|  |  |  |
| --- | --- | --- |
| **Item 1** | **Aneroid Sphygmomanometer/ portable** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | **Easy to use and read, durable, heavy duty, reliable with high quality components: Sample must be submitted with the offer, otherwise the offer will be rejected** |  |  |
| **2** | Non-powered, aneroid, lightweight, portable and handheld Type |  |  |
| **3** | Large, easy-to-read scale of approximately 50-60 mm in diameter and up to 300 mmHg range |  |  |
| **4** | Accuracy up to ± 3 mmHg or better |  |  |
| **5** | At least 5 years manufacturer's calibration warranty  |  |  |
| **6** | Latex free inflation system |  |  |
| **7** | Shock resistant: can withstand at least 70 cm fall. |  |  |
| **8** | The following must be included with each unit: |  |  |
|  | 1. Three durable regular size adult cuffs
 |  |  |
|  | 1. Two durable paediatric cuffs
 |  |  |
|  | 1. Three inflation bulbs
 |  |  |
|  | 1. One air release valve with fine adjustment
 |  |  |
|  | 1. One original shock-resistant zipper case to be included
 |  |  |
| **9** | All cuffs should be reusable and calibrated type. |  |  |
| **10** | Cuffs and bulbs should be available in the local market. |  |  |
| **11** | All parts (tubing, valve, bulb…etc.) must be original from the original manufacturer. |  |  |
| **12** | Kindly quote separately for all types and sizes of cuffs including obese adult cuff. |  |  |

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| **Item 2** | **Aneroid Sphygmomanometer / wall** | **Qty. (52)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | **Durable, heavy duty, reliable with high quality components: Sample must be submitted with the offer, otherwise the offer will be rejected** |  |  |
| **2** | Non-powered wall mounted aneroid type |  |  |
| **3** | Large, easy-to-read scale of at least 12 cm in diameter and up to 300 mmHg range |  |  |
| **4** | Certified accuracy up to ± 3 mmHg |  |  |
| **5** | Lifetime manufacturer's calibration warranty  |  |  |
| **6** | Latex free inflation system |  |  |
| **7** | Built in storage compartment |  |  |
| **8** | The following must be included with each unit: |  |  |
|  | 1. Three durable regular size adult cuffs
 |  |  |
|  | 1. Two durable paediatric cuffs
 |  |  |
|  | 1. Three inflation bulbs
 |  |  |
|  | 1. One air release valve with fine adjustment
 |  |  |
|  | 1. One spiral tube of at least 1 meter long
 |  |  |
| **9** | All cuffs should be reusable and calibrated type. |  |  |
| **10** | Cuffs and bulbs should be available in the local market. |  |  |
| **11** | All parts (tubing, valve, bulb…etc.) must be original from the original manufacturer. |  |  |
| **12** | Kindly quote separately for all types and sizes of cuffs including obese adult cuff. |  |  |

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| **Item 3** | **Stethoscope**  | **Qty. (10)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | **Durable, heavy duty, reliable and comfortable: Sample must be submitted with the offer, otherwise the offer will be rejected** |  |  |
| **2** | Effective transmission and amplification of heart sounds: to be used by medical professionals to identify, listen to, and study heart, lung, and other body sounds for physical assessment and diagnosis. |  |  |
| **3** | Dual sided **stainless steel** chest piece: * 1. Tunable diaphragm on one side to hear low and high frequency sounds by slightly adjusting the pressure on the chest piece
	2. Open bell on the other side
 |  |  |
| **4** | Lightweight that does not exceed 150 grams |  |  |
| **5** | Overall length: approximately 70-80 cm |  |  |
| **6** | Latex free Y-tube |  |  |
| **7** | Black coloured tubing  |  |  |
| **9** | High quality diaphragm material with non-chill rim for patient comfort |  |  |
| **10** | Comfortable replaceable earpieces: Soft-sealing ear-tips that provide an excellent acoustic seal and comfortable fit. |  |  |
| **11** | **Offer must include adult, paediatric and neonatal stethoscope options** |  |  |

