



MyEyesAI Teleophthalmology Equipment Kit
REQUEST FOR PROPOSAL
 Strategic vendor partnership opportunity for senior living facilities, correctional facilities, remote clinics, and other mobility-limited care settings
Physician-led teleophthalmology + AI-assisted workflow
 June 23rd, 2026

RFP at a Glance

<p>Purpose</p> <p>Identify equipment vendors and strategic partners who can help build, support, and scale a portable ophthalmology data-collection kit.</p>	<p>Target settings</p> <p>Senior living, prisons and jails, remote/rural clinics, nursing homes, mobile clinics, and other sites where travel is a barrier.</p>
<p>Budget target</p> <p>Planning estimate: approximately \$30,000 - \$40,000 per comprehensive kit. Vendor quotes and service terms must confirm final pricing.</p>	<p>Clinical model</p> <p>Local staff collect standardized data. MyEyesAI supports triage and workflow. A licensed ophthalmologist remains the clinical decision-maker.</p>

Please indicate interest by July 30th, 2026
Contact: Rohit Mahajan, CEO and Co-Founder, info@myeyesai.com

1. Executive Summary

MyEyesAI is seeking proposals from equipment manufacturers, distributors, integrators, and strategic partners to assemble and support a portable teleophthalmology equipment kit. The kit will allow trained onsite staff to collect ophthalmic data from patients who cannot easily travel to an eye specialist. MyEyesAI will organize the intake, imaging, testing, urgency scoring, and care-plan support so that a remote ophthalmologist can review the case and make the clinical decision.

This is not a request for a random box of devices. MyEyesAI is looking for partners who understand real-world care delivery, can support multi-site deployment, and can help us turn difficult access environments into reliable points of ophthalmic care.

The core access problem

- Many patients in senior living facilities, correctional facilities, rural clinics, and mobility-limited settings cannot easily reach an ophthalmologist.



- Avoidable travel creates clinical delays, operational expense, security risk, missed visits, and unnecessary emergency department use.
- A portable ophthalmic data-collection kit can move the diagnostic front door to the patient while keeping the ophthalmologist in charge.

What we want from vendors

- A clear recommended kit configuration with equivalent or better alternatives where appropriate.
- Itemized pricing, warranty, training, support, service, and replacement terms.
- A practical deployment model for senior living, prisons, remote clinics, and mobile care environments.
- A willingness to explore strategic partnership models beyond one-time equipment sales.

2. RFP Administration

Field	Detail
RFP Issuer	MyEyesAI
RFP Contact	Rohit Mahajan
Release Date	June 23 rd , 2026
Vendor Questions Due	July 15 th 2026
Proposal Due Date	July 30 th , 2026
Expected Demo Window	August 15 th , 2026
Pilot Decision Target	August 30 th , 2026
Confidentiality	All vendor submissions will be treated as confidential. Vendors should mark proprietary sections clearly.

Proposal format

Vendors should provide a concise executive summary, a detailed bill of materials, specifications, pricing, an implementation plan, a support model, and a partnership proposal. We prefer substance over marketing language.



3. MyEyesAI Care Model and Workflow

The MyEyesAI kit is intended to make remote ophthalmology practical. The equipment captures the data. The platform organizes and supports the clinical workflow. The ophthalmologist makes the final call.

Step	Workflow stage	Plain-English description
1	Patient access site	Senior living facility, prison, remote clinic, nursing home, mobile care unit, or other location where travel is hard.
2	Onsite data capture	Trained staff collect history, symptoms, visual acuity, IOP, refraction data, fundus photos, external/anterior segment photos, and focused tests.
3	MyEyesAI review layer	MyEyesAI structures the case, supports urgency scoring, drafts a clinical summary, and suggests next steps for physician review.
4	Remote ophthalmologist review	The ophthalmologist reviews the data, validates or edits the assessment, determines urgency, and approves the plan.
5	Care coordination	The site receives clear next steps: treat locally; monitor; schedule an office visit; make an urgent referral; follow the emergency pathway; or request a specialist referral.

Non-negotiable clinical principle

The AI layer is advisory and workflow-supportive. It may help with urgency scoring, differential diagnosis, and treatment plan drafting, but it does not replace a licensed ophthalmologist or other responsible clinician.

4. Requested Kit Configuration

Vendors may propose exact devices, equivalent alternatives, or tiered configurations. Each proposal must explain how the proposed kit supports high-quality data capture in nontraditional care settings.



