







Procurement of Medical Equipment for the Intensive Care Unit at Alia Hospital – Hebron

UNDP Reference (PAL10-00103835)

ITB-2017-91 – Annex I
Price Quotation Form and Technical Specifications

Price quotation form - Medical Equipment

| ITEM NO. | DESCRIPTION | QTY | UNIT PRICE US\$ | Total Price (Lump Sum, All Inclusive) |
|-------------|---|-------------|--------------------|---|
| 1 | ICU BED | 19 | | |
| 2 | VENTILLATOR | 4 | | |
| 3 | DEFIBRILLATOR MONITOR | 2 | | |
| 4 | MONITORING SYSTEM FOR 19 BEDS | 1 | | |
| 5 | ELECTROCARDIOGRAPH | 2 | | |
| 6 | OXYGEN FLOWMETER COMP. | 19 | | |
| 7 | SUCTION UNIT COMPLETE | 19 | | |
| 8 | MEDICATION CABINET | 2 | | |
| 9 | EMERGENCY TROLLEY COMPLETE | 2 | | |
| 10 | AUTOMATIC BLOOD PRESSURE M/C | 1 | | |
| 11 | INFUSION PUMP W. STAND | 10 | | |
| 12 | SYRANGE PUMP W.STAND | 10 | | |
| 13 | MEDICATION TROLLEY | 2 | | |
| 14 | X-RAY VIEWER DOUBLE | 2 | | |
| 15 | BED SIDE CABINET WITH OVER BED TABLE | 19 | | |
| 16 | ULTRASONIC NEBULIZER | 2 | | |
| 17 | WARMING MATRESS | 1 | | |
| 18 | WHEEL CHAIR ADULT | 1 | | |
| 19 | LINEN TROLLEY DIRTY/CLEAN | 2 | | |
| | Total Price of Goods | | | |
| | Add: Cost of Installation and Operation | | | |
| | Add: Cost of Training | | | |
| | Add: Cost of Transportation | | | |
| | Add: Cost of Insurance | | | |
| | Add: Other Charges (pls. specify) | | | |
| | Grand Total, Final and All-Inclusive Price Quota - Not including Tax & Value Added Tax (VAT) | ation (USD) | | |

[Name and Signature of the Supplier's Authorized Person]

[Designation]

[Date]

| ITEM # :1 | QTY :19 | |
|---|------------|------------|
| ICU BED | COMPLIANCE | DEVIATIONS |
| | | |
| Good brand name | | |
| High End ICU Beds to be used in the intensive care for | | |
| comfort of the patient and to facilitate comfortable transfer | | |
| to and emergency and other words, it is also required to | | |
| carry out point of care procedures including radiological | | |
| procedures at the bedside | | |
| The beds must be designed and approved for use in | | |
| critical care departments; they must be fully motorized | | |
| electric units and should have Radiolucent top for carrying | | |
| out X-Ray. | | |
| Should have four section mattress base | | |
| Should have X-Ray translucent back section made up of | | |
| high pressure laminate | | |
| Should have X-ray cassette holder underneath the back | | |
| section and should allow Insertion of X-ray cassette from | | |
| either side of the bed. | | |
| Base frame and support frame should be made up of steel | | |
| for long life and prevention from rusting. | | |
| Controls in the Side Rails from both sides of the bed, in | | |
| addition to remote control for the Nurse to control the bed. | | |
| Should have step less electrical adjustment for the | | |
| following: | | |
| Height: 400-820 mm Approx. | | |
| Back section: 0-70 deg. Approx. | | |
| Leg Section: 0-30 deg Approx. | | |
| Trendelenburg And anti trendelenburg up to 16 | | |
| deg. approx. | | |
| Quick release mechanism for emergency situation. | | |
| safety side rails shall be half length type. Rails must store | | |
| to provide a zero transfer gap for surface transfer. Side | | |
| rails shall have heavy durable plastic covering or solid | | |
| plastic suitable for this application. | | |
| Beds shall have central breaking and steering system with | | |
| minimum 5.5" double ball bearing swivel casters. Brake | | |
| control to permit locking of caster(s), must be located on | | |
| both sides of the bed. Casters must be non-marring | | |
| material. | | |
| Mattress of the bed should be made up of high density | | |
| foam with Anti Microbial agent incorporated into all | | |
| components that assists in prohibiting growth of bacteria | | |
| and fungi and easy to clean | | |
| Mattress should be fully Radiolucent for ease in | | |
| performing X-Ray. | | |
| Bumpers at all corners and place for fixing accessories | | |
| Dimension of the bed : | | |
| Length: 2200 mm. approx. | | |
| Width: 1100 mm.approx. | | |

| ITEM # :1 | QTY :19 | |
|---|------------|------------|
| ICU BED | COMPLIANCE | DEVIATIONS |
| ICO BED | | |
| Head and foot panels shall be constructed either solid | | |
| plastic, formed plastic with built in handles. | | |
| Head and foot end panels must be easily removable with | | |
| no tools. | | |
| The bed shall have 2 permanent IV poles attached. | | |
| Weight bearing capacity 250 kg. | | |
| The bed must have Chair positioning, CPR release and be | | |
| movable in all height positions. | | |
| DOCUMENTATION | | |
| 1. Operating Manual (in original) soft and hard copies | | |
| 2. Maintenance Manual (in original) soft and hard copies | | |
| 3. Spare parts catalogues (in original). | | |
| 4. Current price/catalogue lists (in original). | | |
| 5. Standard Service Manual (in original).soft and hard copies | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards . | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| Inspection Authority. Wort Biomedical Engineering Offic | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| i i | | |
| <u>Installation</u> | | |
| Installation, Testing, Commissioning & Handing-over including | | |
| site preperation if needed | | |
| <u>Warranty</u> | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| 3. Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be | | |
| part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double | | |
| the number of days for which the equipment goes out of service | | |
| will be applied. MAINTENANCE & REPAIR | | |
| 1. The supplier must ensure the availability of expertise service | | |
| and maintenance The vendor should submit company profile | | |
| including names and No. of engineers, training certifications | | |
| preferably on the same product. | | |
| The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. | | |
| | | |

| ITEM # :1 | QTY:19 | |
|---|------------|------------|
| ICU BED | COMPLIANCE | DEVIATIONS |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5. Complete and original New catalogue including data sheet | | |
| is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # :2 | QTY:4 | |
|--|------------|------------|
| ICU VENTILATOR (Invasive & Non-invasive) | COMPLIANCE | DEVIATIONS |
| 100 VENTIEATOR (IIIVasive a Non-IIIVasive) | | |
| Good brand name (USA,EURO,Japan). | | |
| ICU ventilator with Fio2 and Co2 on trolley with | | |
| Humidifier ,Autoclavable humidifier chamber and Circuit | | |
| Support arm complete with | | |
| Patient Type: Adult, pediatric | | |
| Should have facility for Invasive and Non-Invasive | | |
| ventilation works with all modes of ventilation. | | |
| Microprocessor Control suitable for Paediatric and adult | | |
| ventilation. | | |
| Standard hinged arm holder for holding the circuit. | | |
| Should have built in touch colour screen TFT display of | | |
| minimum 10" or more for display of waveforms and | | |
| Monitored value. | | |
| Facility to Measure and display: | | |
| Status indicator for ventilator mode. | | |
| Internal battery with Battery indication. | | |
| Pressure Vs time, volume Vs time, flow Vs time 3 curves. | | |
| Pressure Vs time, volume Vs time, flow Vs time 3 loops. | | |
| Alarm setting. | | |
| Active Automatic compliance and leakage compensation | | |
| for circuit and ET Tube. | | |
| Should have facility of log book, for events and alarms | | |
| with date & time. | | |
| Should have following settings: | | |
| Tidal volume (Minimum at least 50ml, Maximum up to | | |
| 2000ml) | | |
| Inspiratory Pressure (up to 80 cm of H20) | | |
| Respiratory rate 1 to 80 bpm. | | |
| Apnoea back up rate. | | |
| CPAP/PEEP | | |
| Pressure support. | | |
| Fi02 | | |
| Pause Time | | |
| Pressure & flow Trigger | | |
| Inspiratory flow up to 120 Lpm. | | |
| Monitoring and Display of the following | | |
| Parameters: | | |
| Airway Pressure (Peak & Mean). | | |
| Tidal volume (Inspired & Expired). | | |
| Minute volume (Inspired & Expired | | |
| Respiratory mechanics. | | |
| Spontaneous Minute Volume. | | |
| Total Frequency. | | |
| Fi02 dynamic. | | |
| Plateau Pressure. | | |
| Resistance & Compliance. | | |