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| **Item 4** | **Haemodialysis Electric Chair** | **Qty. (37)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

| **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- |
| 1. At least Two independent electric motors for separate adjustment of positions
 |  |  |
| 1. Load lifting capacity of not less than approximately 150 Kg.
 |  |
| 1. Arm rests with adjustable height and a locking mechanism.
 |  |  |
| 1. Adjustable foot rest.
 |  |  |
| 1. Hand switch with buttons for basic settings
 |  |  |
| 1. Power requirement: 220 volt AC, 50 Hz.
 |  |  |

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| **Item 5** | **Haemodialysis Machine** | **Qty. (37)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

| **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- |
| 1. Acetate and bicarbonate (dry and solution) modes.
 |  |  |
| 1. Automatic built in calculations
 |  |  |
| 1. Automatic self-test.
 |  |  |
| 1. Maximum safety features:
 |  |  |
| 1. Venous pressure monitor
 |  |  |
| 1. Arterial pressure monitor.
 |  |  |
| 1. Blood leak detector.
 |  |  |
| 1. Air bubble detector
 |  |  |
| 1. Dialyser inlet pressure monitor (preferred).
 |  |  |
| 1. Clear alarm indicators (audio & visible).
 |  |  |
| 1. LCD display
 |  |  |
| 1. Chemical, hot chemical disinfection modes.
 |  |  |
| 1. Automatic priming and rinse disinfection.
 |  |  |
| 1. kt/v.
 |  |  |
| 1. Precise and accurate ultrafiltration dialysis.
 |  |  |
| 1. Continuous ultrafiltration monitoring.
 |  |  |
| 1. Blood pump with variable settings for different sizes of blood lines and handle for manual operation.( adult & paediatric)
 |  |  |
| 1. Variable blood flow rate
 |  |  |
| 1. Dialysate flow rate from (300 , 500 , 800 ) mL/m
 |  |  |
| 1. Heparins pump with both bolus function and programmable delivery time.
 |  |  |
| 1. Accurate dialysate fluid conductivity and TMP monitoring.
 |  |  |
| 1. Adjustable dialysate fluid flow rate with accuracy of + 10% of set value throughout its range.
 |  |  |
| 1. Compatibility to variety of blood lines and dialysers (open system).
 |  |  |
| 1. Vendor must submit a letter confirming the participation in all future consumables tenders related to this specific tender with the same prices of consumables that were submitted in the technical offer for seven years starting from the date of installation.
 |  |
| 1. Open system for blood line
 |  |  |
| 1. IV pole attached to the machine.
 |  |  |
| 1. Built in heat exchanger.
 |  |  |
| 1. Built in dialyser connectors shunt holder.
 |  |  |
| 1. Built in backup battery.
 |  |  |
| 1. Double needle dialysis.
 |  |  |
| 1. Open system for a various types and brands of disinfectants please specify one brand at least from another manufacturer.
 |  |  |
| 1. Any additional technical and safety features for applications must be clearly stated and expressed
 |  |  |
| 1. PPM kit for each unit (annual or periodically or per hour) and any part(s) (i.e. dialysate filter or any other part) should be changed periodically or after a certain number of working hours for the equipment to be quoted & priced separately
 |  |  |
| 1. Offers must include a comprehensive, priced spare parts list for a minimal period of 5 years after warranty (Royal Medical Services has the right to use the list for any quantity and any old tenders for the same model of machines if they already exists in RMS hospitals.
 |  |  |
| 1. Original bicarbonate powder should be quoted and priced separately for minimum 5 years after the end of warranty(Royal Medical Services has the right to use the list for any quantity and any old tenders for the same model of machines if they already exists in RMS hospitals.
 |  |
| 1. Two set of FULL calibration and maintenance kit including conductivity meter & temperature & any software (recommended by manufacturer) to be delivered with the whole tender.
 |  |  |
| 1. Offer to include a certified service training course for two biomedical engineers/biomedical technicians for a minimal period of five days at manufacturer training centre abroad all costs inclusive.
 |  |  |

