

## MINISTRY OF HEALTH AND SOCIAL

## PROTECTION OF POPULATION

## REPUBLIC OF TAJIKISTAN

**Supply of Medical Equipment for Intensive Care Units**

**Emergency Support for Building COVID-19 Pandemic Preparedness and Response Capacity in the Republic of Tajikistan**

**July 2020**

## REQUEST FOR QUOTATION (RFQ)

**Project Title:** Emergency Support for Building COVID-19 Pandemic Preparedness and Response Capacity in the Republic of Tajikistan

**Contract Ref**: TJK-2020-RFQ-02

**Date of Issue of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To:** Ministry of health and social protection of population of Republic of Tajikistan

Sir/Madam:

1. The **Ministry of health and social protection of population of the Republic of Tajikistan**(Purchaser) hereby requests you to submit price quotation(s) for the supply of the following items:

|  |  |  |
| --- | --- | --- |
| **Item #** | **Description of Goods** | **Quantity (pcs.)** |
|
|  | **Lot 1 – Equipment for ICUs** |  |
| 1. | Patient ventilator, adu/paed/neon. | 80 |
| 1.1 | *Expiration valve, flow sensor, reusable* | 80 |
| 1.2 | *Single use filters* | 19200 |
| 1.3 | *Breathing circuit, adult (tub./balloon/valve./mask), reusable* | 240 |
| 1.4 | *Breathing circuit, paediatr. (tub./balloon/valv./mask), reusable* | 160 |
| 2. | Patient monitor, multiparamet ECG/CAPNO/SpO2/NIBP/Temp, 230V | 80 |
| 2.1 | *Blood pressure sensor, invasive* | 6 |
| 2.2 | *Cuff adult l, wine 31-40cm 002207* | 6 |
| 2.3 | *Cuff child, green 12-19cm 002201* | 6 |
| 2.4 | *Tubing NIBP adult/child 107363* | 6 |
| 2.5 | *Sensor SpO2 adult nellcor ds100a* | 6 |
| 2.6 | *Sensor SpO2, ped/inf. + adh.wrap oxi-p/i* | 6 |
| 2.7 | *Skin temperature probe ad/ped diam.10mm, reus., m1024254* | 6 |
| 2.8 | *Leadwire ecg multilink 3 grabb.412682-003* | 6 |
| 2.9 | *Cable ECG, 3/5 leads 3.6m 2106305-003* | 6 |
| 3. | Suction pump, electrical, 100-230V, 50-60Hz | 80 |
| 3.1 | *Collection bottle, 1l, autoclavable* | 6 |
| 3.2 | *Lid w/connector and overflow device* | 6 |
| 3.3 | *Bacteria filter, unit* | 800 |
| 4. | Infusion pump | 80 |
| 4.1 | *Infusion line vlst00* | 28800 |
| 5. | Ambu bag with silicone masks for adults and children | 41 |
| 6. | Defibrillator, mobile, semi-auto,multi-paramet, AC/DC, +trolley | 6 |
| 6.1 | *Electrode pads, adult, adhesive, disp.* | 6 |
| 6.2 | *Electrode pads, paediat., adhesive, disp.* | 6 |
| 7. | Laryngoscope (for adults and children) | 6 |
| 8. | Portable glucometer with additional set for test | 29 |
| 8.1 | *Test for glucometer* | 8880 |
| 9. | Patient monitor, NIBP, w/o ECG, battery, trolley | 16 |
| 9.1 | *Cuff adult m, navy 23-33cm 002203* | 6 |
| 9.2 | *Cuff adult l, wine 31-40cm 002207* | 6 |
| 9.3 | *Cuff child, green 12-19cm 002201* | 6 |
| 9.4 | *Cuff neon., orange 8-13cm 002200* | 6 |
| 9.5 | *Tubing nibp adult/child 107363* | 6 |
| 9.6 | *Sensor spo2 adult nellcor ds100a* | 6 |
| 9.7 | *Sensor spo2, ped/inf. + adh.wrap oxi-p/i* | 6 |
| 10. | Pulse oximeter, fingertip model, SpO2/PR, 2xAAA batt. | 320 |
| 11. | Acid Base Analyzers (electrolytes and blood gases) complete with consumables for 250 analyzes | 6 |
| 12. | Electrocardiograph, portable, 3 ch. | 12 |
| 12.1 | *Patient cable 10 leads, 2.400070* | 6 |
| 12.2 | *Set electrodes, paediat., 6 bulbs and 4 clips* | 6 |
| 12.3 | *Electrodes clip, limb, set 4pcs/colors* | 6 |
| 12.4 | *Recording paper, pack, 2.157044* | 192 |
| 12.5 | *Suction electrode, adult, 4mm, set of 6* | 192 |
|  | **Lot 2 – Furniture and axillary items for ICUs** |  |
| 1. | Functional reanimation beds | 80 |
| 2. | Functional bed 3-section, with a mattress against bedsores | 320 |
| 3. | Bedding set (duvet cover, pillowcase) 4 sets for each bed | 1600 |
| 4. | Closed type UV Lamp | 110 |
| 5. | Open UV-Lamp | 80 |
| 6. | Intravenous infusion stand | 400 |
| 7. | Plasma Thawer | 7 |
| 8. | Needle cutter | 22 |
| 9. | Transport trolley | 41 |
| 10. | Food transport trolley | 22 |
|  | **Lot 3 – Oxygen equipment** |  |
| 1. | Oxygen concentrator 10L, 230V, 50 Hz | 160 |
| 1.1 | *(conc. nl intensity 10l) outlet connector, fitting o2 f0025-1* | 160 |
| 1.2 | *(conc. nl intensity 10l) oxygen outlet f0007-3* | 160 |
| 2. | Oxygen generator and stations for ICU | 5 |
| 2.1 | *Pipe (m)* | 800 |
| 2.2 | *Oxygen Terminal Unit (Socket O2)* | 80 |
| 2.3 | *Flowmeter 0-15 l/min* | 80 |
| 2.4 | *Oxygen therapy mask, adult, reusable (suitable for use with O2 concentrators or flowmeters)* | 800 |
| 2.5 | *Installation of an internal system of medical oxygen in the ICU and maintenance of equipment* | 6 |
|  | **Lot 4 – Medical imaging equipment** |  |
| 1. | DR Mobile x-ray machine, digital, with printer | 6 |
| 2. | Complete video bronchoscope, including suction and EHF apparatus | 6 |
|  | **Lot 5 – Sterilization equipment** |  |
| 1. | Autoclave 39l, pressure type, w/o burner | 6 |
| 2. | Modules central sterilization, 90L | 6 |

Please note, however, that a firm which has been associated with the firm that prepared the design, and specifications of the contract that is subject of this procurement for the Purchaser, shall not be eligible for the supply of the corresponding goods.

To assist you in the preparation of your price quotation Purchaser enclose the necessary technical specifications **in Annex 1*.***

3. You shall submit the Price Quotation by email using the attached Form of Quotation to the following address:

* Tender Evaluation Committee: ***State Committee on Investments and State Property Management of the Republic of Tajikistan, Shotemur str., 27, 734025, room #1 or room #9, 1st floor,***

***E-mail:***[*tender@investcom.tj*](mailto:tender@investcom.tj)

* Purchaser’s Address : ***Ministry of health and social protection of population of Republic of*** ***Tajikistan, Dushanbe, Republic of Tajikistan, PoBox:734025, Shevchenko str., 69***

Telephone: **(+99237) 221 13 30,** **Cell (+992)935 37 78 70**

***E-mail:***[*r.anisa@mail.ru*](mailto:r.anisa@mail.ru)

4. Your quotation written in ***English*** language, should be accompanied by adequate technical documentation and catalogue(s) and other electronical material or pertinent information (in ***English*** language) for each item quoted, including names and addresses of firms providing after-sales service facilities in ***Republic of Tajikistan***. Quotations submitted as email attachments shall be in the form of scanned non- editable images.

5. The deadline for receipt of your quotation (s) by the Purchaser at the address indicated in Paragraph 3 is: **15 July 2020*.***

6. A supplier that does not manufacture or produce the Goods it offers to supply shall submit a Manufacturer’s Authorization using the form included to this RFQ to demonstrate that it has been duly authorized by the manufacturer or producer of the Goods to supply these Goods in the Purchaser’s Country.

7. Your quotation(s) should be submitted as per the following instructions and in accordance with the attached form of Contract. The attached Terms and Conditions of Supply is an integral part of the Contract.

(i) **PRICES:** The prices should be quoted for supply and delivery to thefollowing project destinations: ***National Medical Center Shifobaksh, Dushanbe Emergency Hospital, Vakhdat Central Republican Hospital, Rudaki Central Republic Hospital, Kulyob Central District Hospital, Khujand Central District Infectious Hospital***. The distribution list is attached to the Technical Specifications. The comparison shall be on the basis of CIP (place of final destination) prices for Goods to be supplied from outside the Purchaser’ country and EXW prices plus cost of inland transportation and insurance to place of destination, for Goods supplied from within the Purchaser’ country; together with prices for any required installation, training, commissioning and other services. The evaluation of prices shall not take into account custom duties and other taxes levied on imported goods quoted CIP and sales and similar taxes levied in connection with the sale or delivery of goods*.*

(ii) **EVALUATION OF QUOTATIONS:** Offers determined to be substantially responsive to the technical specifications will be evaluated by comparison of their prices. An offer is not substantially responsive if it contains material deviations or reservations to the terms, conditions, and specifications in this Request for Quotation, and it will not be considered further. The Purchaser will evaluate and compare only the quotations determined to be substantially responsive. In evaluating the quotations, the Purchaser will adjust for any arithmetical errors as follows:

(a) Where there is a discrepancy between amounts in figures and in words, the amount in words will govern;

(b) where is a discrepancy between the unit rate and the line item total resulting from multiplying the unit rate by the quantity, the unit rate as quoted will govern; and

(c) If a Supplier refuses to accept the correction, his quotation will be rejected.

**The quoted price shall exclude Value Added Tax (VAT).**

(iii) **AWARD OF CONTRACT/PURCHASE ORDER.** The award will be made to the bidder offering the lowest evaluated price and technically compliant quotation. The successful bidder will sign a Contract as per attached form of contract and terms and conditions of supply.

(iv) **VALIDITY OF THE OFFER:** Your quotation(s) should be valid for a period of ***thirty (30) days*** from the deadline for receipt of quotation(s) indicated in Paragraph 5 of this Request for Quotation.

(v) If you withdraw your quotation during the validity period and/or refuse to accept the award of a contract when and if awarded subject to (iv) above, then you will be excluded from the list of suppliers for the project for two years.

8. Further information can be obtained from:

***Ms. Rano Rahimova,*** ***Head of the International Cooperation Unit, Department of the reforms, PHC and international relations, Ministry of health and social protection of population of Republic of Tajikistan***

***Telephone: +99237 221 13 30, Cell (+992)935 37 78 70***

***E-mail:*** [***r.anisa@mail.ru***](mailto:r.anisa@mail.ru)

9. The bidder whose quotation has been accepted will be notified of the award of contract through the Letter of Acceptance issued by the Purchaser. The successful Supplier shall submit a Performance Security in accordance with the Contract Conditions.

10. The Purchaser intends to apply funds from the Islamic Development Bank (IsDB) for eligible payments under the Contract/Purchase Order resulting from this Request for Quotations.

11. Under IsDB’s Anticorruption Policy bidders shall observe the highest standard of ethics during the procurement and execution of such contracts. IsDB will reject a proposal for award, and will impose sanctions on parties involved, if it determines that the bidder recommended for award or any other party, has engaged in corrupt or fraudulent practices in competing for, or in executing, the Contract as specified in the Guidelines for Procurement of Goods, Works and related Services under Islamic Development Bank Project Financing, April 2019. At the time of submission of your quotation, you should not be in IsDB’s sanctions list.

13. Please be informed of IsDB’s policy on Procurement Related Complaints as stipulated in the Procurement Guidelines***.***

14. Please Confirm by e-mail the receipt of this request and whether or not you will submit the price quotation(s).

**Sincerely,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ms. R.Rahimova**

Head of the International Cooperation Unit, Department of the reforms, PHC and international relations,

Ministry of health and social protection of population,

Republic of Tajikistan

**FORM OF QUOTATION**

**To:** **Ministry of health and social protection of population of Republic of Tajikistan**

Dushanbe, Tajikistan, PoBox: 734025, Shevchenko str., 69

Date: [insert date (as day, month and year) of Price Quotation

We offer to execute the **Lot No. \_\_\_\_\_\_\_\_** in accordance with the Conditions of Contract accompanying this Quotation for the Contract Price of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*amount in words and numbers*) (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (*name of currency*)\_\_\_\_\_\_\_\_\_\_\_\_\_. We propose to complete the delivery of Goods described in the Contract within the Delivery Time from the Date of Signing of the Contract as per the Price and Schedules for Supply attached to this Quotation.

This Quotation and your written acceptance will constitute a binding Contract between us. We understand that you are not bound to accept the lowest or any Quotation you receive.

We hereby confirm that this Quotation complies with the Validity of the Offer and Warranty conditions imposed by the Request for Quotation document and the Terms and Conditions of Supply, respectively.

If our Quotation is accepted, we commit to obtain a performance security in accordance with the Request for Quotation document.

We accept that we will automatically be suspended from being eligible for bidding in any contract with the Purchaser for the period of time of 2 years starting on the date of submission of Quotation, if we (a) have withdrawn our Quotation during the period of Quotation validity; or (b) having been notified of the acceptance of our Quotation by the Purchaser during the period of Quotation validity, (i) fail or refuse to execute the Contract; or (ii) fail or refuse to furnish the Performance Security.