| Use selector Alarms for all measured & monitored parameters. Pressure Flow & Volume curves. Modes of Ventilation equipped with newer modes of ventilation: Assist /control. Pressure control. Pressure support. SIMV with pressure support. PEEP. Autoflow BIPAP, CPAP, With NIV. Apnea Ventilation, User selectable, volume & pressure control. Phough a control. Pressure support. Should have built in safety alarms for Airway Pressure high & low, Minute volume, High & low, PEEP, power failure, Low oxygen, High Respiratory Rate, Air Source inoperable. Should have compatibility with existing central pipe line. Humidifier Servo controlled heated Respiratory Humidifier. Temperature of delivered Gas on LED display. Jar should be autoclavable Nebulization assembly compatible with ventilator and circuit. Should have interface facility. Expiratory Unit- Life should be more than 3yrs. Data storage facility for at least 24hrs. Internal rechargeable battery at least 30min. backup. Should have flow sensors having long life not less than one year and the company shall specify the life cycle and the cost of the flow sensors at the time of quoting the tender. Accessories & consumables:to be included Adult autoclavable silicone breathing circuit Paediatric autoclavable silicone breathing circuit Paedi | ITEM # :2 | QTY:4 | |
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| ITEM # :2 | QTY :4 | | |
| ICU VENTILATOR (Invasive & Non-invasive) | COMPLIANCE | DEVIATIONS | |
| | | | |
| 4. Current price/catalogue lists (in original). | | | |
| 5. Standard Service Manual (in original).soft and hard copies | | | |
| 6. Trouble shooting Manual (in original). | | | |
| STANDERDS: | | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | | |
| product | | | |
| 2.Manufacturer should have ISO certification for quality | | | |
| standards . | | | |
| TRAINING | | | |
| Training of 4 x operators to an extent to enable them to | | | |
| operate and common fault finding in concerned hospital/unit | | | |
| without any additional cost. | | | |
| INSPECTION | | | |
| Inspection Authority: MOH-Biomedical Engineering | | | |
| Unit | | | |
| 2.shall inspect and test and where necessary reject the | | | |
| equipments after its arrival at the Hospital . | | | |
| lequipments after its arrival at the Hospital. | | | |
| Installation | | | |
| Installation, Testing, Commissioning & Handing-over including | | | |
| site preperation if needed | | | |
| Warranty | | | |
| 1. Warranty: 2 years on site comprehensive warranty (labour & | | | |
| spares covering all parts of the units and items supplied), from | | | |
| the date of issue of installation certificate by Biomedical | | | |
| Engineering Unit | | | |
| 2.warranty should be for 30 months from delivery at least | | | |
| if the site is not ready to accept the equipment. | | | |
| 3. Regular preventive maintenance and QA checks as per | | | |
| manufacturer recomindations in service manual will also be | | | |
| part of the warranty | | | |
| 4. 95% uptime guarantee should be given. In case downtime | | | |
| exceeds 5%, penalty in the form of extended warranty, double | | | |
| the number of days for which the equipment goes out of | | | |
| service will be applied. | | | |
| MAINTENANCE & REPAIR | | | |
| 1. The supplier must ensure the availability of expertise service | | | |
| and maintenance The vendor should submit company profile | | | |
| including names and No. of engineers, training certifications | | | |
| preferably on the same product. | | | |
| 2. The seller will guarantee to supply the necessary spares for | | | |
| next at least 10 years from the date of final acceptance of the system, if so required by PN. | | | |
| TERMS AND CONDITIONS | | | |
| 1.The Supplied equipment should be complete with all | | | |
| accessories and consumables needed to work completely as | | | |
| specified | | | |
| 2.Country of origin should be clear in the offer | | | |
| 3. Country of source should be clear in the offer | | | |
| Date of manufacturing should be clear in the offer | | | |
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| ITEM # :2 | QTY:4 | |
|--|------------|------------|
| ICU VENTILATOR (Invasive & Non-invasive) | COMPLIANCE | DEVIATIONS |
| · · | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| Operating time: Min 50 Discharge Charging method AC/DC Charging time: 5hr max. the lower time will be rated Low battery indication Audible and Visual Alarms to indicate: Arrhythmia, No ECG signal, Heart rate Low/High, Low Battery, Charging And Discharging Tunes. | ITEM # : 3 | QTY : 2 | |
|--|--|---------|--|
| Good brand name Biphasic type Semiautomatic and manual modes External defibrillation Energy setting Level: 10-270 J Internal defibrillation Energy setting Level: 5-50 J Paddle: External (adult, Child) Pacing Function: Provided Recharging time: Not more than 10 sec when fully charged battery or AC plugged in operation. Thermal Printer: Built in, with Thermal Head, auto start when charging and discharging, Start/Stop buttons, uses standard Defibrillators thermal paper. ECG synchronous and asynchronous Lead select to be displayed AED mode included. External Pace maker: Demand, fixed rate pacing modes Pacing rate 50-150 ppm Output current 0-140mA Pulse width 20msec min 3 and 5 ECG cables included Fully defibrillator protection on the input Detects pace maker pulses Heart rate: 25-300 bpm Lead fault indicator ECG recorder Summary Feature Nearly 7" LCD TFT Monitor to display Heart rate, ECG wave, ALARMS and other device features like battery, AC, Filter Lead, etc Memory not less than 30 ECG strips of 20 sec. Defibrillator can operate on AC or battery modes Power: 220 V AC 50/60HZ Rechargeable battery: Operating time: Min 50 Discharge Charging method AC/DC Charging time: Shr max. the lower time will be rated Low battery indication Audible and Visual Alarms to indicate: Arrhythmia, No ECG signal, Heart rate Low/High, Low Battery, Charging And Discharging Tunes. Including: Dust Cover Chart Paper: 5 charts. | | | |
| Biphasic type Semiautomatic and manual modes External defibrillation Energy setting Level: 10-270 J Internal defibrillation Energy setting Level: 5-50 J Paddle: External (adult, Child) Pacing Function: Provided Recharging time: Not more than 10 sec when fully charged battery or AC plugged in operation. Thermal Printer: Built in, with Thermal Head, auto start when charging and discharging, Start/Stop buttons, uses standard Defibrillators thermal paper. ECG synchronous and asynchronous Lead select to be displayed AED mode included. External Pace maker: Demand, fixed rate pacing modes Pacing rate 50-150 ppm Output current 0-140mA Pulse width 20msec min 3 and 5 ECG cables included Fully defibrillator protection on the input Detects pace maker pulses Heart rate: 25-300 bpm Lead fault indicator ECG recorder Summary Feature Nearly 7" LCD TFT Monitor to display Heart rate, ECG wave, ALARMS and other device features like battery, AC, Filter Lead, etc Memory not less than 30 ECG strips of 20 sec. Defibrillator can operate on AC or battery modes Power: 220 V AC 50/60HZ Rechargeable battery: Operating time: Min 50 Discharge Charging method AC/DC Charging time: 5hr max. the lower time will be rated Low battery indication Audible and Visual Alarms to indicate: Arrhythmia, No ECG signal, Heart rate Low/High, Low Battery, Charging And Discharging Tunes. Including: Dust Cover Chart Paper: 5 charts. | | (Y/N) | |
| Semiautomatic and manual modes External defibrillation Energy setting Level: 10-270 J Internal defibrillation Energy setting Level: 5-50 J Paddle: External (adult, Child) Pacing Function: Provided Recharging time: Not more than 10 sec when fully charged battery or AC plugged in operation. Thermal Printer: Built in, with Thermal Head, auto start when charging and discharging, Start/Stop buttons, uses standard Defibrillators thermal paper. ECG synchronous and asynchronous Lead select to be displayed AED mode included. External Pace maker: Demand, fixed rate pacing modes Pacing rate 50-150 ppm Output current 0-140mA Pulse width 20msec min 3 and 5 ECG cables included Fully defibrillator protection on the input Detects pace maker pulses Heart rate: 25-300 bpm Lead fault indicator ECG recorder Summary Feature Nearly 7" LCD TFT Monitor to display Heart rate, ECG wave, ALARMS and other device features like battery, AC, Filter Lead, etc Memory not less than 30 ECG strips of 20 sec. Defibrillator can operate on AC or battery modes Power:220 V AC 50/60HZ Rechargeable battery: Operating time: Shr max. the lower time will be rated Low battery indication Audible and Visual Alarms to indicate: Arrhythmia, No ECG signal, Heart rate Low/High, Low Battery, Charging And Discharging Tunes. Including: Dust Cover Chart Paper: 5 charts. | | | |
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| Internal defibrillation Energy setting Level: 5-50 J Paddle: External (adult, Child) Pacing Function: Provided Recharging time: Not more than 10 sec when fully charged battery or AC plugged in operation. Thermal Printer: Built in, with Thermal Head, auto start when charging and discharging, Start/Stop buttons, uses standard Defibrillators thermal paper. ECG synchronous and asynchronous Lead select to be displayed AED mode included. External Pace maker: Demand, fixed rate pacing modes Pacing rate 50-150 ppm Output current 0-140mA Pulse width 20msec min 3 and 5 ECG cables included Fully defibrillator protection on the input Detects pace maker pulses Heart rate: 25-300 bpm Lead fault indicator ECG recorder Summary Feature Nearly 7" LCD TFT Monitor to display Heart rate, ECG wave, ALARMS and other device features like battery, AC, Filter Lead, etc Memory not less than 30 ECG strips of 20 sec. Defibrillator can operate on AC or battery modes Power:220 V AC 50/60HZ Rechargeable battery: Operating time: Shr max. the lower time will be rated Low battery indication Andible and Visual Alarms to indicate: Arrhythmia, No ECG signal, Heart rate Low/High, Low Battery, Charging And Discharging Tunes. Including: Dust Cover Chart Paper: 5 charts. | | | |
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| ECG signal, Heart rate Low/High, Low Battery, Charging And Discharging Tunes. Including: Dust Cover Chart Paper: 5 charts. | Low battery indication | | |
| And Discharging Tunes. Including: Dust Cover Chart Paper: 5 charts. | | | |
| Including: Dust Cover Chart Paper: 5 charts. | ECG signal, Heart rate Low/High, Low Battery, Charging | | |
| Dust Cover Chart Paper: 5 charts. | And Discharging Tunes. | | |
| Dust Cover Chart Paper: 5 charts. | Including: | | |
| | * | | |
| | Chart Paper: 5 charts. | | |
| | | | |
| Spare 3 leads ECG cable (QTY 2) | Spare 3 leads ECG cable (QTY 2) | | |

