

TEN QUESTIONS FOR ANY AI LONGEVITY VENDOR

A Procurement Checklist for Longevity Clinics

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Healthcare learned to buy outcomes, not features. Longevity clinics are still buying features: markers, dashboards, chatbots. These ten questions align vendor incentives with results. Each is linked to a published standard you can cite in procurement.

#	QUESTION	WHY IT MATTERS	STANDARD
1	What is your intended use — a regulated device claim or a wellness claim?	Sets the regulatory and liability burden.	FDA General Wellness guidance (Jan 2026)
2	Show me external validation on a population like ours.	Clocks and models are mostly trained on UK and US cohorts.	TRIPOD+AI, BMJ
3	What is your deployment discount: benchmark vs real-world performance?	The Epic sepsis gap: 0.76–0.83 benchmark vs 0.63 real-world.	JAMA Internal Medicine
4	Is there a published model card?	Transparency on training data, limitations and subgroup performance.	CHAI Applied Model Card
5	What is the test-retest noise of each measure you report?	Separates real biological change from assay noise.	Higgins-Chen group, bioRxiv
6	How do you monitor for drift after deployment, and how do you notify us?	Models degrade as populations, devices and lab methods change.	Post-deployment scoping review, PMC
7	How are model updates controlled?	Unannounced changes break your validation and audit trail.	FDA PCCP guidance
8	Was there a live clinical evaluation, not just retrospective testing?	Human-AI interaction changes results (the Oxford trial).	DECIDE-AI, BMJ
9	Where is data stored, is it used for training, and can we export it?	Privacy, vendor lock-in and data portability.	NHS DTAC
10	Which outcome metrics will you commit to in the contract?	Aligns vendor incentives with clinical outcomes, not feature counts.	Outcome-based contracting

Buy outcomes, not features.

If the answer to any of these is no, that is where your programme is leaking evidence.

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