We are not in the IsDB sanctions list. We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in any type of fraud and corruption.

**Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Title of Signatory** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Supplier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax Number, if any** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address (optional)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date signed** \_[insert date of signing] day of [insert month], [insert year]

**Prices and Schedules for Supply**

**Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **No.** | **Item Name** | **Proposed model and manufacturer** | **Country of Origin** | **Delivery Time** | **Quantity and unit** | **Unit Price** | **Total Price per line item** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Lot No.1 - Equipment for ICUs** |  |  |  |  |  |  |
| 1. | Patient ventilator, adu/paed/neon. |  |  |  | 80 |  |  |
| 1.1 | *Expiration valve, flow sensor, reusable* |  |  |  | 80 |  |  |
| 1.2 | *Single use filters* |  |  |  | 19200 |  |  |
| 1.3 | *Breathing circuit, adult (tub./balloon/valv./mask), reusable* |  |  |  | 240 |  |  |
| 1.4 | *Breathing circuit, pediatric. (tub./balloon/valv./mask), reusable* |  |  |  | 160 |  |  |
| 2. | Patient monitor, multiparametr ECG/CAPNO/SpO2/NIBP/Temp, 230V |  |  |  | 80 |  |  |
| 2.1 | *Blood pressure sensor, invasive* |  |  |  | 6 |  |  |
| 2.2 | *Cuff adult l, wine 31-40cm 002207* |  |  |  | 6 |  |  |
| 2.3 | *Cuff child, green 12-19cm 002201* |  |  |  | 6 |  |  |
| 2.4 | *Tubing NIBP adult/child 107363* |  |  |  | 6 |  |  |
| 2.5 | *Sensor SpO2 adult nellcor ds100a* |  |  |  | 6 |  |  |
| 2.6 | *Sensor SpO2, ped/inf. + adh.wrap oxi-p/i* |  |  |  | 6 |  |  |
| 2.7 | *Skin temperature probe ad/ped diam.10mm, reus., m1024254* |  |  |  | 6 |  |  |
| 2.8 | *Leadwire ecg multilink 3 grabb.412682-003* |  |  |  | 6 |  |  |
| 2.9 | *Cable ECG, 3/5 leads 3.6m 2106305-003* |  |  |  | 6 |  |  |
| 3. | Suction pump, electrical, 100-230V, 50-60Hz |  |  |  | 80 |  |  |
| 3.1 | *Collection bottle, 1l, autoclavable* |  |  |  | 6 |  |  |
| 3.2 | *Lid w/connector and overflow device* |  |  |  | 6 |  |  |
| 3.3 | *Bacteria filter, unit* |  |  |  | 800 |  |  |
| 4. | Infusion pump |  |  |  | 80 |  |  |
| 4.1 | *Infusion line vlst00* |  |  |  | 28800 |  |  |
| 5. | Ambu bag with silicone masks for adults and children |  |  |  | 41 |  |  |
| 6. | Defibrillator, mobile, semi-auto,multi-paramet, AC/DC, +trolley |  |  |  | 6 |  |  |
| 6.1 | *Electrode pads, adult, adhesive, disp.* |  |  |  | 6 |  |  |
| 6.2 | *Electrode pads, paediat., adhesive, disp.* |  |  |  | 6 |  |  |
| 7. | Laryngoscope (for adults and children) included |  |  |  | 6 |  |  |
| 8. | Portable glucometer with additional set for test |  |  |  | 29 |  |  |
| 8.1 | *Test for glucometer* |  |  |  | 8880 |  |  |
| 9. | Patient monitor, NIBP, w/o ECG, battery, trolley |  |  |  | 16 |  |  |
| 9.1 | *Cuff adult m, navy 23-33cm 002203* |  |  |  | 6 |  |  |
| 9.2 | *Cuff adult l, wine 31-40cm 002207* |  |  |  | 6 |  |  |
| 9.3 | *Cuff child, green 12-19cm 002201* |  |  |  | 6 |  |  |
| 9.4 | *Cuff neon., orange 8-13cm 002200* |  |  |  | 6 |  |  |
| 9.5 | *Tubing nibp adult/child 107363* |  |  |  | 6 |  |  |
| 9.6 | *Sensor spo2 adult nellcor ds100a* |  |  |  | 6 |  |  |
| 9.7 | *Sensor spo2, ped/inf. + adh.wrap oxi-p/i* |  |  |  | 6 |  |  |
| 10. | Pulse oximeter, fingertip model, SpO2/PR, 2xAAA batt. |  |  |  | 320 |  |  |
| 11. | Acid Base Analyzers (electrolytes and blood gases) complete with consumables for 250 analyzes |  |  |  | 6 |  |  |
| 12. | Electrocardiograph, portable, 3 ch. |  |  |  | 12 |  |  |
| 12.1 | *Patient cable 10 leads, 2.400070* |  |  |  | 6 |  |  |
| 12.2 | *Set electrodes, paediat., 6 bulbs and 4 clips* |  |  |  | 6 |  |  |
| 12.3 | *Electrodes clip, limb, set 4pcs/colors* |  |  |  | 6 |  |  |
| 12.4 | *Recording paper, pack, 2.157044* |  |  |  | 192 |  |  |
| 12.5 | *Suction electrode, adult, 4mm, set of 6* |  |  |  | 192 |  |  |
|  | **TOTAL PRICE for LOT no. 1** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Lot No.2 - Furniture and axillary items for ICUs** |  |  |  |  |  |  |
| 1. | Functional reanimation beds |  |  |  | 80 |  |  |
| 2.  **Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Functional bed 3-section, with a mattress against bedsores |  |  |  | 320 |  |  |
| 3. | Bedding set (duvet cover, pillowcase) 4 sets for each bed |  |  |  | 1600 |  |  |
| 4. | Closed type UV Lamp |  |  |  | 110 |  |  |
| 5. | Open UV-Lamp |  |  |  | 80 |  |  |
| 6. | Intravenous infusion stand |  |  |  | 400 |  |  |
| 7. | Plasma Thawer |  |  |  | 7 |  |  |
| 8. | Needle cutter |  |  |  | 22 |  |  |
| 9. | Transport trolley |  |  |  | 41 |  |  |
| 10. | Food transport trolley |  |  |  | 22 |  |  |
|  | **TOTAL PRICE for LOT no. 2** |  |  |  |  |  |  |
|  | **Lot No.3 - Oxygen equipment** |  |  |  |  |  |  |
| 1. | Oxygen concentrator 10L, 230V, 50 Hz |  |  |  | 160 |  |  |
| 1.1 | *(conc. nl intensity 10l) outlet connector, fitting o2 f0025-1* |  |  |  | 160 |  |  |
| 1.2 | *(conc. nl intensity 10l) oxygen outlet f0007-3* |  |  |  | 160 |  |  |
| 2 | Oxygen generator and stations for ICU |  |  |  | 5 |  |  |
| 2.1 | *Pipe (m)* |  |  |  | 800 |  |  |
| 2.2 | *Oxygen Terminal Unit (Socket O2)* |  |  |  | 80 |  |  |
| 2.3 | *Flowmeter 0-15 l/min* |  |  |  | 80 |  |  |
| 2.4 | *Oxygen therapy mask, adult, reusable (suitable for use with O2 concentrators or flowmeters)* |  |  |  | 800 |  |  |
| 2.5 | *Installation of an internal system of medical oxygen in the ICU and maintenance of equipment* |  |  |  | 6 |  |  |
| 2. | **TOTAL PRICE for LOT no. 3** |  |  |  |  |  |  |
| **Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Lot No.4 - Oxygen equipment** |  |  |  |  |  |  |
| 1. | DR Mobile x-ray machine, digital, with printer |  |  |  | 6 |  |  |
| 2. | Complete video bronchoscope, including suction and EHF apparatus |  |  |  | 6 |  |  |
|  | **TOTAL PRICE for LOT no. 4** |  |  |  |  |  |  |
|  | **Lot No.5 - Sterilization equipment** |  |  |  |  |  |  |
| 1. | Autoclave 39l, pressure type, w/o burner |  |  |  | 6 |  |  |
| 2. | Modules central sterilization, 90L |  |  |  | 6 |  |  |
|  | **TOTAL PRICE for LOT no. 5** |  |  |  |  |  |  |

**Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manufacturer’s Authorization**

*[The Bidder shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This* *letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer.]*

Date: *[insert date (as day, month and year)]*

To: Ministry of health and social protection of population of Republic of Tajikistan

WHEREAS

We *[insert complete name of Manufacturer],* who are official manufacturers of*[insert type of goods manufactured],* having factories at [insert full address of Manufacturer’s factories], do hereby authorize *[insert complete name of Bidder]* to submit a bid the purpose of which is to provide the following Goods, manufactured by us *[insert name and or brief description of the Goods],* and to subsequently negotiate and sign the Contract.

We hereby extend our full guarantee and warranty in accordance with Clause 28 of the General Conditions of Contract, with respect to the Goods offered by the above firm.

Signed: *[insert signature(s) of authorized representative(s) of the Manufacturer]*

Name: *[insert complete name(s) of authorized representative(s) of the Manufacturer]*

Title: *[insert title]*

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ *[insert date of signing]*

**FORM OF CONTRACT/PURCHASE ORDER**

THIS AGREEMENT number \_\_\_\_\_ made on \_\_\_\_\_\_\_\_\_, \_\_\_ 2020, between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter called “the Purchaser”) on the one part and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter called “the Supplier”) on the other part.

WHEREAS the Purchaser has requested for quotation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*description of goods*) to be supplied by Supplier, viz. Contract \_\_\_\_\_, (hereinafter called “Contract”) and has accepted the Quotation by the Supplier for the supply of goods under Contract at the sum of \_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) hereinafter called “the Contract Price”.

NOW THIS AGREEMENT witnesseth AS FOLLOWS:

1. The following documents shall be deemed to form and be read and construed as part of this agreement,:
2. Form of Quotation; Terms and Conditions of Supply, Technical Specifications;
3. Addendum (if applicable);
4. Taking into account payments to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby concludes an Agreement with the Purchaser to execute and complete the supply of goods under the Contract and remedy any defects therein in conformity with the provisions of the Contract.
5. The Purchaser hereby covenants to pay, in consideration of the acceptance of Contract, supply and delivery of the goods and remedying of defects therein, the Contract Price in accordance with Payment Conditions prescribed by the Contract.

IN WITNESS whereof the parties hereto have executed the Contract under the laws of \_\_\_\_\_\_\_\_\_\_ (country of Purchaser) on the date indicated above.

|  |  |
| --- | --- |
| **Signature and seal of the Purchaser:**  For and on behalf of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Authorized Representative | **Signature and seal of the Suppler:**  For and on behalf of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Authorized Representative |

**TERMS AND CONDITIONS OF SUPPLY**

**Project Name:** Emergency Support for Building COVID-19 Pandemic Preparedness and Response Capacity in the Republic of Tajikistan

**Purchaser:** Ministry of health and social protection of population of Republic of Tajikistan

**Package No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Schedules for Supply**

1. S. No. Item No. Quantity Delivery Time

1.

2.

1. Spare Parts }
2. Tools and Accessories }
3. Manuals } Specify, if applicable.
4. Maintenance Requirements }

2. **Fixed Price:** The prices indicated in the Form of Quotation are firm and fixed and not subject to any adjustment during contract performance.

3. **Delivery Schedule:** The delivery should be completed as per above schedule but not exceeding 90 (ninety) days from the date of signing of contract.

4.  **Insurance:** The Goods supplied under the Contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery. The insurance shall be in an amount equal to 110 percent of the value of the Goods on “All risks” basis.

5. **Applicable Law:** The Contract shall be interpreted in accordance with the laws of the Purchaser's country.

6. **Resolution of Disputes:** The Purchaser and the Supplier shall make every effort to resolve amicably by direct informal negotiation any disagreement or dispute between them under or in connection with the Contract. In the case of a dispute between the Purchaser and the Supplier, the dispute shall be settled in accordance with the provisions of the arbitration law or rules of the Purchaser’s country.

7. **Performance Security:** The Supplier shall, within 28 of days of the notification of contract award, provide a performance security for the performance of the Contract. The proceeds of the Performance Security shall be payable to the Purchaser as compensation for any loss resulting from the Supplier’s failure to complete its obligations under the Contract. The amount of the Performance Security shall be: 10% of Contract Price, denominated in the currency of the Contract. The Performance Security shall be in the form of the attached Bank Guarantee.

After delivery and acceptance of the Goods, the performance security shall be reduced to five (5) percent of the Contract Price to cover the Supplier’s warranty obligations. The Performance Security shall be discharged by the Purchaser and returned to the Supplier not later than fourteen (14) days following the date of Completion of the Supplier’s warranty obligations.

8. **Delivery and Documents:** Upon delivery, the Supplier shall provide the following documents to the Purchaser:

1. copies of the Supplier’s invoice showing goods’ description, quantity, unit price, and total amount;
2. transport document (bill of lading or railway or road consignment note or truck waybill or air waybill or multimode transport document)
3. packing list identifying contents of each package
4. inspection certificate issued by nominated inspection agency
5. manufacturer's or supplier's warranty certificate; and
6. certificate of origin.

If goods are coming by courier, supplier shall also provide prior to delivery, copies of documents that will enable Purchaser to receive the goods. The above documents shall be received by the Purchaser at least one week before arrival of the goods and, if not received, the Supplier shall be responsible for any consequent expenses.