| ITEM # : 3 | QTY:2 | |
|--|------------|------------|
| DEFIBRILATOR MONITOR | Compliance | DEVIATIONS |
| DEFIBRICATOR MONITOR | (Y/N) | |
| external paddles (adult and child) | | |
| Optional to be priced separately: | | |
| Chart Paper | | |
| Battery | | |
| ECG cable 3 and 5 leads. | | |
| external paddles (adult and child) | | |
| DOCUMENTATION | | |
| Operating Manual (in original) soft and hard copies | | |
| 2. Maintenance Manual (in original) soft and hard copies | | |
| 3. Spare parts catalogues (in original). | | |
| 4. Current price/catalogue lists (in original). | | |
| 5. Standard Service Manual (in original).soft and hard copies | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards. | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to | | |
| operate and common fault finding in concerned hospital/unit | | |
| without any additional cost. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering | | |
| Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital. | | |
| Installation | | |
| Installation, Testing, Commissioning & Handing-over | | |
| including site preperation if needed | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour | | |
| & spares covering all parts of the units and items supplied), | | |
| from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at | | |
| least if the site is not ready to accept the equipment. | | |
| 3. Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be | | |
| part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double the number of days for which the equipment goes out | | |
| of service will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1.The supplier must ensure the availability of expertise | | |
| service and maintenance The vendor should submit company | | |
| profile including names and No. of engineers, training | | |
| certifications preferably on the same product. | | |
| certifications preferably on the same product. | | |

| ITEM # : 3 | QTY:2 | |
|---|---------------------|------------|
| DEFIBRILATOR MONITOR | Compliance (Y/N) | DEVIATIONS |
| 2. The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. | | |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # : 4 | QTY | / : 1 |
|--|-----|------------|
| COMPLETE MONITORING SYSTEM | - | DEVIATIONS |
| Good brand name | | |
| SPECIFICATIONS: | | |
| 1. BED SIDE MONITORS :MODULAR QTY 19 | | |
| The monitor uses a modular hardware design | | |
| Not less than 17 inch flat panel TFT color display | | |
| Rosolution not less than 1280x1024 | | |
| The monitor is capable of displaying 6 waveforms at least simultaneously in a moving-trace format | | |
| <u> </u> | | |
| The system uses a single control knob for functional control. Alarms: Visual and Audiable with Low, medium and high levels, with color coded to | | |
| defrantiate between Patient and monitor alarms. 72-hour trend display with graphical and numerical data to review patient progress | | |
| | | |
| Easy future upgrade and modification to accept othr parameters | | |
| Measures: max. 12 lead ECG,Resp, SpO2,NIBP,Temp, IBP, EtCO2, invasive and | | |
| noninvasive(ICG) CO, Anesthetic Gases, BIS, CSM, ST segment analysis, arrhytmia analysis, with drug calculations. | | |
| Connectors for parameter modules and transfer monitor. | | |
| Capable of monitoring adult, paediatric, and neonatal patients | | |
| ECG and respiration : | | |
| Simultaneous multi-lead ECG (including 12 lead analysis) Respiration | | |
| Must process incoming ECG data via a simultaneous, multi-lead format for | | |
| arrhythmia detection During use at a monitor and during transport | | |
| Full lead select (I, II, III, aVR, aVL, aVF, and V (V1-V6 when using the ten lead cable) | | |
| for display. Each monitor simultaneously obtains, at minimum, three ECG leads for QRS | | |
| detection and arrhythmia recognition. | | |
| Each monitor is equipped with a "smart" lead-fail system. | | |
| Trace Sweep Speed 50-12-12.5-mm/sec | | |
| Software basic arrhythmia detection | | |
| Respiratory signal is obtained through the ECG leads. | | |
| Thoracic impedance plethsmograph | | |
| Pace maker pulse rejection | | |
| The user can select Lead I or Lead II for respiratory cycle monitoring and waveform | | |
| display. | | |
| Defibrillator protection provided | | |
| Patient leakage current, less than 10uA | | |
| Each monitor is include 10 lead patient cable | | |
| For pediatric and neonatal monitoring, each monitor include a 3-lead patient cable | | |
| NIBP :1channel | | |
| The monitor uses the oscillometric method for pressure determination. | | |
| Measurement modes include: Manual mode | | |
| Time interval automatic mode (user-selectable time interval) STAT mode (5 minutes of rapid measurements) | | |
| The monitor displays systolic, diastolic, mean values, and time of pressure | | |
| determination. (In timed auto mode, display shows time to next reading.) | | |
| Measurements are tabulated for recall and review. | | |
| The monitor uses a dual-hose cuff configuration capable of accommodating adult, | | |
| pediatric, and neonate cuff sizes. | | |
| Hose is included for each monitor | | |
| Three sizes (infant , child and adult) cuffs are included for each monitor | | |
| Invasive blood pressure : 2channels | | |
| The monitor should be capable of displaying the waveforms at different speeds | | |
| The monitor can monitor up to four invasive blood pressures. | | |
| The user can label the monitored pressures on the display. Labels include: ART, PA, | | |
| CVP, ICP, LA, SP (special), FEM, UAC, UVC, and RA. | | |