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| **Item 6** | **Defibrillator/Monitor** | **Qty. (8)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance 510(k) or CE |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
|  | 1. **A formally endorsed letter from the manufacturer stating that the offered products are freely sold in the same country of the manufacturing plants with a list of installation base in that country must be provided with the technical offer,**
 |  |  |
| **1** | Dedicated for hospital use only |  |  |
| **2** | Easy to use defibrillator/monitor with both manual and AED defibrillation capabilities. |  |  |
| **3** | Biphasic waveform technology. |  |  |
| **4** | Arrhythmia ECG monitoring capability through 3, 5 ECG lead sets and through external paddles. |  |  |
| **5** | Synchronisation capability through front panel button |  |  |
| **6** | SPO2 monitoring capability (should be available and priced separately) |  |  |
| **7** | Non invasive pacing capability (should be available and priced separately) |  |  |
| **8** | Lightweight unit of less than 8 kg with batteries and external paddles |  |  |
| **9** | **Coloured LCD display of size not less than 5.5 inches and with at least the following:**  |  |  |
|  | 1. Error messages (system errors, disconnected ECG lead or pads etc.)
 |  |  |
|  | 1. Heart rate display
 |  |  |
|  | 1. Selected energy level display
 |  |  |
|  | 1. Synchronization indicator display
 |  |  |
|  | 1. Battery capacity status and AC power supply indicator
 |  |  |
| **10** | **Energy selection:** Through front panel rotary knob to select energy level between 2 Joules and 200 Joules (or higher) |  |  |
| **11** | **Shock control:** Through both front panel and paddles. |  |  |
| **12** | **Charging time:** less than 7 seconds to reach 200 Joules energy level using new fully charged batteries.` |  |  |
| **13** | The unit must feature charging and charged indicator tones |  |  |
| **14** | QRS beeper with adjustable volume |  |  |
| **15** | Self test defibrillator capability |  |  |
| **16** | Built in rechargeable batteries with the following specifications: |  |  |
|  | 1. Less than 5 hours charging time
 |  |  |
|  | 1. Capacity: at least 100 shocks at 200 Joules energy level
 |  |  |
| **17** | Built in full annotation recorder with 25 mm-sec nominal speed. |  |  |
| **18** | The unit must feature audio and visual alarms |  |  |
| **19** | Fluids protection level: IPX 1 or better |  |  |
| **20** | Defibrillation protection proof (patient isolation) type CF to ECG cables and internal paddles  |  |  |
| **21** | Defibrillation protection proof (patient isolation) type BF to external paddles and disposables pads. |  |  |
| **22** | The Unit must comply with the following standards: |  |  |
|  | 1. **IEC 60601-2-4:** Safety of cardiac defibrillators
 |  |  |
|  | 1. **IEC 60601-2-27:** basic safety and essential performance of electrocardiographic monitoring
 |  |  |
|  | 1. **IEC 60601-1-2:** Electromagnetic Compatibility
 |  |  |
|  | 1. **IEC 60601-1:** Medical Electrical Safety
 |  |  |
| **23** | The following must be included with each unit: |  |  |
|  | 1. 3 lead ECG cable. **Qty. 2 sets (trunk and leads)**
 |  |  |
|  | 1. External adult paddles, adult plates slide off to expose pediatric electrode surface **Qty. 1 set**
 |  |  |
|  | 1. Paper roll **Qty. 10**
 |  |  |
| **24** | The following must be quoted and priced separately: |  |  |
|  | 1. 5 Lead ECG cable
 |  |  |
|  | 1. SPO2 probe, reusable, adult
 |  |  |
|  | 1. SPO2 probe, reusable, Paediatric
 |  |  |
|  | 1. Multifunction electrode pads
 |  |  |
|  | 1. Internal paddles
 |  |  |
| **25** | All Accessories including ECG cables, disposable electrodes, external and internal paddles, SPO2 probes, paper rolls and electrode pads should be priced separately; prices should be fixed for at least 5 years after warranty period |  |  |
| **26** | Any other accessories or options should be quoted and priced separately |  |  |

