



## RFP Conference Call Meeting Minutes

PROJECT: RFP 24-27-SSP Comparative Medicine Core Management Software Solution

MEETING LOCATION: Conference Call

MEETING DATE/TIME: April 26, 2024, at 3:00 p.m.

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### **Attendees:**

Moffitt Cancer Center:

- Dr. Paula Ezell, Director of Comparative Medicine Core
- Trillany Jacobson, Sr. Strategy Sourcing Analyst
- Doug Blankenship, Sr. Solution Architect Business
- Larry Kuba, Manager of Research IT Systems
- Henry Grantges, Sr. Business Analyst
- Becca Singleton, Enterprise Project Manager

Vendors:

- Munther Dajani, Rockstep Solutions
- Maty, Atunes
- Jenn Vernacotola, Cayuse
- Christian Garcia, PCORI
- Mike McPherson, Xybion Digital Inc
- Catherine McGuire, Cayuse
- Tara DeLeo, Atunes
- Matthew Ginther, Topaz Technologies
- Yarley Geffrard, YNO Designs
- Katie Kosko, Xybion Digital Inc
- Mark Kenny, Key Solutions
- Brian Ruess, Huron

### **Notes:**

An overview of the RFP was given by Dr. Paula Ezell.

- Currently our program is being managed by another university but since Moffitt's research has grown over time there is a need for it to be internally managed by Moffitt staff. Part of my role coming into the program is ensuring the program development is paired with a great software program management system that can help us in capturing various sections listed such as IACUC facility management, animal care management, vet care, regulatory, scheduling for husbandry staff needs. Currently, our system is a paper system so there is a need for a great overarching program to support our new comparative medicine department.



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### Question #1

In regard to the solution, are you open to custom build or only service that is pre-existing that just needs to be configured? **Yarley Geffard, YNO Designs**

### Answer #1

The system will need to be in place around November of this year so that the team can begin using it. That might present a challenge as it needs to lead to all regulatory expectations needed from our industry. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #2

Could you explain the difference between breeding management and colony management as different institutions have terms for different things that would be helpful? **Catherine McGuire, Cayuse**

### Answer #2

I look at breeding management separately. There are a lot of transgenic models here and those different colonies need to be managed. There is the herd health, which is colony management whether it is mice, rats, naked mole rats, or any other species that would be part of the colony management portion. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #3

What is your current cage count of all your animals? **Catherine McGuire, Cayuse**

### Answer #3

Currently, we have about 12,500 cages and we plan to double in the next two years depending on construction as the other building is being built currently. The naked mole rats and other species, I would say 200. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #4

How many active protocols are you currently managing approximately? **Mark Kenny, Key Solutions**

### Answer #4

Around 300. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #5

Which external billing system is being used mentioned in the RFP? **Mark Kenny, Key Solutions**



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### Answer #5

If you are referring to our institution's billing system, it is currently Lawson, but they are currently reviewing another upgrade to our system. A decision is soon to be made on the chosen ERP system as of right now I am not aware of which one it is. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #6

Any vendor preference on "vendor hosted versus "client hosted" solution? **Mark Kenny, Key Solutions**

### Answer #6

No preference now, but I would refer to my IT team, Larry, or Doug. **Dr. Paula Ezell, Director of Comparative Medicine Core**

No preference at this time. Vendor hosted would be nice depending on if it is an AWS or such. **Larry Kuba, Manager of Research IT Systems**

### Question #7

Is data migration in scope meaning, is there any part in our system where data needs to be taken out and migrated into the new system? **Mike McPherson, Xybion Digital Inc**

### Answer #7

Yes, data will need to be migrated from the managed IACUC protocols under the current local university over to Moffitt. Sumi soft is the company that will be helping with the migration but other than that as mentioned everything is on paper. If we will have it migrated or how that will be managed is going to be a challenge. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #8

For the response, should we not include data migration from us? Or include it as an option? **Mike McPherson, Xybion Digital Inc**

### Answer #8

We will assume that you have a way to tackle this for now. For now, include it as an option so we can compare everything, but we do have a current company that will assist. There are about 300 protocols to migrate over, and we did not want to panic about the PIs until we have investigated solutions. **Dr. Paula Ezell, Director of Comparative Medicine Core**