| COMPLETE MONITORING SYSTEM COMPLETE MONITORING SYSTEM COMPLETE MONITORING SYSTEM The pressure waveform display includes a user-adjustable cursor. The monitor automatically measures the PAW. CPP (cerebral perfusion pressure) is displayed in the ICP window when both a mean arterial pressure and ICP are monitored. Alarm Limit Adjust high and low limit Numeric update rate : every 3 - second Zero : Auto zero Turnik cable reus able qty 2 and 10 disposable transducers complete withal all accessories Tomp: 2- Channel Measurement Range : 0 to 50°C Numeric up to date Rate: every 3 sec. Alarm limit adjustable high and low limits Displays parameters, temp (single probe attended), 71, 72 Espohageal or rectal probe should be delivered One skin probe should be delivered Pulse oximetry: 1 Channel The monitor can measure oxygen saturation using pulse oximetry. The monitor can measure oxygen saturation using pulse oximetry. The monitor displays and 2 saturation value and a pulse The spot propriam includes the following features: High and low alarm limits for O2 saturation Automatic waveform sizing Signal strength indicator Displayed messages include: Interference detected, low light, check probe, low signal quality includes Signal strength indicator Displayed messages include: Interference detected, low light, check probe, low signal quality includes Signal strength indicator Displayed messages include: Interference detected, low light, check probe, low signal quality includes Signal strength indicator Displayed messages include: Interference detected, low light, check probe, low signal quality includes Signal strength indicator Displayed messages include: Interference detected, low light, check probe, low signal quality in dictator Displayed messages include: Interference detected, low light, check probe, low signal quality in check probe off patient, replace probe. Displayed messages include: Interference detected, low light, check probe, low signal quality in the detected in the patients. In the pa | ITEM # : 4 | то | Y:1 |
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| | Mouse is included | | |

| ITEM # : 4 | (TO | Y : 1 |
|---|--------------|--|
| COMPLETE MONITORING SYSTEM | - | DEVIATIONS |
| Including all necessary hardware , software and installation | | |
| 3. PRINTER :- | | |
| 50 mm external printer included | | |
| HP laser printer | | |
| Box of paper 50 packs is included | | |
| | | |
| 4. INSTALLATION | | |
| All cables ,wiresetc needed for installation of hardware and software are included | | |
| in price Connecting the monitors to central nurse call system is included | | |
| Connecting the monitors to central nurse can system is included | | |
| 5- TRANSFERE MONITORS : QTY 2 | | |
| 1. MONITORS: | | |
| Can be hooked to patient transfer trolley | | |
| Can be used with same multi parameter module used in Bed side monitor item 1 , or | | |
| can be connected to Bed side monitor item 1 | | |
| LCD display not less than 6 inch with resolution 640*480 | | |
| Battery operated with run time not less than 3 Hrs | - | |
| Alarms : visual and audible include all accessories mentioned in Bed side monitor item 1 | | |
| DOCUMENTATION | | |
| Operating Manual (in original) soft and hard copies | | |
| Maintenance Manual (in original) soft and hard copies | | |
| 3. Spare parts catalogues (in original). | | |
| Current price/catalogue lists (in original). | | |
| 5. Standard Service Manual (in original).soft and hard copies | | |
| 6. Trouble shooting Manual (in original). STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved product | | |
| 2.Manufacturer should have ISO certification for quality standards . | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to operate and common fault finding in | | |
| concerned hospital/unit without any additional cost. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the equipments after its arrival at the | | |
| Hospital . | | |
| <u>Installation</u> | | |
| Installation, Testing, Commissioning & Handing-over including site preparation if needed | | |
| Warranty | ļ | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & spares covering all parts of the units and items supplied), from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least if the site is not ready to | | |
| accept the equipment. | | |
| 3. Regular preventive maintenance and QA checks as per manufacturer recomindations in | | |
| service manual will also be part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime exceeds 5%, penalty in the form of extended warranty, double the number of days for which the equipment goes out of service | | |
| will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1.The supplier must ensure the availability of expertise service and maintenance The vendor | | |
| should submit company profile including names and No. of engineers, training certifications | | |
| preferably on the same product. 2.The seller will guarantee to supply the necessary spares for next at least 10 years from the | | |
| date of final acceptance of the system, if so required by PN. | | |
| | | <u>. </u> |

| ITEM # : 4 | QT | Y:1 |
|---|------------------------|------------|
| COMPLETE MONITORING SYSTEM | | DEVIATIONS |
| | Compliance (YES/NO) | |
| TERMS AND CONDITIONS | | |
| 1. The Supplied equipment should be complete with all accessories and consumables needed | | |
| to work completely as specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5. Complete and original New catalogue including data sheet is attached with the offer. | | |
| 6. Number of units installed in Palestine if any (a list of the same model with serial number and | | |
| location). | | |
| 7. The offer will not be taken in consideration in case of incomplete compliance sheet or any | | |
| conflict between the catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole distribution agreement or | | |
| Authorization letter for sale and maintenance. | | |