|  |  |  |
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| **Item 7** | **Laryngoscope** | **Qty. (6)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | **Durable, heavy duty construction and reliable: Sample must be submitted with the offer, otherwise the offer will be rejected** |  |  |
| **2** | Light weight & LED type. |  |  |
| **3** | 2 light bulbs to be included for each unit |  |  |
| **4** | Fibre optic plate illumination type. |  |  |
| **5** | To be made from heavy-duty stainless steel. |  |  |
| **6** | Standard size, non-rechargeable battery operation. |  |  |
| **7** | Durable case with sufficient padding. |  |  |
| **8** | 4 blade sizes to be quoted. |  |  |

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| **Item 8** | **PULSE OXIMETER** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
|  | 1. **A formally endorsed letter from the manufacturer stating that the offered products are freely sold in the same country of the manufacturing plants with a list of installation base in that country must be provided with the technical offer,**
 |  |  |
| **1** | Compact and lightweight desktop type with direct AC power supply (no external power supply). |  |  |
| **2** | LCD display for digital parameter and waveform |  |  |
| **3** | Microprocessor controlled with the ability to reject artifacts resulting from patient movement |  |  |
| **4** | Ability to reject artifacts resulting low body temperature. |  |  |
| **5** | Self-test mode. |  |  |
| **6** | SPO2 range 1-99 %. |  |  |
| **7** | Pulse rate measurement range: 30 – 250 beats per minute (bpm). |  |  |
| **8** | Measurement accuracy not less than 97%. |  |  |
| **9** | Response time < 8 seconds. |  |  |
| **10** | Alarms to include: Audio-visual Hi/ Lo SpO2, pulse rate, sensor off, low pulse, low battery. |  |  |
| **11** | Alarm volume control. |  |  |
| **12** | To be used for adults, paediatrics, infants and neonates. |  |  |
| **13** | Patient cable length ≥ 3 meters |  |  |
| **14** | 24 hours or more memory for monitored data. |  |  |
| **15** | Battery back-up for at least 4 hours continuous operation. |  |  |
| **16** | Offer must include **original** reusable adult probes **qty. (2)** with each unit and priced separately. |  |
| **17** | Price of all probes (including reusable adult, neonatal, disposable probes and extension probe) should be fixed for at least 5 years after warranty period |  |  |
| **18** | All other accessories and probes must be offered and priced separately. |  |  |
| **21** | A list of standard accessories for the offered model (optional). |  |  |

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| **Item 9** | **Bowl, kidney Bowel 250\*125\*35 mm** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |

