



CCSG Supporting Research Management System (RMS)

3/13/2026

## Table of Contents

1. Purpose .....	2
2. Response Instructions .....	2
3. Nondiscrimination .....	2
4. Background .....	3
5. Objectives and Strategic Drivers (SCOPE OF WORK) .....	3
6. Product Information Request .....	3
Cost Estimates.....	3

## 1. Purpose

This is a Request for Information (RFI) only and does not constitute a commitment, implied or otherwise, that NYU Langone Hospitals (NYULH) will take procurement action in this matter. Further, NYULH will not be responsible for any cost incurred in furnishing the information requested. Any follow-on procurement strategy will be based on the results of the information provided and available funding.

## 2. Response Instructions

Unauthorized contact regarding this RFI with employees of the Hospital other than the designated Hospital contact or their designee may result in disqualification from this process.

All questions regarding interpretation or specifications must be submitted in writing to [ITSourcing@nyulangone.org](mailto:ITSourcing@nyulangone.org) only. Under no circumstances shall vendor contact any employee of NYULH. Any dialogue initiated by the bidder not addressed to contact above will result in an immediate disqualification.

Any oral communications shall be considered unofficial and non-binding with regard to this RFI.

The Hospital reserves the right to determine, at its sole discretion, the appropriate and adequate responses to written comments, questions, and requests for clarification. The Hospital's official responses and other official communications pursuant to this RFI shall constitute an amendment of this RFI. Only the Hospital's official, written responses and communications shall be considered binding with regard to this RFI.

Any oral communications shall be considered unofficial and non-binding with regard to this RFI.

Proposals must be submitted to [ITSourcing@nyulangone.org](mailto:ITSourcing@nyulangone.org) no later than **03/20/2026**. A proposal must respond to the written RFI and any RFI exhibits, attachments, appendix or amendments. A late proposal may not be accepted, and a proposer's failure to submit a proposal before the deadline may cause the proposal to be disqualified.

## 3. Nondiscrimination

No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in treatment or activities on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or State Constitutional or statutory law; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with the Hospital.

## 4. Background

NYU Langone Health is a world-class, patient-centered, integrated academic health system, known for its excellence in clinical care, research, and education. NYU School of Medicine has trained thousands of physicians and scientists who have helped to shape the course of medical history. Also part of NYU Langone Health, the Laura and Isaac Perlmutter Cancer Center is a National Cancer Institute–designated cancer center.

NYU Langone Health is one of the nation’s premier academic medical centers. Our trifold mission to serve, teach, and discover is achieved daily through an integrated academic culture devoted to excellence in patient care, education, and research. NYU Langone Hospital Includes Tisch Hospital, Kimmel Pavilion, Hassenfeld Children’s Hospital, NYU Langone Hospital—Brooklyn, NYU Langone Orthopedic Hospital, NYU Langone Hospital—Long Island, NYU Langone Hospital—Suffolk. NYU Langone Health consistently ranks among the nation’s top 50 hospitals in leading annual surveys. It has also been rated among the best hospitals in the country for the safety and quality of its care, and has earned a Magnet Award for excellence in nursing, conferred on less than 6 percent of the nation’s hospitals.

## 5. Objectives and Strategic Drivers (SCOPE OF WORK)

### Purpose:

A Research Information Management System (RIMS) serves as an institutional hub that aggregates, curates, and connects data about researchers, their affiliations, activities, and outputs—such as grants, publications, datasets, clinical trials, and shared resource usage—to support discovery, reporting, and decision-making. By integrating feeds from enterprise grants/finance, HR, and bibliographic sources (e.g., PubMed, Crossref, ORCID), a RIMS maintains authoritative researcher profiles and relationships, reduces manual data entry, and improves data quality and consistency. It enables efficient generation of CCSG Data table 1 (DT1: Membership) and Data table 2 (DT2: Peer-Reviewed Cancer-Relevant Research Support) and supports NCI accreditation. Additionally, it can support internal analytics and benchmarking, and narratives for strategic planning. It also increases visibility of institutional expertise through searchable directories and public profiles, facilitating collaboration and outreach. Overall, a RIMS provides a governed, interoperable foundation for tracking research activity across its lifecycle and demonstrating impact to stakeholders.

### Structure:

#### Membership (center membership)

- Definition: The roster of individuals formally recognized as Cancer Center members with primary/secondary program affiliations and categories (e.g., full/associate).
- Key data: Person ID, membership category, primary/secondary program(s), effective dates, status, leadership flags, contact/department, eligibility attributes.
- Integrations: HR for appointments/ranks/departments, used as source for Grant and Publication tracking.
- Workflows:
  - Intake/updates: Nightly HR sync creates/updates person records; new faculty trigger “candidate member” status.

- Web-based intake form that can be accessed by both internal and external members.
- Application/approval: Member requests or nominations routed to Program Leader and Center Admin; decision and effective dates recorded.
- Maintenance: Category changes, leaves of absence, and departures managed with future-dated changes; automated alerts for missing primary program.
- QC: Validation that each active member has exactly one primary program; exception reports for lapsed appointments.