A. Core diagnostic and imaging devices

Component	Clinical purpose	Example products	Vendor response required
Fundus camera	Capture posterior segment images for diabetic eye disease, macular disease, optic nerve assessment, hypertensive changes, and triage.	Examples: Welch Allyn/RetinaVue-style camera, Volk handheld fundus camera, or comparable non-mydratic portable camera.	Required. Include image resolution, field of view, export formats, device connectivity, training needs, FDA/regulatory status, warranty, and service plan.
Visual acuity and visual field testing	Screen acuity and detect visual field defects where appropriate.	Examples: OllEyes or comparable portable visual field/acuity platform.	Required or proposed alternative. Explain workflow, reliability, patient positioning, test time, age/cognition constraints, and export options.
Icare tonometer	Measure intraocular pressure without a traditional applanation setup.	Icare or equivalent handheld tonometer.	Required. Include calibration, probe costs, cleaning protocol, training, and replacement terms.
Autorefractor	Support glasses/refraction assessment and identify refractive contribution to decreased vision.	Portable or compact autorefractor; tabletop acceptable if justified.	Required. Include accuracy, patient positioning, battery/charging, pediatric/elderly usability, and data export.
iPhone or iOS imaging device	Capture external eye photos, eyelid exams, ocular surface findings, close-up anterior segment images, and patient/site documentation when appropriate.	Current iPhone model with secure configuration and a high-quality camera, with optional macro/anterior segment accessories.	Required. Include device management, security controls, image workflow, accessories, protective case, and replacement plan.



B. Examination supplies and simple testing tools

Item	Purpose	Vendor response required
Fluorescein strips	Ocular surface assessment; corneal abrasion and epithelial defect evaluation.	Include expiration dating, packaging, storage needs, and replenishment pricing.
Topical anesthetic	Example: proparacaine for exams where clinically appropriate.	Subject to prescription, state law, facility policy, storage requirements, and licensed clinician oversight. Vendors should clarify what they can legally supply.
Blue/cobalt illumination	Fluorescein visualization for corneal abrasion checks and ocular surface evaluation.	Prefer clinically appropriate eye-safe blue/cobalt illumination. Do not substitute a generic UV light without confirming eye safety and intended clinical use.
Flashlight or transilluminator	Pupil checks and basic anterior segment screening.	Include a durable, rechargeable option preferred.
Amsler grid	Metamorphopsia screening for macular symptoms.	Include a laminated grid or a set of reusable cards.
Near vision/Snellen testing	Near acuity assessment in bedside or chairside settings.	Include near acuity card and guidance on test distance/lighting.
Gauze, eye pads, paper tape	Basic eye protection, post-exam comfort, and minor ocular surface workflow support.	Include starter quantity and replenishment package.
Cleaning and infection-control supplies	Device cleaning between patients and safe multi-site use.	Include device-approved wipes, cleaning schedule, and infection-control checklist.

C. Portability, case, connectivity, and field readiness

Requirement	Expected capability
Carrying case	Rugged wheeled case with foam inserts, labels, lockable compartments, and room for consumables.
Power management	Charging cables, battery backups if needed, surge protection, and clear charging workflow.



Requirement	Expected capability
Connectivity	Wi-Fi/cellular options, secure upload workflow, offline contingency, and compatible file transfer methods.
Quick-start materials	Laminated workflow checklist, device setup guide, cleaning checklist, troubleshooting card, and escalation instructions.
Training package	Remote and/or onsite training for technicians, nurses, correctional staff, facility staff, and supervising clinicians.
Support model	Help desk, replacement device process, repair turnaround time, loaner policy, and preventive maintenance schedule.

5. Functional Requirements

Requirement area	What MyEyesAI needs
Clinical data quality	Images and measurements must be good enough for remote ophthalmologist review when captured by trained non-ophthalmologist staff.
Ease of use	The kit must work in real-world settings with elderly patients, incarcerated patients, wheelchair users, limited cooperation, poor lighting, and tight spaces.
Portability	One person should be able to move the kit; setup and teardown should be simple.
Security	Devices and data workflows must support HIPAA-conscious handling, access control, encryption where applicable, and avoidance of PHI on unsecured local storage.
Interoperability	Vendors should describe export formats, APIs, cloud portals, DICOM/FHIR/HL7 support if available, image file access, and practical integration with MyEyesAI workflows.
Reliability	Vendors should propose maintenance, calibration, warranty, cleaning, replacement, and support processes suitable for multi-site deployment.
Corrections readiness	For prison/jail settings, vendors should address device inventory control, safety, limited connectivity, secure storage, staff training, and transport avoidance.