9. **Payment:** Payment of the contract price shall be made in the following manner:

a) (Optional advance payment) 10% within 14 days of signing the contract. Payment shall be made upon presentation by Supplier of bank guarantee for the equivalent amount and in the form acceptable to the Purchaser.

b) 90% (or 80% if advance payment made) upon receipt by the Purchaser of the delivered goods on site in accordance with the contract; and

c) 10% upon acceptance of the delivered goods by the Purchaser.

10. **Warranty:** Goods offered should be covered by manufacturer’s warranty for at least 12 months from the date of delivery to the Purchaser.

11. **Defects:** All defects will be corrected by the Supplier without any cost to the Purchaser within 30 day from the date of notice by Purchaser. The name and address of service facility where the defects are to be corrected by the supplier within the warranty period are:

Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. **Force Majeure:** The supplier shall not be liable for penalties or termination for default if and to the extent that it’s delay in performance or other failure to perform its obligations under the Contract is the result of an event of Force Majeure.

For purposes of this clause, “Force Majeure” means an event beyond the control of the Supplier and not involving the Supplier’s fault or negligence and not foreseeable. Such events may include, but not restricted to, act of Purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions, and freight embargoes.

If a Force Majeure situation arises, the Supplier shall promptly notify the Purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the Purchaser in writing, the Supplier shall continue to perform its obligations under the Contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by Force Majeure event.

13. **Required Technical Specifications:** (with attachments as necessary)

(i) General Description

(ii) Specific details and technical standards

(iii) Performance Parameters

Supplier confirms compliance with above specifications.

14. **Failure to Perform:** The Purchaser may cancel the Agreement if the Supplier fails to deliver the Goods, in accordance with the above terms and conditions, in spite of a 14-day notice given by the Purchaser, without incurring any liability to the Supplier.

**Name of Supplier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Performance Security**

**(Bank Guarantee)**

*[The bank, as requested by the successful Bidder, shall fill in this form in accordance with the instructions indicated]*

*[Guarantor letterhead or SWIFT identifier code]*

**Beneficiary:** *[insert name and Address of Purchaser ]*

**Date:** \_ *[Insert date of issue]*

**PERFORMANCE GUARANTEE No.:** *[Insert guarantee reference number]*

**Guarantor:** *[Insert name and address of place of issue, unless indicated in the letterhead]*

We have been informed that \_ *[insert name of Supplier, which in the case of a joint venture shall be the name of the joint venture]* (hereinafter called "the Applicant") has entered into Contract No. *[insert reference number of the contract]* dated *[insert date]* with the Beneficiary, for the supply of \_ *[insert name of contract and brief description of Goods and related Services]* (hereinafter called "the Contract").

Furthermore, we understand that, according to the conditions of the Contract, a performance guarantee is required.

At the request of the Applicant, we as Guarantor, hereby irrevocably undertake to pay the Beneficiary any sum or sums not exceeding in total an amount of *[insert amount in figures]*( ) *[insert amount in words]*,[[1]](#footnote-1)1 such sum being payable in the types and proportions of currencies in which the Contract Price is payable, upon receipt by us of the Beneficiary’s complying demand supported by the Beneficiary’s statement, whether in the demand itself or in a separate signed document accompanying or identifying the demand, stating that the Applicant is in breach of its obligation(s) under the Contract, without the Beneficiary needing to prove or to show grounds for your demand or the sum specified therein.

This guarantee shall expire, no later than the …. Day of ……, 2… [[2]](#footnote-2)2, and any demand for payment under it must be received by us at this office indicated above on or before that date.

This guarantee is subject to the Uniform Rules for Demand Guarantees (URDG) 2010 Revision, ICC Publication No. 758, except that the supporting statement under Article 15(a) is hereby excluded.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*[signature(s)]*

***Note: All italicized text (including footnotes) is for use in preparing this form and shall be deleted from the final product.***

**Advance Payment Security**

*[Guarantor letterhead or SWIFT identifier code]*

**Beneficiary:** *[Insert name and Address of Purchaser]*

**Date:** *[Insert date of issue]*

**ADVANCE PAYMENT GUARANTEE No.:** *[Insert guarantee reference number]*

**Guarantor:**  *[Insert name and address of place of issue, unless indicated in the letterhead]*

We have been informed that *[insert name of Supplier, which in the case of a joint venture shall be the name of the joint venture]* (hereinafter called “the Applicant”) has entered into Contract No. *[insert reference number of the contract]* dated *[insert date]* with the Beneficiary, for the execution of *[insert name of contract and brief description of Goods and related Services]* (hereinafter called "the Contract").

Furthermore, we understand that, according to the conditions of the Contract, an advance payment in the sum *[insert amount in figures]* () *[insert amount in words]* is to be made against an advance payment guarantee.

At the request of the Applicant, we as Guarantor, hereby irrevocably undertake to pay the Beneficiary any sum or sums not exceeding in total an amount of *[insert amount in figures]*( ) *[insert amount in words][[3]](#footnote-3)1* upon receipt by us of the Beneficiary’s complying demand supported by the Beneficiary’s statement, whether in the demand itself or in a separate signed document accompanying or identifying the demand, stating either that the Applicant:

* + 1. has used the advance payment for purposes other than toward delivery of Goods; or
    2. has failed to repay the advance payment in accordance with the Contract conditions, specifying the amount which the Applicant has failed to repay.

A demand under this guarantee may be presented as from the presentation to the Guarantor of a certificate from the Beneficiary’s bank stating that the advance payment referred to above has been credited to the Applicant on its account number *[insert number]* at *[insert name and address of Applicant’s bank]*.

The maximum amount of this guarantee shall be progressively reduced by the amount of the advance payment repaid by the Applicant as specified in copies of interim statements or payment certificates which shall be presented to us. This guarantee shall expire, at the latest, upon our receipt of a copy of the interim payment certificate indicating that ninety (90) percent of the Accepted Contract Amount, has been certified for payment, or on the *[insert day]* day of *[insert month]*, 2 *[insert year]*, whichever is earlier. Consequently, any demand for payment under this guarantee must be received by us at this office on or before that date.

This guarantee is subject to the Uniform Rules for Demand Guarantees (URDG) 2010 Revision, ICC Publication No.758, except that the supporting statement under Article 15(a) is hereby excluded.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
*[signature(s)]*

***Note: All italicized text (including footnotes) is for use in preparing this form and shall be deleted from the final product.***

Annex I

**Technical Specifications**

**1. General terms and conditions of technical requirements**

These General Terms and Conditions of Specifications outline the requirements and conditions applicable to all items, where applicable. Goods offered in the Quotation must comply with the terms and conditions specified below:

1. General: Detailed technical specification, brochures, labelling and detailed information of the product as well as copies of international certificates for each product shall be attached to the Quotation.
2. Product Qualification Requirements: The Goods to be purchased by the Purchaser must be produced under the control of well-functioning internationally-recognized standards like ISO, CE, TUV, etc. Specific quality assurance requirements are specified in the Technical Specifications of each particular item below.
3. Standards: Wherever reference is made in the Technical Specifications to specific standards and codes to be met by the goods and materials to be furnished or tested the provisions of the latest current edition or revision of the relevant standards or codes shall apply, unless otherwise expressly stated in the Contract. Where such standards and codes are national or relate to a particular country or region, other authoritative standards that ensure substantial equivalence to the standards and codes specified in this Section will be acceptable.
4. Spare parts and consumables: The Quotation must comply with all spare parts requirements listed in the Technical Specifications for each particular item. If the Bidder considers other spare parts not specified in the Technical Specifications are mandatory for effective use of the equipment during the period specified, it must be included in the Quotation.

Unless otherwise specially requested in the technical specification’s forms, all standard accessories, maintenance tools / consumables/ parts required for the proper start-up operation of the goods shall be included in the Quotation.

1. Quality Control for Supply: All goods must meet the requirements of manufacturing legislation and regulation of medical equipment in the country of origin; meet internationally recognized standards for safety, efficacy, and quality; conform to all the specifications and related documents contain herein: (i) be fit for the purposes expressly made known to the Supplier by the Purchaser; (ii) be free from defects in workmanship and materials; and be certified by a competent authority in the manufacturer’s country.
2. User Manuals and documents for Quality Assurance: Successful Bidders will be required to provide Purchaser with a copy of quality certificate, certificate of origin, internationally recognized quality certificates, documents under which the quality assurance was processed in the Manufacturer’s country, Operation and Maintenance and repair Manuals.
3. Pre-shipment Inspection: The Supplier will be required to provide the Purchaser pre-shipment inspection certificate for control of quality, quantity and price levels for the goods as packed for shipment at the sellers’ factory and/or warehouse prior to shipment of the goods. The Supplier must apply to an independent reputable inspection agency acceptable to the Purchaser for having the contract goods inspected and a pre-shipment inspection certificate issued.
4. The Goods supplied under the Contract must be new, unused, of the most recent or current models and incorporate all recent improvements in design and materials unless provided otherwise in the Contract. Any outdated, obsolete, second hand or refurbished equipment will not be accepted.
5. Any other conditions not mentioned above but relevant and/or required for the proper operation of any item offered by the Bidder shall be deem necessary and shall be deem included in its offered.
6. All technical documentation including, where applicable, Operating Manual, Service Manual, Technical Manual, Maintenance Instructions etc. must be in English and Russian language. These documents are to be supplied by the successful Bidder with the delivery of equipment.
7. With the detailed Description of each item the Bidder shall furnish a clause-by-clause commentary on the requirements as per the provided formats.
8. All equipment needing consumables must have the possibility of using generic and/ or locally made consumables and/or disposables. The Bidder shall declare this compliance for each respective equipment item on the specification format.
9. The Bidder may propose any product/ system which is equivalent or better than the specified requirements; minor deviations from the specifications are considered in compliance if the overall equipment / system performance is as implied / intended by the specification.
10. Pre-installation:
11. The Bidder shall submitBOQ for the pre-installation and civil works (where necessary) which must be carried out by the before the arrival of the equipment;
12. To this effect, the successful Bidder shall arrange to have a qualified technician, delegated by the concerned Manufacturers, visit the beneficiary hospitals and check the existing facilities. Failure to do so may expose the successful Bidder to the consequences of inadequate preparation of the facilities;
13. Important pre-installation works shall be agreed upon between the visiting technician and the concerned Hospital or its authorized representatives;
14. Pre-installation requirements (drawings, description and instructions) shall be in English and Russian.
15. Installation
16. The Supplier shall unload and unpack the equipment on site, install it in the earmarked premises, connect it to the existing utility outlets, and perform its pre-commissioning. The technicians assigned by the Supplier to execute these tasks shall be adequately qualified, delegated or approved by the concerned manufacturers. This installation cost shall be included in the quoted equipment unit prices;
17. The Supplier is responsible for providing the connection points (water, electricity, oxygen, etc.) necessary for the equipment in the earmarked rooms. These shall be installed as requested in the pre-installation requirements or, if such document is not warranted (for less complex equipment), at a distance of less than 3 meters from the normal position of the equipment item;
18. It is understood that the Hospital’s technical staff may assist the Supplier during the installation procedure, in order to get acquainted with the system. The Hospital’s technical department will be involved at the handing-over procedure;
19. At the end of the installation, calibration and testing will be performed by the Supplier's staff and / or the manufacturer’s engineer in cooperation with the Purchaser. The Supplier shall supply, without any extra cost to the Purchaser, all materials and consumables necessary for this procedure;
20. The Purchaser will draw up the commissioning report during commission inspection with the supplier and the hospitals designated users. The report will certify the acceptance and soundness of the equipment. All shortcomings and defects, including most minor deviations will be recorded and a dead line for rectification will be agreed and recorded. It also certifies the fulfilment of training obligation and the receipt of technical and user documentation.

**1.2 Technical specification of each item**

Note to Bidders. The following table is provided to help the Bidder organize and consistently present its Quotation. For each of the following technical requirements, the Bidder must describe how its Quotation responds to each requirement. One- or two-word responses (e.g. “Yes,” “No,” “Comply,” “Does not comply,” etc.) are not sufficient to confirm technical responsiveness with technical requirements. **The Table shall be signed and certified by the seal of the Bidder**.

