# Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Item No.	Description	Quantity	Unit	Delivered, Weeks/Months
	ABDOMINAL EXAMINATION TRAINER An anatomically accurate adult male torso. It can be used to teach and practice palpation of the abdomen, auscultation, and percussion elements of abdominal or gastrointestinal (GI) examination.			
	<ul> <li>OVERVIEW</li> <li>Trainer or Simulated Patient can vary respiratory movement of liver and spleen by the turn of a wheel</li> <li>Integral amplifier and surface mounted MP3 player. Allows training in auscultation of normal and high pitched or obstructed bowel sounds, renal and aortic bruits</li> <li>Volume of bowel sounds can be adjusted, and the MP3 player allows you to add additional sounds</li> <li>Distension set allows for realistic checking for ascites using percussion, shifting dullness or fluid thrill technique. As well as simulation of bowel obstruction on percussion and auscultation</li> <li>Pulse bulb allows simulation of a normal and aneurysmal aortic pulse</li> </ul>	·		
1	REALISM  Organs feel realistic on palpation and respond appropriately to percussion  Life like quality of abdominal skin allows stretching for gaseous distension and ascites simulation  Realistic ballottement of enlarged kidney	2	lot	Ninety (90) Calendar Days
	VERSATILITY  • Abdominal skin is simple to remove, allowing quick and easy changeover of organs  • Suitable for both bench top use and hybrid use with a Simulated Patient  • Model can be rolled onto its side for examination of ascites and shifting dullness			
	CLEANING • Skin surface is easily washable using soap and water			
	SAFETY • Product is Latex free • Weight of model is within male and female health and safety limits for lifting to chest height		25 ° 1	
	<ul> <li>ANATOMY</li> <li>Torso features include an abdomen, pelvis and lower part of the thorax</li> <li>Bony landmarks include ribs, costal margin, xiphisternum, pubic crest and anterior superior iliac spine</li> <li>3 livers: slightly enlarged, enlarged with smooth edge and enlarged liver with irregular edge</li> </ul>			

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	Slightly enlarged and markedly enlarged spleens			
	2 enlarged kidneys			
	Distended bladder			
	Normal and aneurysmal aortas			
	Set of 6 Abdominal Pathologies including 4 smooth			
	masses and 2 irregular hard masses			
	Distension Set including ascites bag, gaseous			
	distension bag, pump and foam insert			
	Simplified representation of lower thoracic and			
	lumbar spine			
	Tumour Spine			
	SKILLS GAINED			
	• Familiarity with the abdominal regions and			
	underlying anatomy			
	Practice in abdominal palpation, auscultation and			
	percussion			
	Ability to recognize and differentiate a range of			
	abnormal organs and pathologies			n.
	Identification of ascites, specifically shifting dullness			
	and fluid thrill			
	• Identification of gaseous distension and bowel			
	obstruction			
	Ballottement of kidneys			
	Professional-to-patient communication			
	ADVANCED BIRTHING SIMULATOR			
	An anatomically correct birthing simulator allowing for			
	multiple training scenarios.			
	OVERVIEW:			
	Bluetooth enabled baby for force monitoring during			
	shoulder dystocia drills			
	• Free, downloadable Birthing Simulator software			
	allows trainees' actions and interventions to be			
	recorded during drills, with time to deliver baby			
	• PDFs of trainee drills can be saved and printed for			
	debriefing			
	• Software compatible with Windows, PC, iOS and	=		
	Android devices			
	Software scenarios can be modified or created from			
	scratch to fit with your own language and procedures			
	DEALICM			
	REALISM			
	Suitable for use with Simulated/ Standardized Patient			Ninety (90)
2	Realistic pelvic floor	1	lot	Calendar Days
	Articulating thighs for McRobert's procedure			Calcildai Days
	Stretchable perineum			
	Soft, flexible birthing canal			
	VERSATILITY			
	• Additional optional modules available to extend			
	training: o Post-Partum Hemorrhage management o			
	C-section o Cervical Dilatation and Effacement			
	Optional lower legs for all fours position			
	Supports bench top training or hybrid simulation			
	CLEANING			
	Skin washable with soap and water			
	The state of the s			
	SAFETY			
	• Latex free			
	- Dates Hee			
			1	
	ANATOMY			
	ANATOMY  • Birth canal and cervix			