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| --- | --- | --- |
| **Item 10** | **WHEELCHAIR, ADULT** | **Qty. (20)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **A** | Wheels: |  |  |
| **1** | The user propelled wheels should be 24 inches in diameter mounted into the rear of both side frames. |  |  |
| **2** |  Swivel casters (five to eight inches in diameter) should be mounted to the front of both side frames. |  |  |
| **3** | The user propelled wheels should have a push rim attached. |  |  |
| **4** | Each of the user-propelled wheels should have toggle or lever wheel locks |  |  |
| **5** | Wheels shall be tubeless or air free. |  |  |
| **B** |  **Seat and Backrest:** |  |  |
| **1** | The wheelchair should have collapsible seat and backrest. |  |  |
| **2** |  The wheelchair should have some type of armrest, and these armrests shall be adjustable in height and pivoting or removable for ease of transfers. |  |  |
| **3** | The wheelchair should have leg rests or footrests, and they shall have adjustable lengths and either detachable or swing-away features for ease of transfer. Footrests should either flip-up or fold and should have impact guards. |  |  |
| **4** |  The wheelchair should have anti-tip devices and should not tip on inclines with slopes of up to 15°. |  |  |
| **5** | The wheelchair should be easy to manoeuvre in confined spaces. |  |  |
| **6** | The wheelchair upholstery should pass applicable standards for flame resistance. |  |  |
| **7** |  Approximate overall dimensions (w x L x h): 65 x 95 x 80 cm. |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 11** | **WHEELCHAIR, PEDIATRIC**  | **Qty. (10)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **A** | Wheels: |  |  |
| **1** | The user propelled wheels should be 24 inches in diameter mounted into the rear of both side frames. |  |  |
| **2** |  Swivel casters (five to eight inches in diameter) should be mounted to the front of both side frames. |  |  |
| **3** | The user propelled wheels should have a push rim attached. |  |  |
| **4** | Each of the user-propelled wheels should have toggle or lever wheel locks |  |  |
| **5** | Wheels shall be tubeless or air free. |  |  |
| **B** |  **Seat and Backrest:** |  |  |
| **1** | The wheelchair should have collapsible seat and backrest. |  |  |
| **2** |  The wheelchair should have some type of armrest, and these armrests shall be adjustable in height and pivoting or removable for ease of transfers. |  |  |
| **3** | The wheelchair should have leg rests or footrests, and they shall have adjustable lengths and either detachable or swing-away features for ease of transfer. Footrests should either flip-up or fold and should have impact guards. |  |  |
| **4** |  The wheelchair should have anti-tip devices and should not tip on inclines with slopes of up to 15°. |  |  |
| **5** | The wheelchair should be easy to manoeuvre in confined spaces. |  |  |
| **6** | The wheelchair upholstery should pass applicable standards for flame resistance. |  |  |
| **7** |  Approximate overall dimensions (w x L x h): 50 x 75 x 80 cm. |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 12** | **Oxygen Flow meter wall type /single** | **Qty. (52)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | **Durable, heavy duty construction and reliable: Sample must be submitted with the offer, otherwise the offer will be rejected** |  |  |
| **2** | Oxygen flow meter to provide accurate gas flow measured and controlled within a range of 1-15 L/min, for use in a variety of respiratory therapy clinical devices. |  |  |
| **3** | The flow meter gauge should be float in tube  |  |  |
| **4** | Clearly labelled and color-coded flow meter |  |  |
| **5** | The flow meter shall include 300 ml reusable double lumen humidifier mounted directly on the flow meter. |  |  |
| **6** | Quick connection type: BOC. |  |  |
| **7** | 1. Maximum flow rate: 15 L/min
 |  |  |
| **8** | 1. Maximum pressure: approximately 100 PSI (690 kPa)
 |  |  |
| **9** | 1. Accuracy: +/- 10% or better
 |  |  |
| **10** | Heavy duty construction. |  |  |
| **11** | Flow regulator. |  |  |
| **12** | Wall mounted. |  |  |
| **13** | Outlet thread 9/16" |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 13** | **Central suction** | **Qty. (52)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