### Senior Leadership

- Definition: Designated leaders (e.g., Center Director, Associate Directors, Program Leaders, Shared Resource Directors) with time-bounded appointments.
- Key data: Role type, person, effective/expiry dates, reporting lines, bios.
- Integrations: HR (titles)
  - This is currently manual entry.
- Workflows:
  - Appointment: Admin assigns role with start date; optional approval by Center Director; role appears in rosters and public pages.
  - Transitions: Future-dated successors; end-dating and archival of outgoing leaders; automated notifications to affected programs/resources.
  - QC: Reports of roles nearing end date; checks for vacant critical roles.

### Research Programs

- Definition: Thematic research programs with aims, leadership, and member rosters.
- Key data: Program code/name, aims/description, leaders, membership roster, related cores, related DMGs, start/end/active status.
- Integrations: Membership (primary affiliations), grants/publications (attribution), reporting (DT1/DT2).
- Workflows:
  - Program setup: Admin defines program metadata and leaders.
  - Membership management: Primary program assignments enforced; leaders can propose roster changes; Center Admin finalizes.
  - Attribution: Rules engine assigns grants/publications to primary program by default, with curated exceptions.
  - QC: Reconciliation of program totals (members, funding) and detection of double counting.

**Shared Resources (Cores)** - Definition: Centralized facilities/services supported by the CCSG (and others), with directors, offerings, and usage.

- Key data: Resource name/type, director(s), services, rate schedule reference, funding sources, user logs, acknowledgments language.
- Integrations: Core management systems (e.g., iLab/PPMS) for usage; Membership for user identity; Grants for chargebacks/acknowledgments.
- Workflows:
  - Resource registry: Admin maintains resource metadata and leadership.
  - Usage ingestion: Scheduled pulls of transactions and users; identity resolution to members; mapping to programs and grants.
  - Reporting: Utilization by program/member, acknowledgment compliance, and impact narratives.
  - QC: Orphan usage (unknown users), duplicate users, and outlier charges.

## DMG

- Definition: Multidisciplinary, disease-site groups coordinating clinical care and research, often bridging programs and clinical departments.
- Key data: Disease site, chair(s), roster (clinicians, scientists, staff), linked trials and grants, meeting cadence/minutes, performance metrics (e.g., trial accruals if integrated).
- Integrations: HR/clinical rosters; CTMS (e.g., OnCore) for trials and accruals if connected; Membership for crosswalks; Programs for scientific alignment.
- Workflows:
  - Group management: Admin or DMG chair maintains roster and leadership; scheduled meetings recorded.
  - Linkage: Trials and relevant grants tagged to DMGs; optional automatic linkage via disease keywords with curator review.
  - Reporting: Disease-site dashboards combining membership, trials, accruals, and publications.
  - QC: Verification of active chairs and up-to-date rosters; monitoring inactive groups.

## Grants

- Definition: Sponsored awards and components relevant to the Center, including mechanisms, leaders, costs, and program attribution for CCSG reporting.
- Key data: Prime award and subaward records, sponsor, mechanism, grant number, PI/PD(s), status, dates, annual direct costs, cancer relevance, peer-review flag, multi-project components with leads and costs, program attribution.

- Integrations: Enterprise grants system (Huron/Kuali/Cayuse/etc.) via API/extracts; Membership for PI identity; Publications for acknowledgments; Sponsor registries.
- Workflows:
  - Ingestion: Nightly ETL pulls active awards; identity resolution; normalization of sponsors/mechanisms; componentization of P/U mechanisms.
  - Classification: Rules + curation tag peer-reviewed status and cancer relevance; exclusion of non-allowable mechanisms (training/equipment/industry as per policy).
  - Attribution: Assign awards/components to one primary program (or documented split); subaward direct costs computed; indirects excluded.
  - Snapshotting: “As-of” freezes for DT2 with checksum totals; change logs for inclusions/exclusions.
  - QC: Duplicates, status-date conflicts, missing costs, component sums vs. parent, double counting across programs or PIs.

## Publications

- Definition: Bibliographic outputs authored by members (articles, preprints, datasets) with links to grants, programs, and shared resources.
- Key data: DOI/PMID, title, journal, publication date, author list with affiliations, corresponding author, PMCID compliance, grant acknowledgments, cancer relevance tags, program attribution.
- Integrations: PubMed/Medline, Crossref, ORCID (author-claimed works), Scopus/Dimensions (if licensed); Grants (acknowledgments); Membership (author identity). API to directly source from Library database.
- Workflows:
  - Harvesting: Scheduled API pulls.
  - Disambiguation: Algorithmic author matching with curator review; member author confirmation portals (optional).
  - Confirmation that member publication is Cancer related – not a non-related publication for another area.
  - Linking: Automated extraction of grant numbers from acknowledgments; program attribution by member primary program with curator overrides.
  - Compliance: PMCID tracking and reminders (if used); shared-resource acknowledgment checks.
  - QC: False positives/negatives in author match; duplicates; missing grant links.

## 6. Product Information Request

Please review and answer all the questions in the Vendor Feature & Functions Evaluation Questionnaire (Appendix – A attached)

### *Cost Estimates*

1. Provide MSRP/budgetary prices and pricing model **only on** the attached unlocked/unprotected Pricing Template (Appendix-B) using the above-mentioned assumptions. This information will not be used for product selection, but rather to identify the appropriate sourcing process to be followed.
  - a. Cover your licensing model – yearly or subscription based? One-time cost?