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	Ischial spines and pubic bone			
	Gynaecoid pelvis			
	Articulating thighs			
	• Fully articulated baby with clavicles, fontanelles,			
	flexible head, detachable umbilical cord and placenta			
	SKILLS GAINED Training and practice in the			
	following types of birth:			
	Normal			)
	Vaginal breech			
	Shoulder dystocia with force feedback*			
	Vaginal assisted (forceps and vacuum devices)			
	Third stage of labor			
	Cord prolapse			
	Urinary catheter placement			
	IM injection			
	Communication and teamwork skills			
	ADVANCED MALE RECTAL EXAMINATION			
	TRAINER			
	OVEDVIEW			
	OVERVIEW			
	Simulation of sphincter contraction allows trainees to			
	assess anal tone			
	• Interchangeable prostates can be quickly and easily			
	inserted, out of sight of the trainee			
	Left lateral positioning			
	Addition of impacted fecal matter allows trainees to			
	recognise and distinguish this common finding			
	• High quality illustration pack of 9 external anal			
	conditions			
	Offers a contractible anal sphincter, allowing for anal			
	tone assessment, and a fecal impaction clip in			
	module			
	• External ano-rectal illustrations are ideal for			
	incorporation into scenarios and OSCE assessments			
	,			
	REALISM			
	Soft, partable buttocks			
	• Realistic anus with resting tone and ability to			
2	contract	1	1-4	Ninety (90)
3		1	lot	Calendar Days
	VERSATILITY			
	• Trainer can also be presented in a 'semi standing'			,
	position using the optional Standing Position Stand			
	SAFETY			
	Latex free			
	ANATOMY			
	Buttocks, anus, rectum, prostate and perineum			
	Pathological perineum - with polyp and rectal cancer			
	4 abnormal prostates: o Benign unilateral enlarged o			
	Benign bilateral enlarged o Unilateral carcinoma o			
	Bilateral carcinoma			
	Zamorm om om om om o			
	SKILLS GAINED			
	<ul> <li>Digital examination of the anus, rectum and prostate</li> </ul>			
	Assessment of anal tone			
	Assessment of anal tone     Identification of faecal matter in the rectum			
	Identification of external ano-rectal conditions			
	Professional-to-patient communication			
	CONTAING			
			I.	
	CONTAINS			

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	Base Unit			
	Left lateral stand			
	Normal perineum with anal tone			
	Pathological perineum with anal tone			
	Normal prostate			
	Benign unilateral enlarged prostate			
	Benign bilateral enlarged prostate			
	Unilateral carcinoma prostate			
	Bilateral carcinoma prostate			
	Impacted fecal matter			i.
	External conditions illustration pack			
	Lubricant			
	CHEST DRAIN & NEEDLE DECOMPRESSION			
	TRAINER			
	Simulator to deliver training in both surgical and guide			
	wire assisted thoracostomy and thoracentesis, chest			
	drainage and needle decompression techniques. Chest			
	tube insertion is possible on both types of pad, with the			
	Advanced model's eco-lucent material allowing			
	practice of Seldinger's ultrasound technique.			
	OVERVIEW			
	OVERVIEW			
	Approved for use in ATLS (Advanced Trauma Life  Support) V10 courses			
	Support) V10 courses			
	• Reservoirs in the rear of the model can be filled with			
	fluid or mock blood to represent pleural effusion			
	REALISM			
	Needle decompression air reservoirs provide realistic			
	releases of air on insertion of needle			
	Anatomically accurate representation of an adult			
	male torso with raised arms			
	Standard Pads have a Pleural Layer which has			
	realistic give and "pop" when puncturing with	18		
	forceps or finger			
	• Combined use of the Advanced Pads and the chest			
	reservoirs allows for the simulation of pleural			Ninety (90)
4	effusion	2	lot	• ` ` ′
	Citusion			Calendar Days
	VERSATILITY			
	Able to perform the Seldinger Technique			
	Trainer can be used in a sitting or supine position			
	Trainer can be ased in a staning of supine position			
	CLEANING			
	• Clean the product with a damp soft cloth or sponge,			
	using warm water with mild detergent			
	• Always drain, clean and dry after use to ensure that			
	the trainer remains in good condition			
	SAFETY			
	This product is latex free			
	Product must be stored dry			
	• Trainer & accessories are heavy when packed in			
	carrying case, take care when transporting			
	• Standard Chest Drain Pads are not suitable for use			
	with liquids			
	ANATOMY			
	Adult male torso with raised arms			
	• Internal landmarks: ribs, lung and diaphragm			
	SKILLS GAINED			