| ITEM #:5 | QTY :2 | |
|---|------------|--|
| ELECTROCARDIOGRAPH | Compliance | |
| Good brand name | (YES/NO) | |
| To be used in All wards of the hospital including | | |
| Emergency ans ICU. | | |
| Leads: 12 standard leads acquired simultaneously and | | |
| continuously | | |
| Number of Channels:12 real times continuous with | | |
| rhythm, interpretation and measurements | | |
| ECG interpretation Analysis | | |
| Resting ECG Mode | | |
| Computerized measurements 12-lead analysis | | |
| Programs for adult , pediatric and Neonate | | |
| Arrthymia: detection of arrthythmia events | | |
| HRV:acquisition and processing of heart rate variation | | |
| Parameter Calculation | | |
| ECG analysis and measurments programs | | |
| HRV: heart rate variation | | |
| Memory storage not less than 100 patiants | | |
| Pacemaker recognition: recognize pulse in accordance | | |
| with current IEC standards | | |
| Internal Defibration protection | | |
| Recording speed:writer speed: 5,10,25 or 50mm/sec | | |
| LCD DISPLAY: backlight graphic display around 5" | | |
| display channel:1, 3, 6, 12 | | |
| Operation modes : Auto or Manual | | |
| Copy button for generating multiple copies | | |
| Thermal printer | | |
| Rechargeable battery | | |
| Battery power capacity not less than tow hour | | |
| power:220V AC 50/60Hz | | |
| Complete with the following: | | |
| ECG original manufacturer trolley | | |
| ECG Cable holder (Hanger) | | |
| One spare (Extra) ECG cable and leadwires | | |
| ECG patient cable +lead wire , limb electrode sets+ chest | | |
| pump electrodes | | |
| 3 sizes multi-purpose use for banana/DIN/snap/clips Limp | | |
| electrodes sets (adult , pediatric and neonate) | | |
| 3 sizes multi-purpose use for banana/DIN/snap/clips | | |
| Chest pump electrodes sets (adult ball diamter: 26mm; | | |
| metal electrode diameter: 21 mm, pediatric ball diamter: | | |
| 23mm; metal electrode diameter: 17mm and 3 neonate | | |
| disposable chest electrodes sets) | | |
| Jell tube (qty 5) | | |
| ECG paper (10 rolls) | | |
| OPTIONAL TO BE PRICED SEPARATELY:- | | |
| ECG cable | | |

| ITEM # : 5 | QTY :2 | |
|--|----------------------|--|
| ELECTROCARDIOGRAPH | Compliance DEVIATION | |
| | (YES/NO) | |
| Limp electrodes set | | |
| Chest pump electrodes set | | |
| Jell tube | | |
| ECG paper | | |
| Rechargeable battery | | |
| DOCUMENTATION | | |
| Operating Manual (in original) soft and hard copies | | |
| Maintenance Manual (in original) soft and hard copies | | |
| Spare parts catalogues (in original). | | |
| Current price/catalogue lists (in original). | | |
| Standard Service Manual (in original).soft and hard copies | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards. | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to operate | | |
| and common fault finding in concerned hospital/unit without | | |
| any additional cost. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| Installation | | |
| Installation, Testing, Commissioning & Handing-over including | | |
| site preperation if needed | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| 3. Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be | | |
| part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double | | |
| the number of days for which the equipment goes out of service | | |
| will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1.The supplier must ensure the availability of expertise service | | |
| and maintenance The vendor should submit company profile | | |
| including names and No. of engineers, training certifications | | |
| preferably on the same product. | | |

| ITEM # : 5 | QTY :2 | |
|--|------------------------|------------|
| ELECTROCARDIOGRAPH | Compliance (YES/NO) | DEVIATIONS |
| 2. The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. | | |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3. Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6. Number of units installed in Palestine if any (a list of the same | | |
| model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM #:6 | QTY :19 | |
|--|------------|--|
| OXYGEN FLOWMETER UNIT COMPLETE | COMPLIANCE | |
| | (Y/N) | |
| Good brand name | | |
| Configurations: | | |
| To be used in All Departments with 4bar supply | | |
| pressure | | |
| Direct connected to the outlet no rail on BHU | | |
| Consists of: Flow meter, Humidifier: and gas specific | | |
| male adapter. | | |
| Flow meter: | | |
| Metal base, unbreakable glass or transparent strong | | |
| plastic numeric marked flow numbers in L\m. | | |
| Back-pressure compensated is available. | | |
| Flow range: From 0 to 15 L/min. | | |
| Increment: 0.50 L/min | | |
| Accuracy: ±0.25 L/min | | |
| Max. flush flow rate 50 l/min | | |
| Supply pressure 50 psi | | |
| Knob and needle valve have a stop to prevent entire | | |
| components from unscrewing completely | | |
| Humidifier: Capacity: 500 cc. | | |
| Metal connector to the flowmeter , transparent strong | | |
| plastic unbreakable, autoclavable . | | |
| Built-in safety relief valve prevents over pressure. | | |
| Gas male adapter, DIN type connector. | | |
| Complete with: | | |
| Mask and tube 3 sizes (Adult , child and pediatric) are | | |
| included. | | |
| Nasal tube 3 sizes (Adult , child and pediatric) are | | |
| included. | | |
| Christmastree oxygen adapter | | |
| OPTIONAL TO BE PRICED SEPARATELY:- | | |
| Flow meter | | |
| Humidifier | | |
| Connector | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering | | |
| Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| <u>Warranty</u> | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour | | |
| & spares covering all parts of the units and items supplied), | | |
| from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |

| ITEM # : 6 | QTY | :19 |
|--|---------------------|------------|
| OXYGEN FLOWMETER UNIT COMPLETE | COMPLIANCE (Y/N) | DEVIATIONS |
| 2.warranty should be for 30 months from delivery at | | |
| least if the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7.The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # : 7 | QTY :19 | |
|---|------------|--|
| SUCTION UNIT COMPLETE WALL MOUNTED | COMPLIANCE | |
| | (Y/N) | |
| Good brand name | | |
| Rail mounted type (Rail should be included) | | |
| Durable solid metal body corrosion free | | |
| DIN type connector | | |
| Adjustable vacuum pressure : From 0 to -750 mmHg Max. | | |
| rajustable vacuum procedie i rome te ree iiiim ig maxi | | |
| Safety bottle, washable, unbreakable. With overflow cut | | |
| off valve. | | |
| Collecting bottle is included:- | | |
| Collecting bottle size 2000 ml | | |
| Overflow trap | | |
| Bacterial filter | | |
| Autoclavable | | |
| All connecting tubes between bottles are included | | |
| Including Vacuum regulator with vacuum gauge. | | |
| Including vacuum regulator with vacuum gauge. Including clamps and rail for mounting on the wall , no rail | | |
| in the installed BHU | | |
| Including bacteria filter at the inlet of the safety bottle with | | |
| 10 spare filters | | |
| | | |
| Prices for all mentioned accessories and spares. STANDERDS: | | |
| | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards . INSPECTION | | |
| | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| | | |
| <u>Warranty</u> | | |
| 1. Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| 1. The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified 2.Country of origin should be clear in the offer | | |
| 3.Country of origin should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| | | |
| 5.Complete and original New catalogue including data sheet is attached with the offer. | | |
| | | |
| 6.Number of units installed in Palestine if any (a list of the same model with serial number and location). | | |
| וווטעפו אונוו אבוומו וועוווטבו מווע וטלמנוטוו). | | |

| ITEM # : 7 | QTY :19 | |
|---|---------------------|------------|
| SUCTION UNIT COMPLETE WALL MOUNTED | COMPLIANCE (Y/N) | DEVIATIONS |
| 7.The offer will not be taken in consideration in case of incomplete compliance sheet or any conflict between the catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole distribution agreement or Authorization letter for sale and maintenance. | | |