Requirement area	What MyEyesAI needs
Senior living readiness	For senior living and nursing homes, vendors should address bedside/chairside usability, cognitive impairment, mobility limitations, fall-risk awareness, and caregiver workflow.

6. AI-Supported Ophthalmology Workflow

MyEyesAI is designed to support ophthalmologists by turning standardized intake, testing, and imaging into a clinician-ready case summary. The equipment kit should generate data that reliably feeds this workflow.

Expected MyEyesAI-supported outputs

- Structured case summary for physician review.
- Urgency score or urgency category to help prioritize care.
- Differential diagnosis support and suggested next steps.
- Draft treatment plan or care coordination note for physician editing and approval.
- Referral response or site communication after physician approval, when applicable.

Vendor implication

Device outputs should be easy to export, upload, review, and attach to a patient encounter. The best partner will reduce clicks, reduce manual file handling, and reduce staff confusion.

7. Budget Target and Pricing Expectations

The current internal planning estimate is approximate.

Important pricing caveat

Device prices, service contracts, warranties, cloud fees, and consumables can change materially. Vendors must provide current written quotes and itemized recurring costs.

Cost category	Rough planning range	Notes for vendor quote
Fundus camera	\$6,000-\$18,000	Often the largest cost driver. Price depends heavily on camera class, software, warranty, and service.



Cost category	Rough planning range	Notes for vendor quote
Portable visual field/visual acuity platform	\$3,000-\$12,000	Depends on testing scope, headset/tablet hardware, subscription, and support model.
Icare tonometer	\$2,000-\$6,500	Include probes, calibration, warranty, and replenishment costs.
Autorefractor	\$3,000-\$12,000	Portable options vary widely. Vendors should justify model choice for field use.
iPhone, imaging accessories, case, device management	\$500-\$3,500	Include secure configuration, protective case, macro/anterior-segment accessories, and replacement plan.
Case, supplies, lighting, acuity cards, Amsler grid, cleaning materials	\$500-\$3,500	Consumables should be separated into a starter kit and recurring replenishment.
Training, implementation, integration, warranty uplift	\$1,000-\$8,000+	

Vendors should submit at least two configurations where possible: a standard kit and an enhanced kit that improves data quality, speed, service, or scalability.

8. Vendor Proposal Requirements

A complete response should include the following sections. Missing information may delay evaluation.

Required section	What to include
1. Executive summary	One-page summary of the proposed partnership, kit configuration, and strategic fit.
2. Bill of materials	Itemized list of every device, accessory, consumable, software license, warranty, support package, and optional upgrade.
3. Technical specifications	Device specs, image quality, export formats, power requirements, connectivity, size/weight, calibration, and maintenance.



Required section	What to include
4. Clinical workflow fit	How the proposed kit supports senior living, corrections, remote clinics, mobile care, and mobility-limited patients.
5. Integration plan	How data moves from each device into the MyEyesAI workflow. Include APIs, portals, file types, screenshots, and any manual steps.
6. Training and deployment	Training format, materials, staff roles, onboarding schedule, competency checklists, and launch support.
7. Service and warranty	Standard warranty, extended warranty, repair turnaround, loaner policy, help desk, escalation, and replenishment process.
8. Compliance and regulatory status	FDA/regulatory status, HIPAA/security controls, privacy practices, medication/consumable limitations, and cybersecurity posture.
9. Pricing proposal	One-time costs, recurring costs, volume discounts, lease/rental options, pilot pricing, service fees, and consumables.
10. Partnership model	Strategic partnership ideas: preferred vendor status, co-marketing, pilot support, revenue share, leasing, bundled support, or exclusive pricing.

9. Evaluation Criteria

MyEyesAI will evaluate proposals based on clinical usefulness, deployment practicality, total cost of ownership, and strategic partnership potential. Lowest price alone will not win.