**TECHNICAL SPECIFICATION FORM (TSF)**

**LOT NO.1 - EQUIPMENT FOR ICUS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **1** | **Critical & Severe (ICU)** | **Equipment** | Patient ventilator, adu/paed/neon. | **pcs** | **80** |
|  | ***Additional to this item Accessories, Consumables, Spare part:*** | | |  |  |
| 1.1 | Critical & Severe (ICU) | Accessories | *Expiration valve, flow sensor, reusable* | pcs | 80 |
| 1.2 | Critical & Severe (ICU) | Consumables | *Single use filters* | pcs | 19200 |
| 1.3 | Critical & Severe (ICU) | Consumables | *Breathing circuit, adult (tub./balloon/valv./mask), reusable* | pcs | 240 |
| 1.4 | Critical & Severe (ICU) | Consumables | *Breathing circuit, pediatric. (tub./balloon/valv./mask), reusable* | pcs | 160 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Standard ventilation modes for:  V-SIMV (synchronous periodic forced ventilation with volume synchronization)  P-SIMV (synchronous periodic pressure-synchronized ventilation)  PSV (pressure ventilation)  CPAP (Continuous positive airway ventilation)  APRV (ventilation with vents to the respiratory tract)  PRVC (pressure adjustment level adjustment)  PRVC-SIMV (PSV-synchronized intermittent forced ventilation)  NIV (Non-Invasive Ventilation)  NIV-ST (Spontaneous/timed noninvasive ventilation)  nCPAP- Nasal Continuous positive airway pressure  Apnea regeneration |  |  |
|  | Volume-controlled ventilation modes:   * VC-CMV / VC-AC * VC-SIMV   Pressure-controlled ventilation modes:   * PC-BIPAP1 / PC-SIMV+ * PC-AC   Support of spontaneous breathing: SPN-CPAP |  |  |
|  | Mandatory Ventilation:   * Ass/Con: Assist Controlled Ventilation * ASB: Assisted Spontaneous Ventilation * N/CPAP: Nasal Continuous Positive |  |  |
|  | Airway Pressure  C/BKUP: Continuous Positive Airway Pressure  with Backup Ventilation |  |  |
|  | I: E Ratio: 1:9 to 4:1 |  |  |
|  | Minute volume: 0 - 30 l/min. |  |  |
|  | Tidal volume: 30 - 2000 ml |  |  |
|  | 1--Respiratory rate: Not narrower than 1 to 80 b/min  2-- PEEP/CPAP: Not narrower than 3 to 35cm H2O  3- Oxygen: 21%/-100%  4- Inspiratory time (TI): narrower than 0,1 to 12 s  5- Flow trigger: Not narrower than 1 to 15 l/min  6- Pressure control and pressure support: Not narrower than 5 to 60 cmH2O added to PEEP/CPAP  7- P high (APRV/ DuoPAP): Not narrower than 0 to 60 cmH2O  8-- Peak flow: Not narrower than 1 to 200 l/min  REQUIREMENTS FOR QUALITY OF EQUIPMENT:  - Quality certificate ISO 9001  - Quality certificate ISO 13485  - The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | Temperature: 33 - 39°C |  |  |
|  | Flow AIR: 0 - 30 l/min |  |  |
|  | Flow Oxygen: 0 - 30 l/min |  |  |
|  | Should be easy to clean, disinfect, and/or sterilize, as appropriate. |  |  |
|  | Audible and/or visual indicators should activate when the display reading reaches and remains at the alarm limit. |  |  |
|  | Visual alarms should be easy to identify, specific to the problem and remain on until the alarm condition is corrected; it should not be possible to turn off the visual alarm |  |  |
|  | Audible alarms should be distinct, easily identified, enabled when the ventilator is turned on. |  |  |
|  | Peripherals  Humidifier to humidify the air to at least 85%  Heater to heat the air to at least 36 degrees  Ventilator, humidifier, heater all mounted on trolley with lockable, anti-static wheels |  |  |
|  | Medical Air supply: System to have a built in Air turbine to generate necessary air flow for the work of the machine or be supplied with external air compressor with adequate flow and pressure outputs needed to operate the ventilator |  |  |
|  | Power supply: 220 V, 50 Hz with voltage stabilizer |  |  |
|  |  |  |  |
|  | all requested (in items ## 1, 1.1-1.4) breathing sets to include reusable autoclavable tubes balloons,valves & masks for each set as standard |  |  |
|  | 12 V backup Battery supply, approx. 4 h |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
| v.1 | Electrical Requirements:  YES or NO |  |  |
| v.2 | Supply Type:  220VAC, 50Hz |  |  |
| v.3 | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
| v.4 | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
| v.5 | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **2** | **Critical & Severe (ICU)** | **Equipment** | **MONITOR PATIENT, multiparameter ECG/CAPNO/SpO2/NIBP/Temp,230V** | **pcs** | **80** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 2.1 | Critical & Severe (ICU) | Accessories | BLOOD PRESSURE SENSOR, invasive | pcs | 6 |
| 2.2 | Critical & Severe (ICU) | Accessories | CUFF ADULT L, wine 31-40cm 002207 | pcs | 6 |
| 2.3 | Critical & Severe (ICU) | Accessories | CUFF CHILD, green 12-19cm 002201 | pcs | 6 |
| 2.4 | Critical & Severe (ICU) | Accessories | TUBING NIBP adult/child 107363 | pcs | 6 |
| 2.5 | Critical & Severe (ICU) | Accessories | SENSOR SPO2 adult Nellcor DS100A | pcs | 6 |
| 2.6 | Critical & Severe (ICU) | Accessories | SENSOR SPO2, ped/inf. + adh.wrap OXI-P/I | pcs | 6 |
| 2.7 | Critical & Severe (ICU) | Accessories | SKIN TEMPERATURE PROBE ad/ped diam.10mm, reus., M1024254 | pcs | 6 |
| 2.8 | Critical & Severe (ICU) | Accessories | LEADWIRE ECG multilink 3 grabb.412682-003 | pcs | 6 |
| 2.9 | Critical & Severe (ICU) | Accessories | CABLE ECG, 3/5 leads 3.6m 2106305-003 | pcs | 6 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Patient monitor bedside with ECG/Resp, SpO2, NIBP, Temp,Capno |  |  |
|  | To monitor physiological parameters of patients in the wards or critical care units |  |  |
|  | High resolution color flat panel non-reflective screen: > 10" or 25cm display size for at least 4 channel waveforms display |  |  |
|  | Display of up to 4 Physiological Parameter Modules without the need for external devices for patient Monitors |  |  |
|  | With networking capability to interface with the central monitor |  |  |
|  | Clinical interaction via integrated touch screen, mouse keyboard or touch pen for all monitors  24 Hours of trend data in one-minute resolution for all monitored parameters to be displayed graphically or in tabular form for all monitors |  |  |
|  | Data resolution shall minimum of 30 second sampling |  |  |
|  | Shall be able to display trend tables and trend formats in different formats |  |  |
|  | With lethal arrhythmia detection and dose calculation |  |  |
|  | All monitors shall be networkable with the capability of bed to bed communication when they are linked up. So that the user can view any information of any patient from any patient monitor |  |  |
|  | System architecture shall be designed such that deactivation or failure of any bedside or central station device on the network shall not disable, inhibit or degrade communication functions among any other devices in the system |  |  |
|  | System communication for all data and signals preferably be accomplished via a well-documented computer industry standard local area network |  |  |
|  | Despite the technical requirements of the networking capability, the networking works shall not be included in this offer |  |  |
|  | All modules shall work in all monitors within the network and shall be easily interchangeable by the user. There shall be no restriction on the combination of them |  |  |
|  | The monitor offered shall be able to perform ST analysis, either as a standard or an optional function. If it is an optional function, it shall not be included in the offer, but bidder shall quote it as an option as specified in part C below |  |  |
|  | Come with ECG/Respiration with 5 or 3 leads system with cable (1 set) and complete reusable ECG electrodes for Adult & pediatric, 1 set each |  |  |
|  | ECG cable and patient cable 5 leads or 3 leads for disposable electrodes, 1 set |  |  |
|  | Disposable electrodes for adult and child, 50 pcs each |  |  |
|  | Pulse oximetry SpO2 with adult and child finger transducer, 1 each |  |  |
|  | Non-invasive blood pressure, NIBP with reusable NIBP Starter Kit |  |  |
|  | NIBP connection hose, 1 set |  |  |
|  | NIBP cuff & tubing for both adult & child (At least 2 different sizes for adult and 4 different sizes for child/ infant/ neonate) |  |  |
|  | Temperature: Come with 10 pcs each of reusable adult & pediatric esophageal/ rectal temperature probe and 10 pcs each of reusable adult and pediatric skin temperature probe |  |  |
|  | Includes internal rechargeable Lithium battery complete with power plug cable for charging |  |  |
|  | Monitor shall be operated by the battery for at least 60 minutes |  |  |
|  | Probe type: YSI 400 or 700 series or equivalent |  |  |
|  | Alarm may have atlas four level (Crisis, Warning, Advisory, Message)  Alarm notification shall be given by Audible and Visual |  |  |
|  | RS232 port with interface to CIS |  |  |
|  | Data management capability compatible to HL7 |  |  |
|  | Built-in Thermal Printer that support 3 or more channel printing complete with 5 packs of printing papers |  |  |
|  | Shall come complete with a mobile stand with 5 castors and a basket to store accessories |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT:  - Quality certificate ISO 9001  - Quality certificate ISO 13485  - The equipment must comply with CE (Conformity European) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **3.** | **Critical & Severe (ICU)** | **Equipment** | **SUCTION PUMP, ELECTRICAL, 100-230V,50-60Hz** | **pcs** | **80** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 3.1. | Critical & Severe (ICU) | Accessories | COLLECTION BOTTLE, 1L, autoclavable | pcs | 6 |
| 3.2. | Critical & Severe (ICU) | Accessories | LID W/CONNECTOR AND OVERFLOW DEVICE | pcs | 6 |
| 3.3. | Critical & Severe (ICU) | Consumables | BACTERIA FILTER, unit | pcs | 800 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Shall provide vacuum in the range of 0-600 mmHg. |  |  |
|  | Shall have air flow rate of not less than 20L/min |  |  |
|  | Shall be mobile type with 4 castors, in which 2 of the castors come with brakes |  |  |
|  | Shall not produce noise above 55 dB |  |  |
|  | Electrical requirements:  \*220-230 VAC, 50-60Hz, Plug-Schuko CEE7/4 F |  |  |
|  | Jar  Shall be of single jar type only |  |  |
|  | Shall be made using polycarbonate, polysulfone or polyethylene material and transparent.  (Bidder to indicate the material of the jar) |  |  |
|  | Shall have safety valve to prevent overflow |  |  |
|  | Shall have maximum volume of 4Litres with markings to indicate fluid volume |  |  |
|  | Shall have bacteria filter |  |  |
|  | Shall be autoclaveable |  |  |
|  | STANDARD AND ADDITIONAL ACCESSORIES, CONSUMABLES AND SPARE PARTS  1- Silicone Tubing: 1 set  2- spare jar (Not less than 1000 ml): 1 set  3- Anti-Bacterial Filters: 50pcs  4- Soft aspiration cannula: 50pcs |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **4.** | **Critical & Severe (ICU)** | **Equipment** | **INFUSION PUMP** | **pcs** | **80** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 4.1. | Critical & Severe (ICU) | Consumables | INFUSION LINE VLST00 | pcs | 28800 |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Volume limit range : 0.1 to 9999 mL |  |  |
|  | Flow rate setting : 1.0 to 999.9 ml/hr, in 0.1 ml/hr increments / 100 to maximum infusion rate, in 1.0 ml/hr increments |  |  |
|  | Alarm system :Air bubble Detector: Ultrasonic (adjustable sensitivity) or better technology for delivery error (pressure, volume, occlusion, air-in-line, low battery, door open,infusion complete, empty container, operator error and other device malfunctions) and volume adjustment |  |  |
|  | Unit shall have purge / bolus delivery function |  |  |
|  | Unit shall have data storage function for infusion rate, total volume and volume limit before switching off |  |  |
|  | Unit shall have drop sensor |  |  |
|  | Clear display of infusion parameters (Flow rate, Flow volume, alarms & etc) |  |  |
|  | Not less than 3 hours of operation in battery mode (fully charged) |  |  |
|  | Able to connect to the nursing station |  |  |
|  | Should have KVO function |  |  |
|  | Electric power supply 230 V, 50 Hz |  |  |
|  | Shall come with Internal battery backup up to 3 hours when there is main power failure |  |  |
|  | STANDARD AND ADDITIONAL ACCESSORIES, CONSUMABLES AND SPARE PARTS  1-Mobile IV stand. 5 Star Castors (one of them with brake), stainless steel frame, height adjustable, 4 hooks: 1pcs  2- Fixation clamp to hold the infusion pump onto the mobile IV stand and the bedhead railing:1pcs  3- infusion set for pumps:200pcs |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **5** | **Critical & Severe (ICU)** | **Equipment** | **Ambu bag with silicone masks for adults and children** | **pcs** | **41** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Resuscitator set for adult and children with different mask |  |  |
|  | Shall have patient valve with pressure regulator |  |  |
|  | Shall come with Mask sizes: fo adult , pediatric |  |  |
|  | Shall come with Reservoir bag = and reservoir valve |  |  |
|  | Shall come with a Compact case |  |  |
|  | Shall be autoclavable |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **6** | **Critical & Severe (ICU)** | **Equipment** | **DEFIBRILLATOR, mobile, semiauto, multi-parametr, AC/DC, +trolley** | **pcs** | **6** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 6.1. | Critical & Severe (ICU) | Consumables | ELECTRODE PADS, adult, adhesive, disp. | pcs | 6 |