| ITEM # : 8 | QTY:2 | |
|--|---------------------|------------|
| MEDICATION CABINET | COMPLIANCE (Y/N) | DEVIATIONS |
| Good brand name | | |
| Construction: 304 medical grade Stainless steel / | | |
| washable / coated / Rustproof | | |
| Upper section with two lockable glass doors | | |
| Lock and flat key and two adjustable inox shelves | | |
| Lower section with two sheet steel locking doors and | | |
| removable sheet steel shelf | | |
| Knock down construction | | |
| Dimensions: (75Wx38Dx169H) cm | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2. Country of origin should be clear in the offer | | |
| 3. Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6. Number of units installed in Palestine if any (a list of the same model with serial number and location). | | |
| 7.The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM: 9 | QTY :2 | |
|---|------------------------|------------|
| EMERGENCY TROLLEY COMPLETE | Compliance (YES/NO) | DEVIATIONS |
| Good Brand name | | |
| Configurations: | | |
| Technical Specifications: Approx.(Nearly) | | |
| Height: 900mm; Width: 900mm; Depth 600mm. | | |
| Material: High-strength ABS material or powder coated | | |
| strong metal. | | |
| Frame: Stainless steel guard rail, Sliding side shelf, | | |
| Centralized lock | | |
| Dust basket, Needle disposal holder, file bin IV pole, | | |
| Defibrillator shelf, Defibrillator Board, Power outlet & | | |
| Hooks, Oxygen tank holder | | |
| Five ABS drawers central locking | | |
| Four luxurious noiseless casters, two with brakes | | |
| Polymer near silent castors with break mechanism. | | |
| Backboard | | |
| Iv pole holder | | |
| MONITOR/DEFIB TRAY: Defibrillator swing arm | | |
| Sharps bin | | |
| IV pole & mount | | |
| Including: | | |
| Sphygmomanometer | | |
| Stethoscope | | |
| Torch (pencil) | | |
| Ambo Bag set Adult 3 sizes | | |
| Ambo Bag set infant 3 sizes | | |
| Diagnostic set Atoscope/Ophthalmoscope | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least if | | |
| the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data sheet | | |
| is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the same | | |
| model with serial number and location). | | |
| | | |

| ITEM: 9 | QTY :2 | |
|--|------------------------|------------|
| EMERGENCY TROLLEY COMPLETE | Compliance (YES/NO) | DEVIATIONS |
| 7. The offer will not be taken in consideration in case of incomplete compliance sheet or any conflict between the catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole distribution agreement or Authorization letter for sale and maintenance. | | |

| ITEM # : 10 | QTY : 1 | |
|---|---------------------|--|
| AUTOMATIC BLOOD PRESSURE MONITOR | COMPLIANCE (Y/N) | |
| Good brand name | (1714) | |
| Manual and automatic modes | | |
| Selectable Intervals for Automatic mode | | |
| Audible and Visual Alarms | | |
| Can be used for adult ,pediatric and neonate | | |
| Measuring Ranges: | | |
| Systolic pressure 30-250mm Hg for adult /ped. 30-140 | | |
| mmHg for neonate | | |
| Diastolic Pressure 10-220mmHg for adult /ped. 10-110 | | |
| mmHg for neonate | | |
| Mean arterial pressure 20-230 for adult /ped. 20-125 | | |
| mmHg for neonate | | |
| Pressure Accuracy: +/- 1 mmHg | | |
| Heart rate 30-200 beats/min for adult /ped. 30-220 mmHg | | |
| for neonate | | |
| Heart rate accuracy: +/- 1 bpm | | |
| Storage for the last 100 values. | | |
| Complete with cuffs for adult, pediatric and neonate. | | |
| Adjustable alarm limits. | | |
| Power supply: 220V/50Hz | | |
| Internal battery for more than 120 min | | |
| Original Stand with counter weight included | | |
| <u> </u> | | |
| OPTIONAL TO BE PRICED SEPARATELY:- | | |
| Blood pressure cuff for adult | | |
| Blood pressure cuff for pediatric | | |
| Blood pressure cuff for neonate | | |
| Battery. | | |
| Stand. | | |
| DOCUMENTATION A Congression of Manual (in anissing) and hard against | | |
| Operating Manual (in original) soft and hard copies Maintenance Manual (in original) soft and hard copies | | |
| Spare parts catalogues (in original). | | |
| Spare parts catalogues (in original). Current price/catalogue lists (in original). | | |
| Standard Service Manual (in original).soft and hard copies | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| Manufacturer should have ISO certification for quality | | |
| standards . | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to operate | | |
| and common fault finding in concerned hospital/unit without any | | |
| additional cost. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| | | |
| 1 | | |

| ITEM #: 10 | QTY:1 | |
|--|------------|------------|
| AUTOMATIC BLOOD PRESSURE MONITOR | COMPLIANCE | |
| AUTOWATIC BLOOD PRESSURE WONTOR | (Y/N) | BEVIATIONS |
| 2.shall inspect and test and where necessary reject the | , , | |
| equipments after its arrival at the Hospital . | | |
| | | |
| <u>Installation</u> | | |
| Installation, Testing, Commissioning & Handing-over including | | |
| site preperation if needed | | |
| <u>Warranty</u> | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least if | | |
| the site is not ready to accept the equipment. | | |
| 3. Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be part | | |
| of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double | | |
| the number of days for which the equipment goes out of service | | |
| will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1. The supplier must ensure the availability of expertise service | | |
| and maintenance The vendor should submit company profile | | |
| including names and No. of engineers, training certifications | | |
| preferably on the same product. | | |
| 2. The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. TERMS AND CONDITIONS | | |
| <u> </u> | | |
| 1. The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data sheet | | |
| is attached with the offer. | | |
| | | |
| 6. Number of units installed in Palestine if any (a list of the same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |
| | | |

| ITEM # : 11 | QTY | |
|--|------------|-----------|
| | COMPLIANCE | |
| INFUSION PUMP WITH STAND | (Y/N) | DEVIATION |
| Good brand name | | |
| Open system for any type of sets used in MOH. | | |
| CONFIGURATION | | |
| Pump mechanism:Linear peristaltic | | |
| Number of channels:1 | | |
| DISPLAY | | |
| Data displayed:Rate, infused volume, total volume, | | |
| medication name, duration, battery capacity, pressure | | |
| limit | | |
| PUMP CAPABILITIES | | |
| Flow range, mL/hr: 0.1-999.9 | | |
| Increments, MI:0.1 | | |
| KVO rate, mL/hr :1-5 | | |
| Accuracy, %: ±5 | | |
| Volume to be infused: 1-9999ml in 1ml increment | | |
| VTBI selector, mL: 0.1-9,999 | | |
| Fluid resistant | | |
| Front-panel lockout | | |
| IV SET | | |
| Open system infusion pump | | |
| Set type :Standard, PVC | | |
| Free-flow protection: Required | | |
| ALARMS & INDICATORS | | |
| Occlusion upstream | | |
| Occlusion downstream | | |
| Pressure, psi :≤15 | | |
| Real-time display | | |
| Flow error | | |
| Air in line | | |
| Drop sensor | | |
| System malfunction | | |
| Empty reservoir | | |
| Set disengaged | | |
| Door open | | |
| Infusion complete | | |
| Low battery | | |
| AUDIBLE ALARM | | |
| Volume control | | |
| Momentary silence | | |
| EVENT LOG INCLUDED | | |
| POWER SOURCE | | |
| Line power, VAC (Hz): 220 (50/60) | | |
| Battery:Integral | | |
| Accessories: Original infusion bump stand with counter | | |
| weight | | |
| ODTIONAL TO BE BRICED CERABATELY | | |
| OPTIONAL TO BE PRICED SEPARATELY:- | | |