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	<ul> <li>Needle decompression/ needle thoracostomy of a tension pneumothorax at both the 2nd and 5th intercostal space</li> <li>Ultrasound guided chest tube insertion, also known as the Seldinger Technique, including insertion of the needle into the pleural space under direct vision and ultrasonic recognition of chest structures</li> <li>Open or cut-down chest tube insertion, including recognition of correct position, surgical incision, blunt dissection through the chest wall, perforation of pleura and finger sweep</li> <li>Suturing of the tube to the chest wall</li> <li>Use of a chest drain, including using with an underwater seal</li> </ul>			
	ELECTRIC THREE FUNCTION HOSPITAL BED (1 set)			
5	<ul> <li>MAIN FEATURES:</li> <li>Detachable ABS head and foot board, durable</li> <li>One-step punching bed surface, durable and anti scratch</li> <li>Up-down ABS rails, 2 pcs/side, safe and reliable</li> <li>Center-control braking system, diameter: 150mm</li> <li>Long life and low noise</li> <li>Backrest adjustable: 0-75±5°</li> <li>Knee section adjustable: 0-45±5°</li> <li>Height adjustable: 200±20mm Two Crank Hospital Bed (1 set) Integrated stamping frame and mattress base are made of steel epoxy, polyester powder coated &amp; baked finish, resistant to chipping and scratching.</li> <li>FUNCTION:</li> <li>Back rest lifting angle is 0-75° (±5°)</li> <li>Knee rest lifting angle is 0-45° (±5°)</li> <li>Inclusion: o Detachable ABS head and foot board o Collapsible Aluminum rails o 5" Castor with brakes o Urine hooks o IV Drip holes o IV pole</li> </ul>	1	lot	Ninety (90) Calendar Days
6	FEMALE CATHETERIZATION TRAINER The Female Catheterization Trainer allows trainees to learn urinary catheterization techniques, as well as care of a pre-inserted suprapubic catheter via the pre ported bung. The feel of the catheter passing along the urethra into the bladder corresponds closely to real life.  OVERVIEW  • More robust design means longer lasting models, keeping on-going costs lower  • Ability to view catheter path when modules are used outside of the Pelvic Shell  • Improved Water System  • Softer, more realistic female anatomy  • Improved internal anatomy to allow for smoother insertion of catheter into the bladder  REALISM  • Supple urethra & resistant sphincter providing realistic response  • Anatomically accurate bladder  • Softer labia to practice parting using aseptic no touch technique	1	lot	Ninety (90) Calendar Days

	<ul> <li>Meatus is less obvious than previous simulator, allowing for truer to life experience when performing female catheterization</li> <li>Increased realism of anatomy, inclusion of a vaginal vault allows for potential insertion of catheter into the incorrect location</li> </ul>			
	<ul> <li>VERSATILITY</li> <li>Modules are removable and easily Interchangeable</li> <li>Ability to view the path of the catheter during procedures</li> <li>Non-drip valve</li> <li>Reusable double-sleeve catheter packaging is supplied for teaching aseptic technique</li> <li>Syringe supplied with water-based lubricant to</li> </ul>			
	simulate proprietary local anesthetic gel  CLEANING  Drain all water from the product  Remove all catheters from the trainer  Clean product surface with soft, damp cloth and mild detergent  Allow trainer to dry completely before storing			
	SAFETY  Components of the trainer are latex free Foley Catheter supplied is made of silicone coated latex  Use supplied Milton Antifungal agent to sterilize water  Always deflate the balloon before removing a catheter			
	<ul> <li>Only use mock gel that's supplied with the catheterization simulator</li> <li>Use lubricant when inserting the catheter</li> </ul>			
	<ul> <li>ANATOMY</li> <li>Can be used with a standardized patient to help improve communication skills</li> </ul>			
	ANATOMY  • Soft labia  • Subtle meatus  • Vaginal vault  • Pre-ported suprapubic catheter  • Pubic bone			
	SKILLS GAINED  Correct handling of female anatomy  Aseptic catheterization technique  Withdrawal of catheter  Urinary catheterization  Fluid management  Suprapubic catheter management on female anatomy			
7	IV PERIPHERAL INTRAVENOUS (IV) CATHETERIZATION ARM Intravenous Catheterization arm to teach injections, venepuncture techniques, phlebotomies, simulation and training of needle and catheter punctures. It also allows for the simulation of ultrasound-guided needle punctures. Accessible veins include the dorsal, basilica, and cephalic.	2	lot	Ninety (90) Calendar Days