Criterion	Weight	What we will look for
Clinical fit and data quality	25%	Does the kit produce reliable images and measurements for physician-led teleophthalmology?
Usability and portability	15%	Can trained onsite staff use it efficiently in senior living, prison, remote clinic, or mobile settings?
Integration and workflow	15%	How easily can outputs move into MyEyesAI without manual friction or unsafe workarounds?
Total cost of ownership	15%	Does pricing include realistic costs for service, consumables, warranties, subscriptions, replacements, and scaling?
Training and support	15%	Will the vendor help sites succeed after the sale?



Criterion	Weight	What we will look for
Strategic partnership potential	10%	Is the vendor willing to collaborate on pilots, scale, co-marketing, financing, or bundled deployments?
Compliance and risk management	5%	Does the proposal handle privacy, device security, regulatory status, cleaning, and medication limitations?

10. Strategic Partnership Opportunities

MyEyesAI is interested in practical partnership structures that help both sides scale access to ophthalmology. Vendors should propose the model they believe creates the best combination of quality, affordability, and speed.

Partnership model	Description
Preferred kit vendor	Vendor supplies standardized kits with negotiated pricing, replacement terms, and ongoing support.
Pilot partner	Vendor provides discounted or supported equipment for selected pilot sites in exchange for feedback, case studies, or preferred status.
Lease or rental model	Vendor reduces upfront cost and bundles service, upgrades, and replacements into a predictable monthly fee.
Revenue-aligned model	Vendor participates in deployment economics where legally and commercially appropriate.
Co-development partner	Vendor helps optimize device workflow, file export, training, and MyEyesAI integration for teleophthalmology use cases.
Multi-site scale partner	Vendor supports rollout across senior living networks, correctional systems, rural clinics, and health-system partners.

11. Pilot Deployment Plan

Vendors should describe how they would support an initial pilot and then scale to additional sites.

Pilot phase	Expected activity
Phase 1: Configure	Finalize bill of materials, secure quotes, confirm data workflow, confirm regulatory and security details, and assemble the kit.



Pilot phase	Expected activity
Phase 2: Train	Train onsite staff and supervising clinicians; provide quick-start guides and competency checklists.
Phase 3: Launch	Run initial encounters with vendor support available; track image quality, test completion, staff time, and technical issues.
Phase 4: Review	Evaluate data quality, patient throughput, transport avoidance, physician review experience, staff usability, and total cost.
Phase 5: Scale	Refine kit, pricing, training, replenishment, and support model for broader deployment.

12. Compliance, Safety, and Operational Guardrails

- Vendors must clearly identify each device’s regulatory status and intended use.
- Medication-related items, including topical anesthetics, are subject to prescription, licensure, storage, expiration, and facility policy requirements.
- The kit must support secure handling of patient images and data. Vendors should avoid workflows that require PHI to remain on unsecured personal devices or unmanaged local storage.
- The AI-assisted workflow is not autonomous diagnosis. Ophthalmologist review and approval remain central to clinical decision-making.
- Vendors should provide cleaning, infection-control, maintenance, calibration, and replacement protocols for each device.
- For correctional settings, vendors should address safe storage, inventory control, restricted accessories, staff safety, and limited-connectivity environments.

Appendix A: Vendor Response Checklist

Checklist item	Vendor check
Executive summary included	<input type="checkbox"/>
Complete bill of materials included.	<input type="checkbox"/>
Current itemized pricing and quote expiration date included	<input type="checkbox"/>
Recurring fees, consumables, subscriptions, and service costs are separated	<input type="checkbox"/>
Device specs and regulatory status included	<input type="checkbox"/>
The training and implementation plan included	<input type="checkbox"/>



Checklist item	Vendor check
Warranty, repair, replacement, and loaner policy included	[]
Data export/integration workflow described	[]
HIPAA/security/privacy approach described	[]
Strategic partnership option proposed	[]
References or comparable deployments included	[]

Appendix C: Draft Vendor Pricing Template

Category	One-time cost	Recurring cost	Warranty	Lead time	Notes
Fundus camera	\$	\$			
Visual field/acuity platform	\$	\$			
Icare tonometer	\$	\$			
Autorefractor	\$	\$			
iPhone / imaging / MDM	\$	\$			
Case and supplies	\$	\$			
Training/rollout	\$	\$			
Warranty/support	\$	\$			
Consumables	\$	\$			
Total	\$	\$			

Bottom line

MyEyesAI is looking for a partner who can help us turn ophthalmology into an on-site service for patients who otherwise wait, travel, or forgo care. The winning proposal will be clinically sound, operationally realistic, and scalable.