| ITEM #: 11 | QTY: 10 | |
|---|----------------------|--|
| INFUSION PUMP WITH STAND | COMPLIANCE DEVIATION | |
| INI OSION FOME WITH STAND | (Y/N) | |
| Rechargeable Battery | | |
| Pump Motor | | |
| Dooor Access. | | |
| Drop sensor | | |
| Stand | | |
| DOCUMENTATION | | |
| 1. Operating Manual (in original) soft and hard copies | | |
| 2. Maintenance Manual (in original) soft and hard copies | | |
| 3. Spare parts catalogues (in original). | | |
| 4. Current price/catalogue lists (in original). | | |
| Standard Service Manual (in original).soft and hard copies | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards . | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to | | |
| operate and common fault finding in concerned hospital/unit | | |
| without any additional cost. | | |
| INSPECTION | | |
| | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| | | |
| Installation | | |
| Installation, Testing, Commissioning & Handing-over including | | |
| site preperation if needed | | |
| <u>Warranty</u> | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), | | |
| from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| 3. Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be | | |
| part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double | | |
| the number of days for which the equipment goes out of | | |
| service will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1. The supplier must ensure the availability of expertise service | | |
| and maintenance The vendor should submit company profile | | |
| including names and No. of engineers, training certifications | | |
| preferably on the same product. | | |

| ITEM #:11 | QTY | : 10 |
|---|---------------------|------------|
| INFUSION PUMP WITH STAND | COMPLIANCE (Y/N) | DEVIATIONS |
| 2. The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. | | |
| TERMS AND CONDITIONS | | |
| 1. The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3. Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # : 12 | QTY : 10 | |
|--|----------------------|--|
| SYRINGE PUMP WITH STAND | COMPLIANCE DEVIATION | |
| | (Y/N) | |
| Good brand name | | |
| Open system (use any syringe) | | |
| Digital display for rate ,total infused target and alarms | | |
| Flow rate setting range: 0.1 to 300 mL/hr. in 0.1 mL/hr. | | |
| increments. | | |
| Total volume display: 0.1-999.9 mL. | | |
| Flow rate accuracy: Mechanical accuracy-within ±1 % | | |
| Accuracy including syringe-within | | |
| ±2% | | |
| Occlusion detection pressure: 0.7 kg/cm² or more. | | |
| Syringe to be used: 5,10, 20, 30 and 50 mL disposable | | |
| syringes. | | |
| Functions: Self-diagnosis indication, automatic syringe | | |
| size Identification, prime, quick feed, infusion flow rate | | |
| setting, total volume infused indication, Dose calculation, | | |
| Drug selection, Bolus function, power source Indication | | |
| and buzzer disable. | | |
| Alarms: Self-diagnosis, occlusion, syringe off. Not-in- | | |
| operation, near empty (1 min. before empty), empty and | | |
| low battery. | | |
| Units: ml/hr, mg/hr, mg/kg/hr | | |
| Power supply: AC 220v ±10%, 50Hz | | |
| Internal Battery: Rechargeable, more than 5hrs life time | | |
| | | |
| Mobile Stand with counter weight included | | |
| DOCUMENTATION | | |
| 1. Operating Manual (in original) soft and hard copies | | |
| 2. Maintenance Manual (in original) soft and hard copies | | |
| Spare parts catalogues (in original). Current price/catalogues lists (in original). | | |
| 4. Current price/catalogue lists (in original). | | |
| 5. Standard Service Manual (in original).soft and hard copies | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards. | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to | | |
| operate and common fault finding in concerned hospital/unit | | |
| without any additional cost. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering | | |
| Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| Installation | | |
| | L | |

| ITEM # : 12 | QTY | : 10 |
|---|---------------------|------|
| SYRINGE PUMP WITH STAND | COMPLIANCE (Y/N) | |
| Installation, Testing, Commissioning & Handing-over including | (1/N) | |
| site preperation if needed | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), | | |
| from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| 3. Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be | | |
| part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double | | |
| the number of days for which the equipment goes out of | | |
| service will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1. The supplier must ensure the availability of expertise service | | |
| and maintenance The vendor should submit company profile | | |
| including names and No. of engineers, training certifications | | |
| preferably on the same product. | | |
| 2. The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. | | |
| TERMS AND CONDITIONS | | |
| 1. The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified 2 Country of origin about the clear in the offer | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer 4.Date of manufacturing should be clear in the offer | | |
| Ÿ | | |
| 5.Complete and original New catalogue including data sheet is attached with the offer. | | |
| | | |
| 6. Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). 7.The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |
| maintonarioo. | | |

| ITEM # : 13 | QTY :2 | |
|--|----------------------|--|
| MEDICATION TROLLEY | COMPLIANCE DEVIATION | |
| WIEDIOATION TROLLET | (Y/N) | |
| Good brand name Manufacture. | | |
| Made of steel sheet frame and powder painted or strong | | |
| metal or high strong plastic | | |
| Top compact laminated to prevent from chemicals | | |
| Strong rubber for protection surrounds bottom | | |
| 3 drawers on both sides | | |
| Plexiglas cabinets on each side for medicine | | |
| Side rails on top | | |
| IV rod height adjustable | | |
| Hand for movement | | |
| 3 baskets attached | | |
| 4 castors with 2 brakes | | |
| Dimension: 720 * 410 * 1020H mm approx. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| <u>Warranty</u> | | |
| 1. Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| 1. The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as specified | | |
| 2.Country of origin should be clear in the offer | | |
| Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6. Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # :14 | QTY :2 | |
|--|-----------------------------------|------------|
| X-RAY VIEWER DOUBLE | DOUBLE COMPLIANCE DEVIATION (Y/N) | DEVIATIONS |
| Good Brand name | , , | |
| Wall mounted | | |
| 2part viewers.(double panels) | | |
| Fluorescent light or Equivalent. With good illumination | | |
| Shadow less, Non-retractable color change. | | |
| Made of power coated / Aluminum housing material metal | | |
| sheets from both sides and rear. | | |
| Each viewing panel must not be less than 14x17 inch size | | |
| Film holder clamps and ON/OFF switch key included. | | |
| Power: 220 V, 50/60 HZ | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| Country of origin should be clear in the offer Country of source should be clear in the offer | | |
| Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data sheet | | |
| is attached with the offer. | | |
| | | |
| 6. Number of units installed in Palestine if any (a list of the same | | |
| model with serial number and location). 7.The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # : 15 | QTY | · 19 |
|--|------------------------|------------|
| BED SIDE CABINET with OVER BED TABLE | Compliance (YES/NO) | DEVIATIONS |
| Good brand name | (1201110) | |
| Enameled sheet steel frame. | | |
| One drawer. | | |
| One cabinet. | | |
| One steel shelf inside cabinet. | | |
| Mobile on 4 castors with bumpers. | | |
| Dimension: 45 *40* 85 h cm approx. | | |
| Built in service stand (Over Bed Table) with the | | |
| following specifications: | | |
| Bed table can be hidden in case of no use. | | |
| Chrome plated steel tube. | | |
| Tilt able plastic top. | | |
| Adjustable height manual from 75 to 120 cm. | | |
| <u>INSPECTION</u> | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| <u>Warranty</u> | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & spares covering all parts of the units and items supplied), from the date of issue of installation certificate by Biomedical Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least if | | |
| the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| The Supplied equipment should be complete with all accessories and consumables needed to work completely as specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data sheet is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # : 16 | QTY | · : 2 |
|--|------------|-------|
| ULTRASONIC NEBULIZER | COMPLIANCE | |
| | (Y/N) | |
| Good brand name | | |
| Desk Top Ultrasonic Nebulizer | | |
| Nebulization : 0.4-0.7 ml/min | | |
| Max. Cup capacity : 8ml | | |
| Particles :1-5 micron | | |
| Oscillating frequency: 2.4 MHz approx. | | |
| LCD display for time , and air flow | | |
| On/off button | | |
| POWER SUPPLY: 220VAC/50Hz | | |
| Including mouth piece , tubes , filters , masks for infant | | |
| and pediatrics | | |
| OPTIONAL TO BE PRICED SEPARATELY:- | | |
| mouth piece, one set | | |
| filters, one set | | |
| tubes, one set | | |
| masks for adult and pediatric, one set | | |
| DOCUMENTATION | | |
| 1. Operating Manual (in original) soft and hard copies | | |
| Maintenance Manual (in original) soft and hard copies | | |
| 3. Spare parts catalogues (in original). | | |
| 4. Current price/catalogue lists (in original). | | |
| 5. Standard Service Manual (in original).soft and hard copies | | |
| , | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards. | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to | | |
| operate and common fault finding in concerned hospital/unit | | |
| without any additional cost. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering | | |
| Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| | | |
| Installation | | |
| Installation, Testing, Commissioning & Handing-over including | | |
| site preparation if needed | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), | | |
| from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at | | |
| least if the site is not ready to accept the equipment. | | |