	DIGITIDED.		T	
	INCLUDED:			
	Two feeding bags     Seconds of blood according			
	Sample of blood powder			
	AVAILABLE REPLACEMENT PARTS:			
	Skin (light, medium or dark)     Tyking (along or black)			
	Tubing (clear or black)     Plead newdor			
	Blood powder  MALE CATHETERIZATION TRAINER			
	MALE CATHETERIZATION TRAINER			
	Allows trainees to learn urinary catheterization			
	techniques specific to the male anatomy.			
	OVERVIEW			
	More robust design means longer lasting models,			
	keeping on-going costs lower			
	Ability to view catheter path when modules are used			
	outside of the Pelvic Shell			
	Improved Water System			
	Softer, more realistic male anatomy			
	Improved internal anatomy to allow for smoother			
	insertion of catheter into the bladder			
	insertion of catheter into the bladder			
	REALISM			
	• Supple urethra & resistant sphincter providing			
	realistic response			
	Anatomically accurate bladder			
	Flaccid penis with a removable foreskin for realistic			
	male catheterization			
	Increased mobility of the penis gives a more accurate			
	representation of inserting the catheter			
	l aprending the dament			
	VERSATILITY			
	Modules are removable and easily interchangeable			
	Module comes with removable foreskins			
	• Ability to view the path of the catheter during			Ninety (90)
8	procedures	1	lot	Calendar Days
	Non-drip valve			Caronaar Days
	• Reusable double-sleeve catheter packaging is			
	supplied for teaching aseptic technique			
	Syringe supplied with water-based lubricant to			
	simulate proprietary local anesthetic gel			
	CLEANING			
	Drain all water from the product			
	Remove all catheters from the trainer			
	Clean product surface with soft, damp cloth and mild			
	detergent			
	Allow trainer to dry completely before storing			
	CA FETTY			
	SAFETY			
	• Components of the trainer are latex free			
	Foley Catheter supplied is made of silicone coated  leter			
	latex			
	Use supplied Milton Antifungal agent to sterilize water			
	Always deflate the balloon before removing a catheter			
	• Only use mock gel that's supplied with the			
	catheterization simulator			
	Use lubricant when inserting the catheter			
	- 550 morrount when morning the catheter			
	1		1	
	ANATOMY			

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	Can be used with a standardized patient to help			
	improve communication skills			
	ANATOMY			
	• Pubic bone			
	Realistic meatus			
	Flaccid penis     Forestring (removehla)			
	Foreskins (removable)			
	SKILLS GAINED			
	Correct handling of male anatomy			
	Aseptic catheterization technique			
	Withdrawal of catheter     Urinary catheterization			
	Fluid management			
	OPHTHOSIM FUNDOSCOPY			
	Simulator Hands-on simulation system for students to learn how to diagnose and treat eye pathologies. Software and accompanying tools empower students to actively diagnose real-world eye conditions.			
	FEATURES:  • Computer and software driven ophthalmoscopy trainer  • 200 high-resolution images			
	<ul> <li>Instrumented ophthalmoscope detects instrument movement and orientation</li> <li>Eye geometry – replicates magnification of lens in</li> </ul>			Ningto (00)
9	<ul> <li>the human eye and different clinical conditions.</li> <li>Training and testing modules</li> <li>Land marking function to highlight specific</li> </ul>	1	lot	Ninety (90) Calendar Days
	pathologies  • Pre-annotated data images			
	Allows importation of own images to image library			
	INCLUSIONS:			
	Ophthalmoscopy simulator base unit			
	Laptop computer with simulator software			
	Eye Piece			
	Instrumented Ophthalmoscope			
	• Control Box			
	Protective Hard Case     PREHOSPITAL INSTRUCTOR DRIVEN			
	PATIENT SIMULATION DRIVEN			
	1 full body wireless adult mannequin in medium skin			
	tone, 2 preconfigured patients, 4 scenarios, 4 scenario			
	development licenses, lithium-ion battery, charger, fluid pump, Surface Pro Computer, 1 TouchPro			
	wireless patient monitor loaded into a compatible			
	Computer			
	_			Ninety (90)
10	Simulator Features: AIRWAY:	1	lot	Calendar Days
	Anatomically realistic upper airway modeled from			
	actual CT scan of real human.  • Allows for intubation: orotracheal and nasotracheal,			
	with detection of right main stem intubation			
	Gastric Distension with esophageal intubation			
	• ET Tube, LMA, Combitube and other airway			
	adjuncts			
	BVM Ventilation			