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### Question #9

Is there a list of quotes unquote of other external systems that we might have to connect, any ideas which ones those are and do they have API connections already? **Mike McPherson, Xybion Digital Inc**

### Answer #9

We have Allentown RFID WICOM managing census that has been purchased. Larry might know other programs but that is one purchased from me to manage the RFID cage census. **Dr. Paula Ezell, Director of Comparative Medicine Core**

Oncor was mentioned or CTMS, but they do have an API but limited. **Larry Kuba, Manager of Research IT Systems**

### Question #10

Is there a list of instruments along with types that are in scope to be interfaced with? If it cannot be provided that is okay. **Mike McPherson, Xybion Digital Inc**

### Answer #10

Clarify what you mean as far as instruments? **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Response #10

For example, if you are administrating anesthesia then what instruments are used for that? Are there any instruments in the lab that you are collecting that we will call non-clinical data as it can be connected right to the system so that you can get out of paper. **Mike McPherson, Xybion Digital Inc**

### 2<sup>nd</sup> Answer #10

So far, the team has been handwriting that. I am looking at different monitors and anesthesia machines for covered species that we could pull that data from. No names as of right now, as I am currently working through that process. The other solution mentioned by Larry is LIMS which is like the system solution mentioned it has a lot of have their transgenic mouse information. **Dr. Paula Ezell, Director of Comparative Medicine Core**

We do have a lab-managed LIM system that would be possibly integrated in as well. **Larry Kuba, Manager of Research IT Systems**

We want to know what options are. Again, this is a great opportunity to come into the ground and build the program out. **Dr. Paula Ezell, Director of Comparative Medicine Core**



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### Question #11

Do you need to be a fully GLP validated system or is it non-GLP? **Matthew Ginther, Topaz Technologies**

### Answer #11

Currently, we are non-GLP so that is where our focus is. There was potential discussion around having a GLP options but that will require some time to integrate into their overall program. I would not rule it out overtime, but right now we are looking into a non-GLP solution. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #12

Technical question on the RFP submission itself. There are some fields requesting an upload of documents or images, but those fields do not accept uploads. Can we provide those as an attachment somewhere else in the RFP? **Mark Kenny, Key Solutions**

### Answer #12

Yes, a PDF attachment is fine as we need to see. Not sure what it looks like on your end but on our end, we usually receive a parent in addition to the answers. If you have any trouble attaching it let me know. **Trillany Jacobson, Sr, Strategy Sourcing Analyst**

Any architectural renderings or diagrams or models that you can provide would be advantageous! **Doug Blankenship, Sr Solution Architect Business**

### Question #13

Could you please clarify the following. Question 4.29 reads "Please attach the current annual report." Are you referring to the financial report or what kind of annual report are you referring to? **Maty, Atunes**

### Answer #13

I believe it is financial reporting. **Trillany Jacobson, Sr, Strategy Sourcing Analyst**

### Question #14 (Follow Up)

The other question, 6.1 "Does your solutions catalog connect with the live up-to-date pricing?" What kind of pricing here? Are you referring to animal order or vendors, please be specific? **Maty, Atunes**

### Answer #14

Let us look at that for more clarification and send something out. **Dr. Paula Ezell, Director of Comparative Medicine Core**



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### Follow Up Response

We would prefer it to be connected with the animal vendors for live-up-to-date pricing. It would be nice to connect with other laboratory animal related vendors. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #15 (Follow Up)

How does your system limit patient data access for a particular user? Could you please clarify patient data? As we are not looking at human ethics from what I could read from the RFP. Typically, patient data refers to human ethics or RB, should that be understood as an animal data? **Maty, Atunes**

### Answer #15

Which question are you referring to? **Trillany Jacobson, Sr, Strategy Sourcing Analyst**

### Response #15

11.32 **Maty, Atunes**

### 2<sup>nd</sup> Answer #15

So that question was carried over as part of our standard security questions. Shall we modify it or strike it? **Trillany Jacobson, Sr, Strategy Sourcing Analyst**

We should discuss internally with the team. Since it is a standard question typically used, we are a human hospital for cancer research. Need to get clarification internally. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Follow Up Response