| 6.2 | Critical & Severe (ICU) | Consumables | ELECTRODE PADS, paediat., adhesive, disp. | pcs | 6 |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Shall allow selections for the function of AED, manual mode and Synchronized mode |  |  |
|  | Should have biphasic technology |  |  |
|  | System shall be user friendly and easily transportable |  |  |
|  | Energy Selection (joules) to support the following options:  *External:* *defibrillation*: Biphasic 2-360 Joules |  |  |
|  | Audible alert facility shall be available with AED mode |  |  |
|  | Shall have battery back-up facility |  |  |
|  | 50 mm, 2-trace Thermal printer |  |  |
|  | Support for External Pacemaker & Pulse oximetry |  |  |
|  | Shall have atleast dual channel display |  |  |
|  | Electric power supply 230 V, 50 Hz |  |  |
|  | Shall come with Internal battery backup with a minimum capacity to support at least 100 shocks at 360 joules |  |  |
|  | Battery charging time shall not exceed 2.5 hours (+/- 10% tolerance) |  |  |
|  | Paddles Control shall be of Charge, Discharge and Energy Selection |  |  |
|  | Control panel shall have LCD display |  |  |
|  | Audio and visual alarms shall be provided |  |  |
|  | Audible indication shall be availabe during AED mode |  |  |
|  | HR limit and shockable rthythms alarms shall be provided. |  |  |
|  | 3 or 5 Lead ECG monitoring |  |  |
|  | Patient Paddles  Child & adult paddles shall be provided |  |  |
|  | Energy dischargeable buttons shall be provided at the paddle handles |  |  |
|  | Paddles shall be corrosion free at relative room environment |  |  |
|  | 1- The heart rate range: Not narrower than 30 to 300 BPM  2- The unit shall display battery performance gauge with segment display  3- The Manual mode shall incorporate Low Energy settings within the range: of 5 to 50 joules  4- Impulse type: Biphasic  5- The defibrillator shall be charge to 360 J, with charged battery inserted in the Unit: Not more than 12 sec  6-The rechargeable battery shall deliver at least 50 shocks at 360 joules or 2 Hrs of monitoring Data Recording  7- Internal memory: approx. of 30 ECG strips (at least 5 sec before and 5 sec after discharge) waveform data or 80 events with date and time  8- Printer: Presence, built-in type. Roll type or Z-type of paper using |  |  |
|  | STANDARD AND ADDITIONAL ACCESSORIES, CONSUMABLES AND SPARE PARTS  1-Defibrillation paddle for adults: 1set  2-Defibrillation paddle for infant: 1set  3-Sticky ECG electrodes for adults: 150PCS  4-Sticky ECG electrodes for infant:50PCS  5-Storage bag:1PCS |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **7** | **Critical & Severe (ICU)** | **Equipment** | **Laryngoscope (for adults and children) included**  **consumables** | **pcs** | **6** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Handles with a Instrument for direct visualization of the larynx for performing intubation of the patient who needs respiratory support  With halogen or xenon illuminator, powered by batteries. |  |  |
|  | The item should include blade and handle  - standard 2.5 V vacuum bulb  - light ergonomic, satin finish handle to reduce glare  - Stainless Steel contacts guarantee long working life  - easy sterilization ETO or steam  - full range of MacIntosh & Miller blades, latex free  - ISO 7376 fittings allow use of blades with existing handles  - set is packaged in an anti-shock case and in cardboard box  - 2.5 V handles work with both alkaline batteries or  rechargeable batteries  - good light transmission of 3,500 LUX with 2.5 V handles |  |  |
|  | Laryngoscope **s**hould be supplied with Intubation Kit, include:   * Oropharyngeal color coded Guedel airways, sizes from 40 mm up to 100 mm; * Endotracheal uncuffed tubes sizes from 2.5, to 4 mm; * Endotracheal cuffed tubes sizes from 5mm up to 10 mm; * Nasopharyngeal airways sizes 20, 24, 28, 32 FR; * 10ml syringe; * Endotracheal tube introducer (bougie) with coudé tip; * Adult stylette; * Nylon airway management case |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **8** | **Critical & Severe & Recovery** | **Equipment** | **Portable glucometer with additional set for test** | **pcs** | **29** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 8.1. | Critical & Severe & Recovery | Consumables | Test for glucometer | pcs | 8880 |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Sample Size 0.3 μl |  |  |
|  | Sample Type Capillary whole blood and venous blood |  |  |
|  | Hematocrit Range 30 - 55 % |  |  |
|  | Battery Life More than 1000 times |  |  |
|  | Display LCD display (45 x 30 mm) |  |  |
|  | Test Principle Amperometric method |  |  |
|  | Memory Capacity 400 measurement results |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **9** | **Severe** | **Equipment** | **Patient monitor, NIBP, w/o ECG, battery, trolley** | **pcs** | **16** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 9.1 | Severe | Accessories | CUFF ADULT M, navy 23-33cm 002203 | pcs | 6 |
| 9.2 | Severe | Accessories | CUFF ADULT L, wine 31-40cm 002207 | pcs | 6 |
| 9.3 | Severe | Accessories | CUFF CHILD, green 12-19cm 002201 | pcs | 6 |
| 9.4 | Severe | Accessories | CUFF NEON., orange 8-13cm 002200 | pcs | 6 |
| 9.5 | Severe | Accessories | TUBING NIBP adult/child 107363 | pcs | 6 |
| 9.6 | Severe | Accessories | SENSOR SPO2 adult Nellcor DS100A | pcs | 6 |
| 9.7 | Severe | Accessories | SENSOR SPO2, ped/inf. + adh.wrap OXI-P/I | pcs | 6 |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Patient monitor with, SpO2, NIBP, Temp, |  |  |
|  | Parameter required: |  |  |
|  | Pulse oximetry SpO2 with adult and child finger transducer, 1 each. |  |  |
|  | Non-invasive blood pressure, NIBP with reusable NIBP Starter Kit |  |  |
|  | NIBP connection hose, 1 set |  |  |
|  | NIBP cuff & tubing for both adult & child (At least 2 different sizes for adult and 4 different sizes for child/ infant/ neonate) |  |  |
|  | Temperature: Come with 10 pcs each of reusable adult & pediatirc esophageal/ rectal temperature probe and 10 pcs each of reusable adult and pediatic skin temperature probe. Probe type: YSI 400 or 700 series or equivalent. |  |  |
|  | Includes internal rechargeable Lithium battery complete with power plug cable for charging. |  |  |
|  | Monitor shall be operated by the battery for at least 60 minutes |  |  |
|  | Alarm may have atlas four level ( Crisis, Warning, Advisory, Message ) |  |  |
|  | Alarm notification shall be given by Audible and Visual |  |  |
|  | Built-in Thermal Printer that support 3 or more channel printing complete with 5 packs of printing papers |  |  |
|  | Shall come complete with a mobile stand with 5 castors and a basket to store accessories |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **10** | **Severe & Recovery** | **Equipment** | **Pulse oximeter, fingertip model, SpO2/PR, 2xAAA batt.** | **pcs** | **320** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Monitoring unit parameters must at least include Sp02 |  |  |
|  | LED display must at least include Sp02, pulse rate, pulse strength, low battery, audio disabled, sensor, artifacts and power |  |  |
|  | The display should be easy to readSp02 |  |  |
|  | Range : 0% to 99% |  |  |
|  | Sp02 Accuracy : +/- 2 @ 70 to 99% |  |  |
|  | Range : 30 to 254 bpm |  |  |
|  | Accuracy : +/- 2 or 2 bpm whicever is greater |  |  |
|  | Battery operating time: approximately 30 hours from full charge |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **11** | **Triage / Dx. Eqt.** | **Equipment** | **Acid Base Analyzers (electrolytes and blood gases) complete with consumables for 250 analyzes** | **pcs** | **6** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Easy to use with color touch screen |  |  |
|  | Shall have the possibility to lock operation (password protected for authorized operator use only). |  |  |
|  | Shall allow entry of Patient Demographic: Name; surname; Date of birth; Gender |  |  |
|  | Shall allow User to enter and save comments for each sample performed |  |  |
|  | Analyzer shall be able to store on board at least two years of Patient Samples History |  |  |
|  | Analyzer shall come equipped with a bar code reader wand, for positive sample ID. |  |  |
|  | Shall be able to measure: pH; pO2; pCO2; Na+; K+; Ca++; Hematocrit; Glucose and Lactate |  |  |
|  | System shall be easily upgradable, without adding of special hardware and/or software to measure also Glucose and Lactate if demanded |  |  |
|  | Measured parameters shall have the following minimum measuring ranges |  |  |
|  | pH from 6.9 to 7.8 |  |  |
|  | pO2 from0 to 760 mmHg |  |  |
|  | pCO2 from 5 to 110 mmHg |  |  |
|  | Na+ from 100 to 200 mmol/L |  |  |
|  | K+ from 0.2 to 15.0 mmol/L |  |  |
|  | Ca++ from 0.20 to 4.0 mmol/L |  |  |
|  | Glucose from 0 to 400 mg/dL |  |  |
|  | Lactate from 0 to 12 mmol/L |  |  |
|  | Hct (Hematocrit) from 20% to 65 % |  |  |
|  | Shall be able to provide a minimum of 12 Calculated parameters including Total Hemoglobin. |  |  |
|  | Sample volume shall not exceed 145 microliters |  |  |
|  | Analyzer shall not require use of any Gas Cylinders for Calibration. |  |  |
|  | Speed: shall allow minimum of 20 samples/hr |  |  |
|  | Calibration (both 1 pt and 2 pt) shall be made automatically without Operator's intervention. |  |  |
|  | Verification of Analytical Quality shall be achieved and assured without Operator's action. |  |  |
|  | Analyzer shall be capable to resume itself to ready to use status, after possible power failures (max. 1 hr), without operator's intervention. |  |  |
|  | Analyzer shall be able to accept whole blood from either syringes or capillary tubes |  |  |
|  | Analyzer shall be able to recognize presence of clots and automatically activate specific cycle in attempt to remove/dissolve the clot |  |  |
|  | Analyzer shall be able to adapt to any Voltage/Frequency in the Range: 110-240 Vac; 50/60Hz without need of adjustment or human intervention |  |  |
|  | Analyzer software shall be able to accept either normal and critical limits for each parameter and shall report a flag whenever a sample does exceed any |  |  |
|  | Analyzer shall accept either whole blood or serum, plasma samples |  |  |
|  | Analyser shall have minimum of 2 RS 232 serial Ports; 1 Parallel port; 1 ethernet Port |  |  |
|  | It shall be possible to remotely contro analyser, to verify calibrations, review samples and send messages to local operator |  |  |
|  | The Analyser shall be maintenance free |  |  |
|  | Operator's Maintenance action, if any (e.g. printer paper, reagent, electrodes, tubing or other ancillary items replacements) and warm up shall not require more than 45 minutes/Month. |  |  |
|  | Electrical power: 230/240 V ±10% .50/60 Hz |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **12** | **Triage / Dx. Eqt.** | **Equipment** | **ELECTROCARDIOGRAPH, portable, 3 ch** | **pcs** | **12** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 12.1 | Triage / Dx. Eqt. | Accessories | PATIENT CABLE 10 leads, 2.400070 | pcs | 6 |
| 12.2 | Triage / Dx. Eqt. | Accessories | SET ELECTRODES, paediat., 6 bulbs and 4 clips | pcs | 6 |
| 12.3 | Triage / Dx. Eqt. | Accessories | ELECTRODES CLIP, limb, set 4pcs/colors | pcs | 6 |
| 12.4 | Triage / Dx. Eqt. | Consumables | RECORDING PAPER, pack, 2.157044 | pcs | 192 |
| 12.5 | Triage / Dx. Eqt. | Accessories | SUCTION ELECTRODE, adult, 4mm, set of 6 | pcs | 192 |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | To record the standard 12 leads and shall be have 12 channel display. |  |  |
|  | Capable of simultaneously acquiring capability of all 12 leads |  |  |
|  | Should be able to produce an auto report in standard format. |  |  |
|  | Lead fault indicators. |  |  |
|  | An audible QRS indicator |  |  |
|  | Gain adjustable in 4 steps of 0.5, 1.0. 2.0 and 4.0cm/mV |  |  |
|  | 1 mV calibration signal. |  |  |
|  | Shall be able to store ECG waveforms and shall be able to retrive the same. |  |  |
|  | Shall be provided with input amplifiers protected against defibrillator pulses. |  |  |
|  | Capable of operating on either battery or line power. Minimum of 2 hours of operation on battery power. |  |  |
|  | Full size alphanumeroc keyboard, keyboard indicator |  |  |
|  | To print at least 12 channels of simultaneous ECG data |  |  |
|  | To print at least 3 leads of ECG waveform continuosly with manual switching between leads. Simultaneous printing of 3 channels, being at least I, II, III aVR, aVL, aVF, V, P1, P2, P |  |  |
|  | Unit shall be provided with a complete interpretation software. |  |  |
|  | Leakage current compliant with IEC 601-1-1 or NFPA 99-193 |  |  |
|  | RS 232 port or other suitable digital interface to permit communications between the unit and other electrocardiographs, computers, or data management systems. |  |  |
|  | Mobile cart shall be provided for transportation. The mobile cart shall come with 1 no. of drawer and an IV pole for hanging the ECG cable. |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