- Emergency Airway Procedures: needle cricothyrotomy, transtracheal jet ventilation, retrograde wire techniques
- · and cricothyrotomy.
- Must feature the following difficult airway: tongue swell, bronchial occlusion

#### ARTICULATION:

• Articulated elbows, and knees (bi-lateral).

### **BREATHING:**

- · Ability to exhale carbon dioxide.
- Bilateral or unilateral chest rise and fall
- · Spontaneous breathing
- Bilateral Chest tube insertion (sensored) with output of fluid
- Bilateral Needle decompression generates changes in pulmonary mechanics and gas exchange
- Esophageal intubation fully supported with gastric distention
- Breathing/Lung sounds must include all the following: Normal, crackles, diminished, wheezing.
- Lung sounds can be independently controlled.
- Integrated SpO2 probe with simulated patient monitor

#### CIRCULATION:

- Bilateral carotid, brachial, radial, femoral, popliteal, and dorsalis pedis pulses
- (14 pulse sites minimum)
- Decrease of systolic blood pressure beyond certain threshold automatically cause pulse deficit
- · Pulses synchronized with ECG
- ECG monitoring with real ECG monitor possible
- Blood pressure can be measured by palpation and auscultation.
- Hemodynamic monitoring for the following: o Arterial Blood Pressure o Left Ventricular Pressure o Central Venous Pressure o Right Atrial Pressure o Right Ventricular Pressure o Pulmonary Artery Pressure o Pulmonary Artery Occlusion o Thermodilution Cardiac Output

## CARDIAC:

- Cardiac Sounds must include ALL of the following: Normal, S3, S4, S3 and S4, Early Systolic Murmur, Mid Systolic Murmur, Late Systoloic Murmur, Pan Systolic Murmur, Late
- Diastolic Murmur.
- 5-lead dynamic ECG Display
- Allows for defibrillation, pacing and cardioversion using actual defibrillator
- During live defibrillation energy is automatically detected, quantified and logged.

## CPR:

- CPR Analysis AHA 2015 Compliant with CPR Matrix Display
- Proper CPR reflected in physiologic feedback of patient (i.e. changes in patient monitor display when CPR is performed)

	<ul> <li>Proper CPR results in changes in circulation, cardiac output, central and peripheral blood pressure, and carbon dioxide return.</li> </ul>			
	NEUROLOGICAL:  Reactive Pupils and blinking eyes  Convulsions  Pharmacology System:  Automatically calculates intravenous and inhaled medications for at least 60 drugs  Responses are automatic, dose dependent and follow appropriate time course			
	SECRETIONS: • Eyes, nose and mouth			
	SOUNDS:  • Heart, Breath and Bowel sounds  • Vocal Sounds  • Other sounds can be provided via wireless microphone			
	<ul> <li>TRAUMA:</li> <li>Bleeding and fluid drainage linked to physiology</li> <li>Two simultaneous bleeding sites</li> <li>1.5 liter blood tank capacity minimum</li> <li>Limbs can be removed at knees and elbows to support amputation scenarios</li> </ul>			
	UROLOGICAL:  • Interchangeable male and female genitalia  • Urine output  • Rate and flow of urine controlled by instructor			
	<ul> <li>VASCULAR ACCESS:</li> <li>IV insertion supported in right arm: cephalic, basilic and antebrachial veins</li> <li>IO site on anterior tibia</li> <li>Right jugular IV line for infusions</li> </ul>			
	SCENARIOS AND PATIENT PROFILE:  • At least 2 patient profiles separate from scenarios  • Scenarios programming should run over or in conjunction with patient profile (i.e. patient affects scenario outcome)  All scenarios provided must be evidence based and have the following: o Synopsis o Scenario Programming o Patient History o SBAR Handoff Report o Healthcare Provider Orders o Learning Objectives o Learning Performance Measures o			
	Preparatory Questions o Suggested Equipment and Supplies needed o Facilitator Notes  SIMULATION EQUIPMENT DEFIBRILLATOR			
11	INCLUDES: Defibrillator carry bag, AED pads, 3-lead ECG cables, student tablet, simulation software, license (monitor and AED), and first year warranty Includes: 12 lead ECG wire, SPO2 probe, NIBP cuff, IBP connector, temperature sensor and CO2 sample line	1	lot	Ninety (90) Calendar Days
	KEY FEATURES			

