based on this fact offered equipment has to be able to answer on all possible situations, which can be covered by modern technology.

9.In your Bidding Documents, LOT 2, ID 4., item 7.2, the Contracting Authority defined the following:

„ Dedicated height adjustable operation console (acquisition workstation) with protective operator shield min. 0,5 mm Pb, integrated in the housing of the acquisition station. “

Please clarify what Contracting Authority means under “height adjustable operation console” – how do you mean adjustable? Or define max height of workstation even though this requirement defined on this way absolutely does not affect on workflow, examination nor some other condition needed for completing of the exam.

**Answer:**

Height adjustable control console allows height adjustment to fit each individual user. We did not specify range intentionally having on mind fact that all manufacturers make this range optimal, so it fits users of different heights.

10.In your Bidding Documents, LOT 2, ID 4., item(chapter) 9, The Contracting Authority defined the following:

„FUNCTIONAL CONTRAST ENHANCED 2D BREAST IMAGING“

We are asking Contracting Authority to modify the said item(chapter) to:

„CONTRAST ENHANCED 2D BREAST IMAGING - MAMMO SYSTEM IS PREDISPOSED FOR CE2D IMPLEMENTATION OR HAS FUNCTIONAL CONTRAST ENHANCED 2D BREAST IMAGING “ as giving a possibility to receive more offers from branded manufacturers.

**Answer 2:**

**Answer:** This is not acceptable

System has to have “Functional contrast enhanced 2D breast imaging” included.

1.In your Bidding Documents, LOT 2, ID 5., item 1.2 The Contracting Authority defined the following:

„Output voltage in the minimum range of 25 - 45 kV or wider in 1 kV steps”

Since possibility to have increments of 0,5kV is offering precise and secure using of dosage during the exam and possibility to have exact dose with precise exam completing which drasticly affects to quality of imaging is it acceptable to the Contracting Authority to modify the said item to:

„Output voltage in the minimum range of 25 - 45 kV or wider in 0,5 kV steps or more”

**Answer:** This is not acceptable

Most of the manufacturers have increments of 1 kV steps. This parameter is set on optimum level.

2.In your Bidding Documents, LOT 2, ID 5., item 3.16, the Contracting Authority defined the following:

„Compression paddle for small breast has automatic motorized shift in the X axis for correct collimation in MLO projections”

As manual shifting of the paddle is giving possibility for end user to control exam and it does not highly affects the final result and diagnostics is it acceptable to the Contracting Authority to modify the said item to:

„ Compression paddle for small breast has manual or automatic motorized shift in the X axis for correct collimation in MLO projections“

**Answer:** This is not acceptable

The motorized function of the shifting paddle is introduced on the modern digital mammography systems for improved system speed, elimination of possible operator’s errors and ease of use for the operators. The microprocessor of the mammo system triggers the automatic setup of the whole system according to particular projection and used compression paddle. If the operator choose LMLO projection on the acquisition station and the “small” paddle is installed, the system automatically shifts the paddle to the left side, and vice versa (RMLO-right side), in order to achieve the appropriate position. One unnecessary positioning step is eliminated.

3.In your Bidding Documents, LOT 2, ID 5., item 3.17, the Contracting Authority defined the following:

„ Compression paddle with the ability to adjust to the shape of the breast, in order to equalize compression by volume for all breast sizes“

As there other ways and technologies used on modern devices to proceed with the exam so patient will feel comfortable and there is no difference in final result without usage of required item, we are asking Contracting Authority to delete this item in order to allow the participation of more bidders of branded equipment.

**Answer:** This is not acceptable

As you should very well know, the compression is of crucial importance to quality of the both 2D and 3D image. Here we insist on the technical solution to achieve “equalization of compression by volume” that is important for equal visualization of the lesion in any position throughout the whole breast. If we would have this feature, (equal compression) we would have better visualization in the parts of volume more compressed, and worse visualization of the lesions in zones less compressed. That is not acceptable.