| ITEM # : 16 | QTY:2 | |
|---|---------------------|------------|
| ULTRASONIC NEBULIZER | COMPLIANCE (Y/N) | DEVIATIONS |
| Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be | | |
| part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double | | |
| the number of days for which the equipment goes out of | | |
| service will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1.The supplier must ensure the availability of expertise | | |
| service and maintenance The vendor should submit company | | |
| profile including names and No. of engineers, training | | |
| certifications preferably on the same product. | | |
| 2. The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. | | |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7.The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # : 17 | OTV | 7 . 4 |
|---|-------------------|------------|
| | QTY COMPLIANCE | |
| WARMING MATTRESS | (Y/N) | DEVIATIONS |
| Good brand name | (, | |
| Mattress control unit can be set to any temperature | | |
| between 32-40 °C with 0.1°C accuracy. | | |
| Low voltage usage. No risk of electricution. | | |
| Mattress reaches 37°C temperature within 7-10 minutes. | | |
| | | |
| Carbon fiber material accounts for x-rays. | | |
| The weight of the control unit is Arround 3 kg. | | |
| Weight capacity not less than 180kg. | | |
| Dimensions : Arround 190x50cm. | | |
| Has an advanced alarm and safety system. | | |
| Reusable Anti-bacterial/viral mattress, proven resistance | | |
| to MRSA. Greater protection against shear and friction | | |
| Fully concealed zip to prevent fluid ingress | | |
| Easy to remove and clean, covers are available. | | |
| | | |
| Easy to use, silent running control unit | | |
| DOCUMENTATION | | |
| Operating Manual (in original) soft and hard copies Maintenance Manual (in original) soft and hard copies | | |
| Spare parts catalogues (in original). | | |
| Spare parts catalogues (in original). Current price/catalogue lists (in original). | | |
| Standard Service Manual (in original).soft and hard copies | | |
| 13. Standard Service Mandar (in Originar). Soft and Hard copies | | |
| 6. Trouble shooting Manual (in original). | | |
| STANDERDS: | | |
| 1.Sould be FDA, Europian CE, UL or BIS approved | | |
| product | | |
| 2.Manufacturer should have ISO certification for quality | | |
| standards . | | |
| TRAINING | | |
| Training of 4 x operators to an extent to enable them to | | |
| operate and common fault finding in concerned hospital/unit | | |
| without any additional cost. | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering | | |
| Unit 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| requipments after its arrival at the Hospital . | | |
| Installation | | |
| Installation, Testing, Commissioning & Handing-over including | | |
| site preperation if needed | | |
| <u>Warranty</u> | | |
| 1. Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), | | |
| from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least if the site is not ready to accept the equipment. | | |
| reast if the site is not ready to accept the equipment. | | |

| ITEM # : 17 | QTY : 1 | |
|---|---------------------|------------|
| WARMING MATTRESS | COMPLIANCE (Y/N) | DEVIATIONS |
| 3. Regular preventive maintenance and QA checks as per | | |
| manufacturer recomindations in service manual will also be | | |
| part of the warranty | | |
| 4. 95% uptime guarantee should be given. In case downtime | | |
| exceeds 5%, penalty in the form of extended warranty, double | | |
| the number of days for which the equipment goes out of | | |
| service will be applied. | | |
| MAINTENANCE & REPAIR | | |
| 1.The supplier must ensure the availability of expertise | | |
| service and maintenance The vendor should submit company | | |
| profile including names and No. of engineers, training | | |
| certifications preferably on the same product. | | |
| 2.The seller will guarantee to supply the necessary spares for | | |
| next at least 10 years from the date of final acceptance of the | | |
| system, if so required by PN. | | |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6.Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7.The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |

| ITEM # :18 | QTY :1 | |
|--|---------------------|------------|
| WHEEL CHAIR ADULT | COMPLIANCE (Y/N) | DEVIATIONS |
| Good brand name | , | |
| Solid construction | | |
| Upholstered armrests | | |
| Weight capacity: not less than 150 Kg | | |
| Detachable folding foot plates | | |
| Seat width 50 cm | | |
| Seat depth 42 cm | | |
| Back tiers 57-cm rad. Approx. | | |
| Front tiers 15 -cm rad. Approx. | | |
| Wheels (tires) are made of solid plastic or leather. | | |
| All joints are made from metal (no plastic joints) | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering Unit | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), from | | |
| the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at least | | |
| if the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as | | |
| specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3.Country of source should be clear in the offer | | |
| 4.Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6. Number of units installed in Palestine if any (a list of the same | | |
| model with serial number and location). | | |
| 7.The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8. The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and maintenance. | | |
| maintenance. | | |

| ITEM #:19 | QTY :2 | |
|--|---------------------|------------|
| LINEN TROLLEY CLEAN/DIRTY | COMPLIANCE (Y/N) | DEVIATIONS |
| Good brand name | , | |
| Construction: Circular stainless steel tube frame, and | | |
| shelves. The trolley is made of 304 medical grade | | |
| stainless steel and designed without sharp edges. | | |
| Two stainless siteel bag holders for the collection of | | |
| dirty linen and distribution of clean linen | | |
| Two Bags is made from canvas and can be removed (Reusable) | | |
| Bumpers are on each corner | | |
| 4 castors :125 mm diameter with 2 brakes | | |
| Dimension 1330* 650 * 1040H mm | | |
| INSPECTION | | |
| Inspection Authority: MOH-Biomedical Engineering | | |
| 2.shall inspect and test and where necessary reject the | | |
| equipments after its arrival at the Hospital . | | |
| Warranty | | |
| 1.Warranty: 2 years on site comprehensive warranty (labour & | | |
| spares covering all parts of the units and items supplied), | | |
| from the date of issue of installation certificate by Biomedical | | |
| Engineering Unit | | |
| 2.warranty should be for 30 months from delivery at | | |
| least if the site is not ready to accept the equipment. | | |
| TERMS AND CONDITIONS | | |
| 1.The Supplied equipment should be complete with all | | |
| accessories and consumables needed to work completely as specified | | |
| 2.Country of origin should be clear in the offer | | |
| 3. Country of source should be clear in the offer | | |
| Date of manufacturing should be clear in the offer | | |
| 5.Complete and original New catalogue including data | | |
| sheet is attached with the offer. | | |
| 6. Number of units installed in Palestine if any (a list of the | | |
| same model with serial number and location). | | |
| 7. The offer will not be taken in consideration in case of | | |
| incomplete compliance sheet or any conflict between the | | |
| catalogue/data sheet submitted and the compliance sheet | | |
| 8.The Vendor should submit Agency Agreement, or Sole | | |
| distribution agreement or Authorization letter for sale and | | |
| maintenance. | | |