GO / NO-GO DECISION REPORT

Version: 1.1 (Revised) | **Classification:** CUI | **Distribution:** Internal Consortium Only

DIU AI-Assisted Triage & Treatment Challenge (PROJ00628)

Prepared for: Veteran Vectors (Prime) | Authentic Consortium

Date: February 24, 2026

1. OPPORTUNITY SUMMARY

Field	Detail
Solicitation	DIU CSO HQ0845-20-S-C001 (New AOI posted under existing CSO umbrella)
Project ID	PROJ00628
Contracting Authority	Defense Innovation Unit (DIU)
Requirements Sponsor	PM Soldier Medical Devices (PEO Soldier)
Operational User	30th Medical Brigade
Award Type	Prize Challenge (up to 8 finalists); pathway to OTA Prototype Agreement
Prize Pool	$999,000 (split among finalists; may be tiered based on ranking, est. $50K-$200K per finalist)
Open Call Close	March 2, 2026
Semi-Finalist Notification	~March 9, 2026
Pitch Days	April 7-8, 2026
Live Demo (Sword 2026)	May 8-12, 2026

Field	Detail
Deliverable Scale	30 units by May 2026; 15,000 units/yr by May 2027
Evaluation Criteria	Introduction, System Effectiveness, Technical Feasibility, Scalability/ Economics, Commercial Viability, Submission Quality

2. REQUIREMENT FIT ANALYSIS

2.1 Core Need

The DoD requires a **portable, ruggedized, network-capable hemodynamic status monitoring system** for forward (Role 1/2) combat medics performing Tactical Combat Casualty Care (TCCC), CASEVAC, and MEDEVAC operations. The system must operate in Disconnected, Intermittent, and Limited-bandwidth (DDIL) environments.

2.2 Capability Alignment Matrix

Requirement	Consortium Capability	Fit
Hemodynamic monitoring (vitals, trend analytics)	Software/AI analytics layer -- Veteran Vectors core competency in AI/ML edge inference and time-series analytics	STRONG
Hardware (ruggedized, wearable/standoff, 72-hr battery)	Requires hardware partner within consortium (medical device OEM)	MODERATE -- requires partner validation
BATDOK/ATAK/EHR integration	Software integration -- achievable via standard APIs and military data standards. Note: BATDOK API access not yet confirmed	MODERATE -- contingent on API access confirmation
Cloud + on-premise/DDIL edge compute	Edge AI deployment is Veteran Vectors' strength; demonstrated on ARM platforms	STRONG
FDA 510(k) clearance	Must leverage consortium partner with existing 510(k) pathway or predicate device	CRITICAL GAP -- no partner confirmed
IL-5 ATO/FedRAMP	Consortium experience with gov cloud compliance; IL-5 NOT required for prize challenge phase, required for follow-on OTA	MODERATE -- Phase 3 requirement

Requirement	Consortium Capability	Fit
Manufacturing scale (15K units/yr)	Requires manufacturing consortium partner	MODERATE -- requires partner validation
AI-assisted triage decision support	Core alignment with Veteran Vectors AI/ML capabilities	STRONG

2.3 Consortium Status

- **Veteran Vectors (Prime):** Veteran-owned small business; AI/ML software development; edge computing; DoD-cleared personnel; mission-driven culture with first-hand understanding of battlefield conditions

IMPORTANT: As of February 24, 2026, no consortium partners have been formally committed. The following roles require confirmed partners before submission:

- **Authentic Consortium Partners (Required -- Not Yet Confirmed):**
- Medical device OEM partner (hardware, FDA 510(k)) -- **CRITICAL: Must be confirmed before March 2**
- Cloud/cybersecurity partner (IL-5, FedRAMP)
- Manufacturing/logistics partner (scale production)
- Clinical/TCCC subject matter experts

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3. RISK ASSESSMENT

3.1 Key Risks

Risk	Severity	Likelihood	Mitigation
No FDA 510(k) predicate device in consortium	HIGH	HIGH	Identify and onboard medical device partner with existing clearance pathway immediately; no confirmed partner = NO-GO
Software development timeline (12-week sprint)	HIGH	MEDIUM	Use COTS hardware base; develop against hardware abstraction layer + simulators from Week 1; parallel tracks
	HIGH	MEDIUM	