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	<ul> <li>Full range of typically monitored values common to defibrillators and AEDs (HR, SpO2, RR, ABP, and more)</li> <li>Simulates electrical therapy (defibrillation, cardioversion, pacing), with realistic responses</li> <li>Adjustable alarms and other settings</li> <li>Provides experiential learning skills required to deliver electrical therapy, configure a defibrillator or manage defibrillation of a patient (e.g., responding to alarms, adjusting layout based on patient mode and/or operator preference)</li> <li>Pads, ECG I, II, III, aVR, aVL, aVf, V1, V2, V3, V4, V5, V6, CO2, ABP, SpO 1</li> </ul>			
	TUBE FEEDING & TRACHEOSTOMY CARE & SUCTIONING TRAINING MODEL  Realistic training with anatomically correct structures.			
12	<ul> <li>Oral/Nasal feeding tube injection.</li> <li>Check tube placement by auscultation with stethoscope.</li> <li>Practicing with a real liquid food</li> <li>Easy to maintain; Detachable stomach and trachea.</li> <li>Positioning with a stand by adjusting the angle. (0°, 21~45°, 90°)</li> <li>Checking tube placement through transparent window</li> <li>Training tube feeding, PEG care, tracheostomy care, suction, gastrostomy tube care</li> </ul>	1	lot	Ninety (90) Calendar Days
	VIRTUAL ANATOMY DISSECTOR WITH MOTORIZED INTERACTIVE SMARTBOARD With the largest touch interface on the market, the Anatomy Viewer provides an ideal environment for quickly integrating virtual dissection expected in 21st century collaborative learning. Gestures, multiple touch points and easy-to-share tools allows groups of people to collaborate and learn anatomy as a team.			
13	<ul> <li>FEATURES:</li> <li>75" Touch Display with Motorized Height and Tilt Adjustment.</li> <li>Intel i7 CPU, Windows 10 and Android.</li> <li>VH Dissector Touch Anatomy Atlas.</li> <li>Interactive high resolution photographs of each one with labeled landmarks provide students with a way to study these details outside of the anatomy lab. Students can identify each landmark and view them from a variety of angles.</li> <li>Anatomy atlas features scan of a real human from the National Library of Medicine Specifications: Screen Size: 75" RAM: 4GB Storage: 32GB Resolution: 3840 x 2160 Android version: Android 8.0</li> </ul>	2	lot	Ninety (90) Calendar Days
14	<ul> <li>VIRTUAL ELECTRONIC DISSECTION TABLE 99"</li> <li>99" Digital Dissection Table for education on a motorized tilt stand – fully annotated human anatomy with the ability to read CT/MRI data and convert it to 3D for better understanding of the human anatomy.</li> <li>Comprehensive human body atlas: o fully annotated life size male and female human anatomy o coronal o sagittal o transverse planes of view o w/ regional anatomy o virtual dissection o organ animation o sectional anatomy o 3 axis display mode o Endoscope Teaching Mode</li> </ul>	1	lot	Ninety (90) Calendar Days

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<ul> <li>Radiological software that can read CT/MRI or DICOM data into 3D o DICOM based virtual cadaver</li> <li>Endoscope Mode</li> <li>Histopathology Atlas with the following tools/functions: o Annotation o Pen Tool o Image</li> </ul>	
Tool o Amplification  Hardware Specifications: CPU :Intel i9 RAM :16 GB HDD :4 TB SSD : 512 GBGPU: RTX 2060 Screen size: 99 inches Resolution: 3840 x 1080 Display Angle: 0° & 90° Wheels: Heavy Duty Caster Wheels	

\*\*\*\*\* Nothing Follows\*\*\*\*\*