**LOT NO. 2 - FURNITURE AND AXILLARY ITEMS FOR ICUS**

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **1.** | **Critical & Severe (ICU)** | **Equipment** | **Functional reanimation beds** | **pcs** | **80** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | 4 section \* mechanical |  |  |
|  | crank operated for backrest, height and leg rest and Trendelenburg adjustment by gas spring |  |  |
|  | Spring operated Trendelenburg,  Reverse Trendelenburg,  1-Thigh rest section  should be capable of being  raised or lowered independently to an angle: about 45°  2- Leg section - should have manual adjustment or other independent mechanism supported by spring with interlocking.  3-Bed’s up& down motion with patient load: by crank  4-Base height adjustment: from approx 430 to 830 mm or more  5- Trendelenburg and reverse Trendelenburg position  approx 15°or more |  |  |
|  | Patient handset |  |  |
|  | Footrest adjustment by ratchet |  |  |
|  | Auto Regression system on backrest |  |  |
|  | Hygienic design (PP), lockable and tuck away side rails |  |  |
|  | Easily removable ABS mattress platform |  |  |
|  | Removable head and footboards |  |  |
|  | Electrostatic epoxy painted metal frame. |  |  |
|  | Height adjustable stainless-steel IV pole. |  |  |
|  | Plastic crash bumpers. |  |  |
|  | The wheel base: mounted on swivel castors (diameter about 150 mm) two of which are lockable castors |  |  |
|  | Comprehensive range of accessories available. |  |  |
|  | Angle gauge for back. |  |  |
|  | Angle gauge for Trendelenburg and Reverse Trendelenburg positions. |  |  |
|  | Dual side manual CPR levers at backrest |  |  |
|  | X-ray cassette holder at backrest |  |  |
|  | Maximal loading: not less than 230 kg  Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
| w. | Mattress Radiolucent with sanitized vinyl PVC zip cover surface of mattress shall be cleanable by disinfectants: Appropriate as per bed size, thickness about 12 cm |  |  |
| x. | Pillow complete with vinyl PVC zip cover x 1 pcs |  |  |
| y. | IV Pole x 1 unit |  |  |
| z. | Drainage bag hook x 1 unit |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **2** | **Severe & Recovery** | **Equipment** | **Functional bed 3-section, with a mattress against bedsores** | **pcs** | **320** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Backrest and legrest adjustment by crank mechanism |  |  |
|  | Easy store hand-cranks |  |  |
|  | Collapsible side rails |  |  |
|  | Romovable head & foot boards |  |  |
|  | Fowler and Vascular positions |  |  |
|  | Steel mesh mattres platform |  |  |
|  | Auto-contour |  |  |
|  | Electrostatic powder coated metal frame |  |  |
|  | Footrest adjustment by ratchet |  |  |
|  | Height adjustable stainless steel IV pole |  |  |
|  | 125mm d lockable castors |  |  |
|  | Protective plastic corner bumpers |  |  |
|  | Trendelenburg by gas spring |  |  |
|  | 1-Maximal loading: not less than 230 kg |  |  |
|  | Mattress with sanitized vinyl PVC zip cover,surface of mattress shall be cleanable by disinfectants: Appropriate as per bed size, thickness about 12 cm |  |  |
|  | Pillow complete with vinyl PVC zip cover x 1 pcs |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **3** | **Critical & Severe & Recovery** | **Equipment** | **Bedding set (duvet cover, pillowcase) 4 sets for each bed** | **pcs** | **1600** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Standard size of duvet cover 178cm x 275cm, including pillow case |  |  |
|  | Pattern Type: Solid  Fabric Density: 133x72  Color: White  Use: Hospital  Material: 100% Cotton |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **4** | **Critical & Severe (ICU)** | **Equipment** | **Closed type UV Lamp** | **pcs** | **110** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Disinfection of the air by means of UV-C radiation in the flow germicidal lamps is carried out inside a disinfection chamber. Contaminated air is drawn by a fan – through a filter catching dust and other contaminations-into the disinfection chamber. The UV-C tube intensity and a time during which air remains in the disinfection chamber are selected so that air blown out from the lamp is practically free of microorganisms. Velocity of air flow through the disinfection chamber is therefore selected as a compromise between a desire to disinfect the greatest volume of air per time unit and germicidal effectiveness. UV sterilizing lamp to be used in hospitals, laboratories and clinics for sterilization of room environment. |  |  |
|  | Shall have a wavelength of approximately 254nm |  |  |
|  | UV Lamp shall be enclosed and used in a downward position for sanitizing working area |  |  |
|  | Constructed of durable Aluminium housing and in powder paint finish |  |  |
|  | Shall be provided with brackets for either ceiling or wall mounting |  |  |
|  | Supply voltage 230 V, 50 Hz |  |  |
|  | Power requirement 105 VA |  |  |
|  | UV-C tube PHILIPS or OSRAM 2 x 30 W |  |  |
|  | Lifetime of UV-C tube min. 8000 h min. 8 |  |  |
|  | Ventilator capacity 132 m3 /h |  |  |
|  | Cubage of disinfected room 25-50 m3 |  |  |
|  | Effective area of the lamp 10-20 m2 |  |  |
|  | Class of protection against electric shock I |  |  |
|  | Cover type IP 20 IP 20 IP 20 IP 20 |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
| S. | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
| T. | Electrical Requirements:  YES or NO |  |  |
| U. | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
| V. | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
| W. | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
| X. | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **5** | **Critical & Severe (ICU)** | **Equipment** | **Open UV-Lamp** | **pcs** | **80** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Open type UV lamp shall kill up to 99% of organisms from bacteria, yeast, mold spores, germs, and viruses |  |  |
|  | Shall have a wavelength of approximately 254nm |  |  |
|  | Supply voltage 230 V, 50 Hz 2 |  |  |
|  | Power requirements VA |  |  |
|  | Source of UV-C radiation |  |  |
|  | UV-C tube PHILIPS or OSRAM 30W |  |  |
|  | UV-C radiation intensity at a distance of 1 m from 0.9 W/m2 to 2,3 W/m2 |  |  |
|  | Service lifetime of UV-C tube bulb 8000 h |  |  |
|  | Class protection against electric shock I |  |  |
|  | Type of housing IP20 |  |  |
|  | Type of device |  |  |
|  | Type of work constant |  |  |
|  | Visible and readable warning  sign: “Attention! UV-C  Radiation “ |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
| O. | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
| P. | Electrical Requirements:  YES or NO |  |  |
| Q. | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
| R. | No of Required Power Sockets (SSO-Single Socket Outlet):   1. x SSO, 2 x SSO or 3 x SSO |  |  |
| S. | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
| T. | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **6** | **Critical & Severe & Recovery** | **Equipment** | **Intravenous infusion stand** | **pcs** | **400** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Shall be constructed with tubular stainless steel. |  |  |
|  | Bidder shall specify the stainless-steel grade (should be at least 304 or equivalent) |  |  |
|  | Shall come with chrome plated double (2 nos.) hook IV pole |  |  |
|  | Shall be mobile on 5 nos. approx. 50mm swivelling castors with non-marking grey rubber tires. |  |  |
|  | 2 lockable castors. |  |  |
|  | IV pole shall be height adjustable (range from 160 to 220 cm) with a secured locking mechanism. |  |  |
|  | Base of the Infusion stand shall be stable. |  |  |
|  | REQUIREMENTS FOR QUALITY OF EQUIPMENT  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **7** | **Critical & Severe & Recovery** | **Equipment** | **Plasma Thawer** | **pcs** | **7** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Thaws up to 4 plasma bags (600 ml) of Fresh Frozen Plasma (FFP) at a time fully-automated plasma thawer available |  |  |
|  | Uses a patented sliding motion to agitate the plasma and help circulate the bath water |  |  |
|  | Plasma bag ports kept out of water; hands remain dry during loading and unloading |  |  |
|  | Bright white, corrosion-resistant, sanitary, PVC construction is easy to clean & maintain |  |  |
|  | Temperature setting from 25.0°C to 40.0°C (preset to 37.0°C) accurate to ±0.1°C |  |  |
|  | Very compact |  |  |
|  | Primary and secondary overheat protection systems |  |  |
|  | Audible and visual high temperature alarm |  |  |
|  | Thaw time fully programmable (to within 1 min) |  |  |
|  | Thaw temperature fully programmable (to within 0.1°C) |  |  |
|  | EASE OF USE |  |  |
|  | Integrated digital display shows temperature within 0.1°C and remaining thaw time |  |  |
|  | Simple, safe, fully-automated operation |  |  |
|  | Integrated, back-lit display with plain text messages |  |  |
|  | Digitally controlled |  |  |
|  | HYGIENIC |  |  |
|  | Quick connect drain system efficiently empties the water bath for easy, convenient cleaning |  |  |
|  | The operator’s gloves never come in contact with the water in the Bath when handling the plasma bags |  |  |
|  | Comes with evaporation cover and draining hose |  |  |
|  | FDA Cleared and CE Marked |  |  |
|  | 230V |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |
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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **8** | **Critical & Severe & Recovery** | **Equipment** | **Needle cutter** | **pcs** | **22** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Volume: up to 3 litre |  |  |
|  | Material: strong cardboard or plastic |  |  |
|  | For one-way use only |  |  |
|  | For collection destruction of used needles. |  |  |
|  | Colour: preferable Yellow |  |  |
|  | Container must be marked with the international bio-hazardous sign |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **9** | **Auxiliary** | **Equipment** | **Transport trolley** | **pcs** | **41** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Manual backrest adjustment |  |  |
|  | Trendelenburg by gas spring (Optional) |  |  |
|  | Synthetic leather coated mattress |  |  |
|  | Fold-away side rails |  |  |
|  | Removable upper stretcher |  |  |
|  | 360o |  |  |
|  | swivel diagonal lockable castors |  |  |
|  | Protective corner bumpers |  |  |
|  | Undercarriage storage for oxygen bottle (10 liter) |  |  |
|  | 1-Safety Rails (Pair) – collapsible  2-Adjustable Back rest by manual gas lifting  3-Trolley panel: epoxy coated solid steel panel with ventilation holes 2 Sections/  4-1 IV pole receptacles  5-Mattress material: Polyurethane Foam – fire resistant or similar, thickness not less than 5 cm.  6-Mattress cover: Water resistant, washable, disinfections resistant material  7-Load: 150kg  8-Dimensions (approx.): Height-700 mm Width-650 mm Length-2000 mm |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **10** | **Auxiliary** | **Equipment** | **Food transport trolley** | **pcs** | **22** |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Food transport trolley with sliding lid  Dimension: 950\*500\*950mm  The number of racks: 3  The material Type: Stainless Steel |  |  |
|  | Food transport trolley in heated design for transport, delivery and provisioning of prepared dishes in GN containers. |  |  |
|  | Key facts |  |  |
|  | With 2 wells for GN containers up to 200 mm high |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |

**LOT NO.3 - OXYGEN EQUIPMENT**

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **1** | **Severe & Recovery** | **Equipment** | **Oxygen concentrator 10 lpm, 230V, 50 Hz** | **pcs** | **160** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 1.1 | Severe & Recovery | Accessories | (conc. NL Intensity 10L) OUTLET CONNECTOR, FITTING O2 F0025-1 | pcs | 160 |
| 1.2 | Severe & Recovery | Accessories | (conc. NL Intensity 10L) OXYGEN OUTLET F0007-3 | pcs | 160 |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Shall be microprocessor-controlled design |  |  |
|  | Oxygen concentration purity shall not be less then 95% ( ± 3%) |  |  |
|  | Oxygen concentrator operating pressure shall not be less than ~3.5 bar (tolerance of ± 0.5 bar) |  |  |
|  | Оxygen flow rate capacity shall range between 10 liters/minute |  |  |
|  | Oxygen monitor for signaling when concentration is below ~82% |  |  |
|  | Sound level shall not exceed 50 db |  |  |
|  | Shall be equipped with Alarm function for:  low pressure and low flow rate  power failure and low battery  high temperature |  |  |
|  | The displayed parameter shall indicate:i. Oxygen flow rate (on flowmeter) |  |  |
|  | Cumulative hours of operation |  |  |
|  | Should be able to supply oxygen to two patients at 5 lpm or be equipped with dual patient flow splitter at the same flow |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | Shall be supplied with set of mask, nasal canulaes and tubings for 5 patients |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |
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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **2** | **Auxiliary** | **Equipment** | **Oxygen generator and stations for ICU** | **pcs** | **5** |
| ***Additional to this item Accessories, Consumables, Spare part:*** | | | | | |
| 2.1 | Auxiliary | Material | Pipe (m) | pcs | 800 |
| 2.2 | Auxiliary | Equipment | Oxygen Terminal Unit (Socket O2) | pcs | 80 |
| 2.3 | Auxiliary | Equipment | Floumetr0-15l/min | pcs | 80 |
| 2.4 | Auxiliary | Accessories | Oxygen therapy mask, adult, reusable (suitable for use with O2 concentrators or flowmeters) | pcs | 800 |

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|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Oxygen stationary generator: for medical facilities oxygen supplying, with possibility to refueling oxygen cylinders (max pressure up to 150 bar) |  |  |
|  | Continuous work in completely automatic mode (24 hours) |  |  |
|  | Concentration of oxygen - 90-95 % |  |  |
|  | Productivity on oxygen - not less than 10 m³/hour |  |  |
|  | The maximal pressure of oxygen flow - Not less than 4, 5 bar |  |  |
|  | Quantity of filled oxygen cylinders (Volume 40 L) pressure up to 150 bar – 6 cylinders |  |  |
|  | The unit should have – function for pressure regulation of oxygen supply |  |  |
|  | Oxygen generator should be equipped with alarm system:  Analyzer of oxygen concentration with an opportunity of automatic switching-off of oxygen supply at falling concentration below the established level, with the panel of calibration |  |  |
|  | Measurement accuracy should be independent out of pressure and temperature |  |  |
|  | Working hours counter should be equipped with service - time marks. |  |  |
|  | Complete set:  Oxygen compressor and filling ramp for 5 or more cylinders filling  Air compressor with dehumidifier and air receiver  Oxygen generator with 2 adsorbing columns  Oxygen stage - for filling cylinders with an opportunity of its use as reserve source of oxygen  Oxygen holder - volume not less 450 liters |  |  |
|  | Control panel should be equipped with:  - The programmed controller with nanosecond action;  - Pressure sensor  - The manual switcher of drainage |  |  |
|  | Unit electric supply: 3 phase 380 Volt, 50 – 60 Hz |  |  |
|  | Complete set of delivery should consist of: Disposables spare parts necessary for 2 years. |  |  |
|  | All parts including hose, connecting pipes, hose adaptors and others necessary parts needs for installation. |  |  |
|  | Documents and service maintenance:  Each unit should be supplied with instruction of user in Russian and English  Each unit should be supplied with instruction for service maintenance in Russian and English |  |  |
|  | Service engineer should have manufacturers certificate. |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

**LOT 4 – MEDICAL IMAGING EQUIPMENT**

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| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **1** | **Triage / Dx. Eqt.** | **Equipment** | **DR Mobile x-ray machine, digital, with printer** | **pcs** | **6** |