Risk	Severity	Likelihood	Mitigation
Hardware procurement timeline (30 units by May 2026)			COTS platform selection by Feb 26; procurement by Apr 15, allowing 3 weeks for SW integration
Significant investment with no guaranteed return	MEDIUM	HIGH	Total exposure if selected as finalist: ~$661K vs. ~$125K est. prize share. Gap funded by consortium cost-sharing and Veteran Vectors operating capital. View as OTA pipeline investment
BATDOK / ATAK API access not confirmed	MEDIUM	MEDIUM	Submit API access requests by Mar 5 (BATDOK) and Mar 10 (ATAK SDK); fallback to standard HL7 FHIR if BATDOK API delayed
Consortium formation legal/administrative timeline	MEDIUM	MEDIUM	Execute Letters of Intent by Mar 2; full teaming agreements by Mar 15; engage legal counsel immediately
Training data access (JTTR DUA)	MEDIUM	MEDIUM	Begin JTTR Data Use Agreement process immediately; develop initial models on MIMIC-III/IV (publicly available); fine-tune on JTTR when available
Competition from established medical device companies	MEDIUM	HIGH	Differentiate on AI/ML analytics, DDIL-native edge AI, and BATDOK/ATAK integration -- capabilities incumbents lack
IP and data rights in OTA/prize structure	MEDIUM	LOW	Clarify IP allocation among consortium partners in teaming agreement; negotiate government purpose rights in OTA terms
Hardware ruggedization requirements	MEDIUM	LOW	Partner with proven mil-spec device manufacturer
DDIL edge compute performance	MEDIUM	LOW	Leverage ONNX Runtime on ARM; prototype and benchmark early
Manufacturing scale to 15K/yr	MEDIUM	MEDIUM	Contract manufacturing partner with DoD supply chain experience

3.2 Showstoppers

1. **FDA pathway** -- Without a consortium member possessing a 510(k)-cleared hemodynamic monitoring device (or credible predicate device pathway), the proposal

will score poorly on System Effectiveness. As of this report date, no medical device partner is confirmed.

2. **Hardware availability** -- Delivering 30 functional units by May 2026 requires starting from a COTS platform, not a custom build.
3. **Unvalidated technical claims** -- The White Paper cites specific performance targets (>95% sensitivity, <50ms inference, 15--30 minute early warning) that have not been validated against the proposed hardware platform. These must be framed as design targets with validation plans.

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4. FINANCIAL ANALYSIS

4.1 Investment Tiers

Tier	Scope	Estimated Cost	Timing
Tier 1: Submission	Solution Brief + White Paper preparation, consortium formation	$15,000 - $25,000	Feb-Mar 2026
Tier 2: Finalist Execution	Software development (~$556K) + 30 prototype units (30 x $3,500 = $105K)	~$661,000	Mar-May 2026
Tier 3: Production Scale	Sustained engineering, FDA, ATO, manufacturing integration	~$1.5M/year	Jun 2026-May 2027

4.2 Revenue Potential

Item	Estimate
Prize Award (if selected finalist)	$50,000 - $200,000 per finalist (tiered; 8-way split not guaranteed)
Follow-on OTA Prototype Value	$2M - $10M (typical DIU prototype OTA range)
Production Contract Potential	$37.5M--$52.5M/yr (15,000 units x $2,500--$3,500 gov contract price); multi-year IDIQ could exceed $100M

4.3 Cash Flow Analysis

Period	Outflow	Inflow	Net Position
Feb-Mar 2026 (Submission)	-$25,000	$0	-$25,000
Mar-May 2026 (If selected as finalist)	-$661,000	+$125,000 (est. prize)	-$561,000
Jun 2026+ (If awarded OTA)	-$1.3M/yr	+$2M-$10M OTA	Positive

Funding gap: If selected as finalist, the consortium must fund ~$561,000 net before any OTA award (including submission costs). This must be covered by: - Veteran Vectors operating capital (Tier 1 submission costs) - Consortium partner cost-sharing (hardware procurement, FDA, and ATO costs borne by respective partners) - Prize award partial offset

Note: Cost-sharing model among consortium partners must be defined in the Teaming Agreement. The medical device OEM and manufacturing partners are expected to bear hardware and production costs; Veteran Vectors bears software development costs.