Almost all modern systems have compression paddles with the ability to adjust to the shape of the breast, beside all other technologies which make patients feel comfortable during exam.4.In your Bidding Documents, LOT 2, ID 5., item 3.19, the Contracting Authority defined the following:

“Wall mounted compression plates holder”

Please clarify if this requirement can be purchased locally and offered like this.

**Answer:** Any solution provided and/or validated by manufacturer of mammography unit is acceptable.

5.In your Bidding Documents, LOT 2, ID 5., item 6.1, the Contracting Authority defined the following:

„ Biopsy Positioner with needle holder, guide and lateral approach kit. Providing functions to calculate the necessary coordinates of the sample for performing a biopsy study and to move the needle to the calculated position accurately.“

We are asking Contracting Authority to modify the said item to:

„ Biopsy Positioner with needle holder and guide kit. Providing functions to calculate the necessary coordinates of the sample for performing a biopsy study and to move the needle to the calculated position accurately. “ as defined on this way Contracting Authority is allowing more competitors to offer branded equipment.

**Answer:** This is not acceptable

Lateral approach kit is essential for biopsy of lesions that are difficult to access by vertical approach. Studies have shown that addition of lateral approach to conventional vertical approach improves the success rate of stereotactic biopsy, especially in patients with thin breasts.

6.In your Bidding Documents, LOT 2, ID 5., item 6.4, the Contracting Authority defined the following:

„ The capability to perform tomosynthesis guided biopsy and excision procedure (3D) of the breast lesions compatible with ATEC Hologic vacuum biopsy system “

Please clarify why performing tomosynthesis guided biopsy has to be compatible with biopsy system manufactured by Hologic, as defined on this way Contracting Authority is directly forcing solely one Bidder. Please delete this item or redefine it explaining the real needs without limiting other brand manufacturers to prepare their offers. Forcing of one supplier is not in accordance with the Law.

**Answer:**

This is not acceptable

Here it is asked for the system “compatible with ATEC Hologic vacuum biopsy system” for the simple reason the end user (IORS) is already using the ATEC Hologic vacuum biopsy system for some years, and have no intention to change that system for now, as vacuum biopsy system is, for your knowledge, system that is intended for and should be used on the Stereotactic and Tomosynthesis Guided Biopsy and Excision procedure on the asked 3D mammography unit.

7.In your Bidding Documents, LOT 2, ID 5., item 6.6, The Contracting Authority defined the following:

„ Special compression biopsy paddle “

Please clarify what is required under this item in details as defined in this way there is no possibility to conclude what is needed.

**Answer:**

By special compression biopsy paddle we mean paddle for axilla biopsy or lateral biopsy compression paddle.

8.In your Bidding Documents, LOT 2, ID 5., item 6.7, the Contracting Authority defined the following:

„Special compression paddle with a wide opening for biopsy or compression paddle for tomobiopsy“

As using of special types of compression paddles is often used only in special and rare situations this item is limiting other branded manufacturers to offer their systems. In accordance with this please remove this item.

**Answer:** This is not acceptable

End customer is Institute of Oncology and Radiology of Serbia, most referent centre in Serbia and region, taking care of most difficult patients. Based on this fact offered equipment has to be able to answer on all possible situations, which can be covered by modern technology.

9.In your Bidding Documents, LOT 2, ID 5., item 7.2, The Contracting Authority defined the following:

„ Dedicated height adjustable operation console (acquisition workstation) with protective operator shield min. 0,5 mm Pb, integrated in the housing of the acquisition station. “

Please clarify what Contracting Authority means under “height adjustable operation console” – how do you mean adjustable? Or define max height of workstation even though this requirement defined on this way absolutely does not affect on workflow, examination nor some other condition needed for completing of the exam.

**Answer:**

Height adjustable control console allows height adjustment to fit each individual user. We did not specify range intentionally having on mind fact that all manufacturers make this range optimal so it fits users of different heights.

Public Procurement Committee