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|  | | **Technical Requirements** | | **Bidder’s Offer\*** | | **Evaluation** |
|  | | For use in conventional Radiography for Emergency room, Operating room and Ward, and orthopedics and surgical treatment | |  | |  |
|  | | includes a thermal printer for printing x-ray films. | |  | |  |
|  | | Digital high frequency generator | |  | |  |
|  | | Ergonomics designed | |  | |  |
|  | | Compact structure, wireless large digital detector and tablet control based on digital imaging platform  Mechanics Structure  Weight: not more than 250kgs  X-ray Tube up-down movement (focus to the floor): least 400~1800mm, | |  | |  |
|  | | Manual  X-ray tube stand rotation: at least -90°～+90°  X-ray tube rotation along tube arm: at least 140°～+140° | |  | |  |
|  | | X-ray tube pitching angle (rotation along the X-ray tube central axis): at least -45°～+90° | |  | |  |
|  | | Approach and departure angles: ≥5° | |  | |  |
|  | | Anti-collision protection | |  | |  |
|  | | brake release built in the hand grips | |  | |  |
|  | | High Frequency Generator | |  | |  |
|  | | Rated power: approx. 32kW (Max. output 40kW | |  | |  |
|  | | Radiography kV: approx. 40~125kV; mA Range: approx.0,5~500mA  mAs: 0.1~400mAs | |  | |  |
|  | | Time of exposure: approx. 1ms~10s | |  | |  |
|  | | Power supply: 220V±10%, 50/60Hz  Rechargeable battery for over 1000 exposures | |  | |  |
|  | | X-ray Tube Assembly | |  | |  |
|  | | Rotary Anode 2800 rpm | |  | |  |
|  | | Focal Spot: at least 1.3mm5mm | |  | |  |
|  | | Rated power: 11kW/32kW Either 11 KW or 32Kw | |  | |  |
|  | | Anode Heat Capacity: at least 100kHU | |  | |  |
|  | | Target Angle: approx. 16° | |  | |  |
|  | | COLLIMATOR | |  | |  |
|  | | External dimensions:. 180mm×220mm×100mm | |  | |  |
|  | | Projection Field (SID=1000mm): Max.: 440mm×440mm; Min.: <50mm×50mm Rectangular field | |  | |  |
|  | | Operation Mode: Manual | |  | |  |
|  | | Collimator rotation: ±180° | |  | |  |
|  | | Inherent filtration: ≥ 1.0mmAl/75kV | |  | |  |
|  | | DR Flat Panel Detector  External dimensions: 460mm×383mm×15mm  Weight: 3.1kg  Effective Size: approx.. 350x430mm, Pixel Matrix: approx. 2500x3000 | |  | |  |
|  | | A/D converter: 16 Bit  Pixel size: approx. 140 – 150 microns  DQE: approx. 36% (@ 1lp/mm), ≥66% (@ 0lp/mm) or better | |  | |  |
|  | | Image processing time: ≤ 10 sec | |  | |  |
|  | | Spatial Resolution: approx. 3.4 lp/mm or better | |  | |  |
|  | | Maximum weight allowed (uniformly distributed on the surface) 135kg | |  | |  |
|  | | Number of images taken with one charge (1 image per minute) 650~700 | |  | |  |
|  | | Battery Recharge Time: 2.5~3 hrs | |  | |  |
|  | | Battery rechargeable at the parking place on the cart. | |  | |  |
|  | | Data Interface: GigE/802.11n | |  | |  |
|  | | Acquisition Workstation | |  | |  |
|  | | Hardware: laptop or tablet computer  includes standards for DICOM 3.0 or better  CPU: Intel i5 processor or better  RAM: 4GB or better  Hard disk: ≥500GB or better  Display: 15” touch screen LCD, 1920×1080  OS: windows 10  Image Acquisition: Acquisition condition setting, mechanical position setting | |  | |  |
|  | | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards | |  | |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. | |  | |  | | |
|  | Electrical Requirements:  YES or NO | |  | |  | | |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz | |  | |  | | |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO | |  | |  | | |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted | |  | |  | | |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) | |  | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **2** | **Triage / Dx. Eqt.** | **Equipment** | **Complete video bronchoscope, including suction and EHF apparatus** | **pcs** | **6** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | BRONCHOSCOPE Ø 6.2MM WL 600MM flexible, working channel Ø 3mm, distal tip straight, TL 875mm, deflection +180°/-140°, with suction valve, two function buttons, for connection to ENDOCAM Flex HD, LED-illumination, distal Sensor |  |  |
|  | BIOPSY VALVE FOR BRONCH. (PACK=100 PCS), For flexible endoscopes with instrument channel, for single use. |  |  |
|  | CLEANING BRUSH Ø 5MM TL 1200 (PACK=100 PCS) with 1 brush head, for channels Ø 2.5mm to 3.5mm. |  |  |
|  | IRRIGATION ADAPTER Rinsing adapter for the automatic cleaning of flexible bronchoscopes with suction valve. |  |  |
|  | LEAK TESTER FOR FLEX. ENDOSCOPES reusable |  |  |
|  | PRESSURE EQUALIZATION VALVE reusable |  |  |
|  | BITE RINGS reusable |  |  |
|  | CLEANING BRUSH FOR SUCTION CHANNEL Ø 5 suction and biopsy valve, working length 175 mm, brush length 10 mm, overall length 285 mm |  |  |
|  | SUCTION VALVE FOR BRONCH. for single use |  |  |
|  | FLEX HD CAMERA CONTROLLER LED, buttons, Output: 1x HDMI, Resolution:1920x1080, U: 100-240VAC, 50/60Hz, Dim (wxhxd) 150x58x230mm |  |  |
|  | LCD MONITOR 21.5'' LED, |  |  |
|  | UNIT CART BASE ELECTR. 220-230VAC "Universal video trolley with heavy duty bridge to hold a support arm. Including back panel and integrated cable duct. 3 shelves (370mm wide), 2 individually adjustable. 4 double caster wheels, 2 featuring a double lock (direction lock/free wheel/total lock). 2 wheels electrical conductive. Interfaces for support arms and installation of extensive accessories. Colour: White, aluminium side profile. Dimensions (WxHxD): 720 x 1520 x 700mm. Trolley includes a BASIC-ELECTRICS 220-240V / 2000VA, consisting of: Electronic housing (basic), cut-off module (electronic) and device socket block with 12 sockets and integrated main switch module, 6 device power cable." |  |  |
|  | MONITOR MOUNT Product for follow-up order and self-assembly. LCD monitor bracket for assembly on crosspiece. Long mounting hole assembly of the LCD at different heights. Cable cover on the back. Maximum load: 15kg Color white |  |  |
|  | REMOTE CONTROL MOUNTING Special mounting SHELF LONG for setting larger devices. |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

**LOT NO.5 - STERILIZATION EQUIPMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **1** | **Auxiliary** | **Equipment** | **AUTOCLAVE 39l, pressure type, w/o burner** | **pcs** | **6** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Large capacity, Bench top, built to hospital sterilization standard |  |  |
|  | Chamber capacity: 35liters |  |  |
|  | Heater wattage: 1500 W |  |  |
|  | accepts large flasks |  |  |
|  | Preset cycles and customization of cycle allowing sterilization of any requirement |  |  |
|  | Fully automated microprocessor controlled with Easy to read LCD display & self diagnosis system |  |  |
|  | Including rack, 1 large tray and 1 small tray |  |  |
|  | ASME, UL, CE & CUL APPROVED. Built to AAMI ST-55 specifications |  |  |
|  | Including rack, 1 large tray and 1 small tra |  |  |
|  | Water Treatment system should be included |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
|  | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
|  | Electrical Requirements:  YES or NO |  |  |
|  | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
|  | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
|  | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
|  | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Medical area** | **Type** | **Description of item required** | **Unit** | **Total**  **Q-ty** |
| **2** | **Auxiliary** | **Equipment** | **MODULES CENTRAL STERILIZATION, 90L** | **pcs** | **6** |

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| --- | --- | --- | --- |
|  | **Technical Requirements** | **Bidder’s Offer\*** | **Evaluation** |
|  | Steam sterilization of surgical instruments with temperature ranging from 121°C to 135°C. |  |  |
|  | A floor standing, single door, horizontal sterilizer for sterilizing of wrapped and un-wrapped instruments, porous, etc |  |  |
|  | "The unit shall come with Pre & Post vacuum process for air-removal before sterilizing phase and with drying after sterilizing phase." |  |  |
|  | Fully automatic processing via microprocessor controller with pre-programmed cycles with sterilization temperature of 121 degree C and 132 degree C controlled by a PT-100 (Platinum resistance) temperature sensor. |  |  |
|  | At least three preprogrammed cycles shall be provided for different types of sterilization processes including, Bowie-Dick and air leak test. Bidder shall indicate here number of all available pre-programmed cycles with details and minimum cycle time (in minute) |  |  |
|  | Power Supply: 3 phase 380V 50Hz |  |  |
|  | Main Components of the equipment |  |  |
|  | Chamber and jacket |  |  |
|  | Door System |  |  |
|  | Control Panel and Printer |  |  |
|  | Pressure Regulation System |  |  |
|  | Steam Control System |  |  |
|  | Chamber Drain System |  |  |
|  | Chamber shall be constructed rectangular, with a capacity of approximately 90 litres to 100 litres. |  |  |
|  | Chamber shall be constructed with an outer jacket. |  |  |
|  | Chamber and jacket shall be constructed of grade 316L solid stainless steel. |  |  |
|  | Both chamber and jacket shall be constructed for an approved working pressure of 45psi (3 Bar) certified by MOM |  |  |
|  | The inner chamber shall be equipped with baffle plates for uniform steam distribution. |  |  |
|  | A groove shall be provided around the chamber door opening for placing the one piece seamless door gasket. The gasket shall be easily replaceable. |  |  |
|  | Doors shall be of same material used in the chamber construction. |  |  |
|  | A safety mechanism shall be provided to prevent the cycle being started until the door is locked and sealed and to prevent the door being opened until chamber pressure is at atmospheric. |  |  |
|  | Door shall be equipped with a safety device to immediately stop the door from closing in event of an obstruction |  |  |
|  | Door sealing shall be by means of steam pressure in the groove acting behind the gasket pressing against the door to give an even seal all round |  |  |
|  | An auxiliary means of manual control shall be provided for opening the door in an emergency. |  |  |
|  | All functions shall be monitored by a microprocessor with self-diagnostic feature. |  |  |
|  | The control panel shall come with a printer. |  |  |
|  | All phases of the sterilization cycle shall be automatically controlled with cycle status indicating lights shown in the control panel. Cycle completion shall be indicated visually and audibly. |  |  |
|  | Control panel shall be provided with power on/off switch, digital display window, door control, touch sensitive cycle selection pads, instrumentation and printer controls. |  |  |
|  | The display window shall display Time, Temperature, Pressure, Vacuum, Alarm conditions etc. |  |  |
|  | The control panel shall be provided with battery backup for data memory. |  |  |
|  | Apart from digital display, the panel shall be equipped with pressure gauge for steam supply and combination pressure/vacuum gauge for chamber pressures. |  |  |
|  | At least six preprogrammed cycles shall be provided for different types of sterilization processes including, Bowie-Dick and air leak test. |  |  |
|  | The printer output shall provide Data, process start time, sterilizer name and number, cycle number, cycle transition points, documenting time, temperature, pressure, process fault information and cycle verification signature line. |  |  |
|  | Water, air and steam shall be regulated by pressure valves. |  |  |
|  | Proper monitoring of pressure shall be done through placing pressure gauges in required areas. |  |  |
|  | Steam supply shall be piped, valved, trapped and regulated to 50psi (3.5bar). |  |  |
|  | Steam generator shall be the part of this sterilizer. Steam shall be supplied from an integrated built in steam generator. |  |  |
|  | Steam generator shall be rated not less than 10KW. |  |  |
|  | Steam generator shall be constructed of stainless steel to ensure the supply of clean steam (free of rust) to the sterilizer. |  |  |
|  | Steam generator shall automatically control the supply of steam to the sterilizer at minimum of 3.7bar. |  |  |
|  | Sterilizer controls shall include an adjustable pressure and high limit control cut out. |  |  |
|  | Magnetic contacts shall be provided for energizing the heating elements. |  |  |
|  | A low water cut off shall be provided to cut-off the heating elements. |  |  |
|  | Steam supply line shall include a strainer, shut off valve and pressure regulator. |  |  |
|  | Feed water tank and feed water pump shall be in stainless steel. |  |  |
|  | Air compressor |  |  |
|  | Air compressor shall be included in unit, capacity adapted to needs, with sufficient reservoir, pressure reducer |  |  |
|  | Steam and condensate discharged from the chamber shall be cooled by a high capacity water cooled condenser to reduce discharge temperature to less than 60 degrees C to avoid risk of damage to the building drainage system |  |  |
|  | Condenser shall be made of stainless steel with large cooling surface. |  |  |
|  | Transport trolley x 1 no. |  |  |
|  | The loading/unloading trolley must MATCH with this Sterilizer |  |  |
|  | Constructed using polished stainless steel (AISI 304L grade). |  |  |
|  | Overall size must match with the respective sterilizer model. |  |  |
|  | Trolley on 4 nos. high quality swivel casters with locking system. |  |  |
|  | A pre-vacuum steam sterilizer, single door, electrically heated, complying with the requirements of EN 285. |  |  |
|  | Sterilizer shall be provided with a gravity cycle. |  |  |
|  | Sterilizer frame work and other metal parts shall be in stainless steel to eliminate corrosion. |  |  |
|  | Water treatment system for water demineralization to be installed between the hospital water supply pipeline and the sterilizer |  |  |
|  | Automatic water feed, connection to a demineralized water supply |  |  |
|  | Quality Standard:  1-Quality certificate ISO 9001  2-Quality certificate ISO 13485  3-The equipment must comply with CE (Conformité Européenne) and/or FDA standards |  |  |
| A. | PRE-INSTALLATION REQUIREMENTS (To be completed by Supplier)  Please declare in detail compliance of this item offered with any relevant quality and safety standards.  Successful bidder is to ensure that the installation place of the equipment is completely comply to the required standards if not this works should be completed by bidder. |  |  |
| B. | Electrical Requirements:  YES or NO |  |  |
| C. | Supply Type:  220VAC, 50Hz or 400VAC, 50Hz |  |  |
| D. | No of Required Power Sockets (SSO-Single Socket Outlet):  1 x SSO, 2 x SSO or 3 x SSO |  |  |
| E. | Equipment Placement:  On benchtop, Trolley, Floor, Wall Mounted, Ceiling Mounted |  |  |
| F. | Floor Requirement:  Concrete Plinth: Height(mm) x Floor Drop x Depth(mm) |  |  |