4.4 ROI Assessment

Even at the maximum Tier 2 investment of ~$661K, the potential follow-on OTA ($2M-$10M) and production contract ($37.5M+/yr) represent a strong ROI. However, the investment is significant and requires consortium cost-sharing to be viable for Veteran Vectors as a small business.

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5. COMPETITIVE POSITIONING

Advantages

- **Veteran-owned:** SDVOSB status; authentic understanding of combat medic challenges (founding team includes combat veterans)
- **AI/ML differentiation:** Edge AI triage classification and deterioration early warning -- capabilities no existing battlefield monitor provides; incumbents are hardware-first, VitalEdge AI is AI-first
- **DDIL-native architecture:** Purpose-built for disconnected operations, not retrofitted cloud systems
- **Military integration:** Purpose-built BATDOK and ATAK integration, not aftermarket adapters

- **Consortium model:** Best-of-breed team without single-vendor overhead

Disadvantages

- Medical device incumbents (Philips, Masimo, Zoll) have existing FDA-cleared platforms and may propose with minimal modification
- Hardware development is not a core Veteran Vectors competency -- dependent on consortium partner
- No prior DIU award history (White Paper states "Prior DIU Awards: N/A")
- No confirmed consortium partners as of report date -- risk of being perceived as a "paper consortium"
- No demonstrated past performance in medical device development specifically
- No existing relationship with PM Soldier Medical Devices or 30th Medical Brigade
- Prize challenges attract large applicant pools, including well-funded startups with working prototypes

Competitor Strategy Assessment

- **Masimo:** Likely to propose existing RAD-67 or similar with AI software enhancement. Strong FDA pathway and hardware, but weaker on DDIL edge AI and military system integration
- **Zoll:** Propaq-based monitoring with existing military contracts. Strong logistics and manufacturing, but limited AI/ML differentiation
- **Philips:** IntelliVue platform adapted for field use. Deep FDA and clinical validation, but bulky form factor and cloud-dependent analytics
- **Startups:** Various AI health startups may propose novel approaches but likely lack DoD integration experience and FDA-cleared hardware

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6. GO / NO-GO RECOMMENDATION

RECOMMENDATION: CONDITIONAL GO

Conditions for GO (Tiered Milestones):

Milestone	Deadline	Required Action
Verbal commitment from medical device OEM partner with identified FDA 510(k) predicate device	Feb 26, 2026	Named partner + specific predicate device 510(k) number
COTS hardware platform selected and procurement path for 30 units confirmed	Feb 26, 2026	Delivery by Apr 15, 2026 (3 weeks for SW integration before Sword)
Letters of Intent executed with all consortium partners	Mar 2, 2026	Signed LOIs before Solution Brief submission
Total submission investment stays under $25,000	Mar 2, 2026	Tier 1 costs only; Tier 2 finalist execution authorized separately
Full Teaming Agreement with cost-sharing	Mar 15, 2026	IP allocation, revenue split, cost ownership defined

Rationale: The opportunity is strategically valuable. The pathway to a multi-million-dollar OTA prototype agreement and subsequent production contract ($37.5M+/yr) makes this a high-value pipeline opportunity. Veteran Vectors' AI/ML software capabilities are a strong differentiator for the analytics, decision-support, and integration layers. The consortium model covers hardware and regulatory gaps. However, proceeding without a confirmed FDA 510(k) pathway would be a losing proposition, and the ~$661K finalist execution cost requires consortium cost-sharing to be viable.

If conditions are met: FULL GO -- proceed with Solution Brief and White Paper submission. If conditions are NOT met by Feb 26: NO-GO -- preserve resources for better-aligned opportunities.

NO-GO actions if triggered: - Cease all bid preparation activity - Notify any partially engaged potential partners - Document lessons learned for future DIU opportunities - Evaluate whether the VitalEdge AI concept has value for other solicitations or as a software-only offering on another team's proposal

Fallback strategy: If the full consortium cannot be formed but a medical device OEM partner is confirmed, Veteran Vectors could explore joining another team's proposal as the AI/software component provider rather than serving as prime.

Decision Authority: _____ (Veteran Vectors CEO/President)

Consortium Lead Concurrence: _____ (Authentic Consortium Lead)

Prepared by: AI Strategy Analysis | Authentic Consortium Bid Team Version 1.1 -- Revised per internal review recommendations