Patient data access (animal patient) should be limited to approved permissions. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #16

Could you please clarify how many expected users you anticipate having access to the new system? **Maty, Atunes**

### Answer #16

Expected users as in all my team and then....? **Dr. Paula Ezell, Director of Comparative Medicine Core**



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### Response #16

The executive summary mentioned 140 faculty members but that does not consider all the animal care staff, facility, husbandry member. Everyone that will have read-only access or read and write access need to access the system? **Maty, Atunes**

### 2<sup>nd</sup> Answer #16

Between 200 and 225 will have varied access because not everyone will have access to the IACUC protocol, veterinary care health records but at this time I would say 200 to 225 obviously when we open the new facility, which will be the same size as this facility that will exponentially grow as well. Does that answer your question, Maty? **Dr. Paula Ezell, Director of Comparative Medicine Core**

We will keep that in mind for flexibility reasons and consideration of your growth potential. **Maty, Atunes**

Remember not everyone will have access to the same sections. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #17

You mentioned the opening of a second facility. Are you looking for one single instance for both facilities or two separate instances, either now or in the future? **Matthew Ginther, Topaz Technologies**

### Answer #17

I would like one single instance for both facilities so that I can standardize all practices across both facilities so that no one has to learn anything new. I just want it to be streamlined. **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Question #18

Regarding the response, are you looking for a vendor that can complete everything entirely on the RFP or able to respond to part of it? **Yarley Geffrard, YNO Designs**

### Answer #18

With the timeline we have implementation in November, we would want the entire solution. Is that correct? **Trillany Jacobson, Sr, Strategy Sourcing Analyst**

We are on a tight timeline for this to roll out. I do not want my team to continue to work with paper. I would like to move on as new employees are training. It is best to migrate to a more efficient system for recording what we are doing as well as this efficient system for the team. So, a fully working system is important. **Dr. Paula Ezell, Director of Comparative Medicine Core**



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Please ensure that you submit Appendix 1 with your proposal. If you are not a diverse vendor, please include information in your proposal about any diversity initiatives that your company is involved with. **Trillany Jacobson, Sr, Strategy Sourcing Analyst**

### Question #19

I have a question about 5.34, it says "Do you currently have drop-down options for standards such as drug dosages, species, route administration? If yes, please submit a list of your standards." Is there a team in Vivarium conducting research for the principal investigator, or how does that system work? **Christian Garcia, PCORI**

### Answer #19

There are, but what I want the IACUC to be streamlined to select these are potential doses for these drugs and I want the PI to be able to go in there and select the drug and standardize what they are putting in. Currently, they contact us every time and hand write so we want to streamline the IACUC protocol to prepopulate to make it easy use for them. For the staff entering thing into health records or the anesthesia records they will be able to go from the drop-down menu and select where to put everything in. There are some things that my staff will need to write but depending on the weight of the animal. Does that help? **Dr. Paula Ezell, Director of Comparative Medicine Core**

### Response #19

It sounds like there needs to be a set standard of a particular dosage? In this case, it will not only apply to the IACUC creation of it but when the actual task is done, that it is completed, and it is recorded that it has been completed by our staff. **Christian Garcia, PCORI**

### 2<sup>nd</sup> Answer #19

Right, I would like it to be more streamlined because currently they can do one-appore placement but there could be eight different descriptions. It takes the team a long time and there is not a lot of standardization and consistency and so if I can streamline that for my users that intern would make it easier for everyone else. It will add more consistency and performance if you can offer that as an option. To make it clear, we will write those sections of dosages and medicine specifications as the pre-approved SOPs that I will vote on. No need to create it, just need the ability to put that into those sections. Just wanted to clarify. **Dr. Paula Ezell, Director of Comparative Medicine Core**

Thank you for the clarification. **Christian Garcia, PCORI**

To close, we want to remind you one last time if you have not done so to submit your email addresses so that we can share the meeting minutes with you. Thank you to everyone who attended. **Trillany Jacobson, Sr, Strategy Sourcing Analyst**

Proposals are due by May 10<sup>th</sup>, 2024, by 2:00pm EST, and must be uploaded to Sympplr/MD Buyline.