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**\*REQUREMENTS TO THE BIDDER OFFER**

|  |  |
| --- | --- |
|  | **ACCESSORIES & CONSUMABLES** |
| **1** | All standard accessories required for the proposed model (including maintenance tools where applicable) as normally provided by the manufacturers (bidder to specify) |
| **2** | Bidders shall specify, in a separate Excel worksheet, the quantity and details of any other essential items which have not been specified in this TSF, and to be included in the offer. |
| **3** | All standard maintenance tools and cleaning /lubrication materials where applicable shall be included. |
| **4** | Bidders shall specify, in a separate **Excel worksheet**, the quantity and details of any items included in this offer, which are normally provided by the manufacturer but not specified in this TSF. |
|  | **STANDARD REQUIREMENTS AND INSTRUCTIONS** |
| **1** | Power requirement (where applicable) to follow Purchaser's country national voltage: 220-240 Volts, 50 Hz for single phase. Electrical plugs and sockets (outlets) supplied for equipment shall be Type "F" Schuko, European standard electrical socket types. The device must comply with IEC 601 standard or equivalent. |
| **2** | The equipment supplied must be brand new with proper serial number to prove it and must not be a used or a reconditioned instrument. |
| **3** | The equipment must be made fully installed and fully functioning and operational at site. |
| **4** | Successful bidder is to ensure that all software delivered/included shall be upgraded to the latest edition and maintained in its current status at no additional cost during the warranty period. |
| **5** | The system offered shall be designed to operate normally under the conditions of the purchaser's country. The conditions include Power Supply, Climate, Temperature, Humidity, etc. |
| **7** | Please declare in detail compliance of this item offered with any relevant quality and safety standards. |
|  | **DOCUMENTATION** |
| **1** | Bidder must provide the following documents for bid submission: |
|  | a) Original colour brochures or catalogues |
|  | b) Technical data sheet |
|  | c) Manufacturing / safety / compliance certificates |
|  | *d) Operation Manuals in English or Russian language (Upon award of contract)* |
|  | *e) Service manuals in English or Russian language (Upon award of contract)* |
|  | **TRAINING** |
| **1** | On-site training must be provided with sufficient period of time |
| **2** | The training must include theory, application and troubleshooting aspects |
| **3** | Functioning and maintenance of the equipment |
| **4** | Safety of the machine |
| **5** | Assembly on site |
| **6** | Schematic interpretation of drawings (where applicable) |
|  |  |
| **F** | **NOTE** |
| **1** | Bidders may propose any product/system, which is equivalent or better than the requirements specified above. |
| **2** | All equipment needing consumables must allow the possibility to use **generic and/or locally made consumables and/or disposables**. Compliance to this condition must be declared here by the bidders. |
| **3** | These consumables shall not be used for testing and commissioning. The cost of these consumables must be included in the tender price. Bidders shall provide an itemized list of these start-up consumables including quantities. |
| **4** | All consumables / reagents / solutions supplied **MUST** have an expiry period of **NOT LESS** than 1 year. |
| **5** | Specifications/ parameters which are major / critical / important are marked with an asterisk (‘\*’) and all of these specifications/ parameters **MUST** be complied with and they **MUST** be supported with technical document evidence from the manufacturer. If any item offered does not comply with either one of the above conditions, it will constitute a **Non Compliance** for that item. |
| **6** | Reference to the major/ critical/ important specifications/ parameters on the technical document evidence from the manufacturer MUST be clearly marked and the relevant page number should be written in column **"Vendor's Comments"** on each TSF. |
| **8** | The unit price shall include delivery to final destination, installation, warranty and PPM of the item offered. |
| **9** | However, bidder shall prepare a separate costing for pre-installation, where applicable, with detail breakdown of works and cost as an option. |
| **10** | It is the responsibility of the bidder to ensure that the item installed is functional for the smooth operation of the hospital. |
| **11** | Language used for preparation and compilation of documents shall be in English and Russian. |

**Distribution List**

| **Item** | **Description of item required** | **Q-ty** | **Unit** | **Shifobahsh Dushanbe** | **Kulob Hospital** | **Khujand Infection Hospital** | **Bohtar Infection Dpt.** | **Rudaki Infection Dpt.** | **Vakhdat Infection Dpt.** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Lot 1 – Equipment for ICUs** |  |  |  |  |  |  |  |  |
| 1. | Patient ventilator, adu/paed/neon. | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 1.1 | *Expiration valve, flow sensor, reusable* | 16 | pcs. | 4 | 3 | 3 | 2 | 2 | 2 |
| 1.2 | *Single use filters* | 19200 | pcs. | 4800 | 3600 | 3600 | 2400 | 2400 | 2400 |
| 1.3 | *Breathing circuit, adult (tub./balloon/valv./mask), s.u.* | 240 | pcs. | 60 | 45 | 45 | 30 | 30 | 30 |
| 1.4 | *Breathing circuit, paediatr. (tub./balloon/valv./mask), s.u.* | 160 | pcs. | 40 | 30 | 30 | 20 | 20 | 20 |
| 2. | Patient monitor, multiparametr ECG/CAPNO/SpO2/NIBP/Temp, 230V | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 2.1 | *Blood pressure sensor, invasive* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.2 | *Cuff adult l, wine 31-40cm 002207* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.3 | *Cuff child, green 12-19cm 002201* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.4 | *Tubing NIBP adult/child 107363* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.5 | *Sensor SpO2 adult nellcor ds100a* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.6 | *Sensor SpO2, ped/inf. + adh.wrap oxi-p/i* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.7 | *Skin temperature probe ad/ped diam.10mm, reus., m1024254* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.8 | *Leadwire ecg multilink 3 grabb.412682-003* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.9 | *Cable ECG, 3/5 leads 3.6m 2106305-003* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 3. | Suction pump, electrical, 100-230V, 50-60Hz | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 3.1 | *Collection bottle, 1l, autoclavable* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 3.2 | *Lid w/connector and overflow device* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 3.3 | *Bacteria filter, unit* | 800 | pcs. | 200 | 150 | 150 | 100 | 100 | 100 |
| 4. | Infusion pump | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 4.1 | *Infusion line vlst00* | 28800 | pcs. | 7200 | 5400 | 5400 | 3600 | 3600 | 3600 |
| 5. | Ambu bag with silicone masks for adults and children | 41 | pcs. | 10 | 8 | 8 | 5 | 5 | 5 |
| 6. | Defibrillator, mobile, semi-auto,multi-paramet, AC/DC, +trolley | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 6.1 | *Electrode pads, adult, adhesive, disp.* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 6.2 | *Electrode pads, paediat., adhesive, disp.* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 7. | Laryngoscope (for adults and children) included | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 8. | Portable glucometer with additional set for test | 29 | pcs. | 7 | 5 | 5 | 4 | 4 | 4 |
| 8.1 | *Test for glucometer* | 8880 | pcs. | 2400 | 1800 | 1560 | 1040 | 1040 | 1040 |
| 9. | Patient monitor, NIBP, w/o ECG, battery, trolley | 16 | pcs. | 4 | 3 | 3 | 2 | 2 | 2 |
| 9.1 | *Cuff adult m, navy 23-33cm 002203* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 9.2 | *Cuff adult l, wine 31-40cm 002207* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 9.3 | *Cuff child, green 12-19cm 002201* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 9.4 | *Cuff neon., orange 8-13cm 002200* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 9.5 | *Tubing nibp adult/child 107363* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 9.6 | *Sensor SpO2 adult nellcor ds100a* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 9.7 | *Sensor SpO2, ped/inf. + adh.wrap oxi-p/i* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 10. | Pulse oximeter, fingertip model, SpO2/PR, 2xAAA batt. | 320 | pcs. | 80 | 60 | 60 | 40 | 40 | 40 |
| 11. | Acid Base Analyzers (electrolytes and blood gases) complete with consumables for 250 analyzes | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 12. | Electrocardiograph, portable, 3 ch. | 12 | pcs. | 2 | 2 | 2 | 2 | 2 | 2 |
| 12.1 | *Patient cable 10 leads, 2.400070* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 12.2 | *Set electrodes, paediat., 6 bulbs and 4 clips* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 12.3 | *Electrodes clip, limb, set 4pcs/colors* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 12.4 | *Recording paper, pack, 2.157044* | 192 | pcs. | 48 | 36 | 36 | 24 | 24 | 24 |
| 12.5 | *Suction electrode, adult, 4mm, set of 6* | 192 | pcs. | 48 | 36 | 36 | 24 | 24 | 24 |
|  | **Lot 2 – Furniture and axillary items for ICUs** |  |  |  |  |  |  |  |  |
| 1. | Functional reanimation beds | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 2. | Functional bed 3-section, with a mattress against bedsores | 320 | pcs. | 80 | 60 | 60 | 40 | 40 | 40 |
| 3. | Bedding set (duvet cover, pillowcase) 4 sets for each bed | 1600 | pcs. | 400 | 300 | 300 | 200 | 200 | 200 |
| 4. | Closed type UV Lamp | 110 | pcs. | 25 | 20 | 20 | 15 | 15 | 15 |
| 5. | Open UV-Lamp | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 6. | Intravenous infusion stand | 400 | pcs. | 100 | 75 | 75 | 50 | 50 | 50 |
| 7. | Plasma Thawer | 7 | pcs. | 2 | 1 | 1 | 1 | 1 | 1 |
| 8. | Needle cutter | 22 | pcs. | 4 | 4 | 4 | 4 | 2 | 4 |
| 9. | Transport trolley | 41 | pcs. | 10 | 8 | 8 | 5 | 5 | 5 |
| 10. | Food transport trolley | 22 | pcs. | 5 | 4 | 4 | 3 | 3 | 3 |
|  | **Lot 3 – Oxygen equipment** |  |  |  |  |  |  |  |  |
| 1. | Oxygen concentrator 10L, 230V, 50 Hz | 160 | pcs. | 40 | 30 | 30 | 20 | 20 | 20 |
| 1.1 | *(conc. nl intensity 10l) outlet connector, fitting o2 f0025-1* | 160 | pcs. | 40 | 30 | 30 | 20 | 20 | 20 |
| 1.2 | *(conc. nl intensity 10l) oxygen outlet f0007-3* | 160 | pcs. | 40 | 30 | 30 | 20 | 20 | 20 |
| 2. | Oxygen generator and stations for ICU | 5 | pcs. |  | 1 | 1 | 1 | 1 | 1 |
| 2.1 | *Pipe (m)* | 800 | pcs. | 200 | 150 | 150 | 100 | 100 | 100 |
| 2.2 | *Oxygen Terminal Unit (Socket O2)* | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 2.3 | *Flowmeter 0-15 l/min* | 80 | pcs. | 20 | 15 | 15 | 10 | 10 | 10 |
| 2.4 | *Oxygen therapy mask, adult, reusable (suitable for use with O2 concentrators or flowmeters)* | 800 | pcs. | 200 | 150 | 150 | 100 | 100 | 100 |
| 2.5 | *Installation of an internal system of medical oxygen in the ICU and maintenance of equipment* | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
|  | **Lot 4 – Medical imaging equipment** |  |  |  |  |  |  |  |  |
| 1. | DR Mobile x-ray machine, digital, with printer | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. | Complete video bronchoscope, including suction and EHF apparatus | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
|  | **Lot 5 – Sterilization equipment** |  |  |  |  |  |  |  |  |
| 1. | Autoclave 39l, pressure type, w/o burner | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. | Modules central sterilization, 90L | 6 | pcs. | 1 | 1 | 1 | 1 | 1 | 1 |

1. *1 The Guarantor shall insert an amount representing the Contract Amount specified denominated either in the currency(ies) of the Contract or a freely convertible currency acceptable to the Beneficiary.* [↑](#footnote-ref-1)
2. *2 Insert the date twenty-eight days after the expected completion date. The Purchaser should note that in the event of an extension of this date for completion of the Contract, the Purchaser would need to request an extension of this guarantee from the Guarantor. Such request must be in writing and must be made prior to the expiration date established in the guarantee. In preparing this guarantee, the Purchaser might consider adding the following text to the form, at the end of the penultimate paragraph: “The Guarantor agrees to a one-time extension of this guarantee for a period not to exceed [six months][one year], in response to the Beneficiary’s written request for such extension, such request to be presented to the Guarantor before the expiry of the guarantee.”* [↑](#footnote-ref-2)
3. 1 *The Guarantor shall insert an amount representing the amount of the advance payment and denominated either in the currency(ies) of the advance payment as specified in the Contract, or in a freely convertible currency acceptable to the Purchaser.* [↑](#footnote-ref-3)