| **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- |
| 1. A continuous vacuum regulator for use with all common suction therapy procedures to control suction from wall vacuum outlets
 |  |  |
| 1. Vacuum gauge to be calibrated with KPa and mmHg Unobstructed, large suction control knob
 |  |  |
| 1. Mode selector toggle switch
 |  |  |
| 1. compact, lightweight regulator to be made of strong, break-resistant material
 |  |  |
| 1. The vacuum regulator shall have the following specifications:
	1. Regulated vacuum: 0 - full vacuum.
	2. Flow rate: 0 – 80 L/min.
	3. Gauge: 0 - l00 kPa (0-760mmHg).
	4. Gauge accuracy: ±5% of full-scale deflection.
	5. Vacuum control: needle valve.
 |  |  |
| 1. Suction set shall consist of:
2. Original Wall bracket
3. Connection tube for pipeline system
4. Suction probe is British standard
5. One autoclavable Jar min of two liters capacity
6. Overflow protection device with wall bracket if needed
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 14** | **Surgical Suction Machine for Wards** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | The latest highest end model of the required range. |  |  |
| **2** | Mobile mounted on antistatic castors (at least 4) with sturdy stable base that resists tipping over |  |  |
| **3** | On/Off switch with light indicator. |  |  |
| **4** | Maximum flow rate not less than 30 l/min. |  |  |
| **5** | Easy control of vacuum level through a knob or a switch on the control panel. |  |  |
| **6** | Maximum vacuum not less than 675 mmHg. |  |  |
| **7** | Display of vacuum through a gauge that is easy to read with high visibility mmHg and Kpa graduation. |  |  |
| **8** | 2 original reusable and autoclavable jars to be included with the unit, with lids that provide secure seal and float-type cut off valve to prevent overflow (All Jar sizes to be offered). |  |  |
| **9** | Bacteria filter to minimize cross infection (available from different manufacturers) |  |  |
| **10** | Silicon transparent tubes. |  |  |
| **11** | Change-over valve to switch suction between jars. |  |  |
| **12** | Splash proof design. |  |  |
| **13** | Oil-free maintenance free unit  |  |  |
| **14** | Quiet pump operation (≤45 dB) |  |  |
| **15** | Any other accessories must be listed and priced separately. |  |  |
| **16** | Two extra original Jars are to be provided with the unit and priced separately |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 15** | **Resuscitation Bag (different sizes)** |  **Qty. (5 adult)** **(2 Paediatric)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N), Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | **Durable, comfortable and reliable single layer bag: Samples (one of each size) must be submitted with the offer, otherwise the offer will be rejected** |  |  |
| **2** | Complete with reservoir bag, pressure relief valve, PEEP valve, reservoir one way valve and air cushioned face mask |  |  |
| **3** | All parts (mentioned above) should be easily assembled/ disassembled, easy to clean and disinfect and autoclavable at 134° C |  |  |
| **4** | All parts mentioned above should be made silicon made and latex free. |  |  |
| **5** | 100 % O2 concentration (supply delivery) with O2 accumulator. |  |  |
| **6** | All sizes should be included adult, infant and neonatal. |  |  |
| **7** | All accessories to be mentioned and priced separately. |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 16** | **General purpose carts** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | Entirely made from stainless steel. |  |  |
| **2** |  Four heavy duty swivel castors. |  |  |
| **3** | Protective pumpers. |  |  |
| **4** | Two inner shelves. |  |  |
| **5** | Two hinged doors with heavy duty securing locking handle. |  |  |
| **6** | No sharp edges allowed. |  |  |
| **7** | Push handle. |  |  |
| **8** | Dimensions for each shelf ≈ 60 x 90 cm. |  |  |
| **9** | Height ≈ 100 cm |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 17** | **DRESSING CARTS, 900 X 450** | **Qty. (3)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | Should be designed to transport dressing supplies and instruments. |  |  |
| **2** | It shall not have side panels. |  |  |
| **3** | Approximate overall dimensions approximately (W x D x H): 900 x 450 x 900 mm with 4-leg frame construction |  |  |
| **4** | Removable waste container  |  |  |
| **5** | Two utility drawers |  |  |
| **6** | It shall be made completely of stainless steel with high quality finish to assure durability. |  |  |
| **7** | It shall be corrosion resistant, disinfectant proof and easy to clean. |  |  |
| **8** | The cart should have a minimum of two shelves  |  |  |
| **9** | It shall be mounted on 4 castors (two with brakes) with the following features: |  |  |
|  | 1. Anti-static.
 |  |  |
|  | 1. Wear resistant.
 |  |  |
|  | 1. Approximate Diameter: approximately 75 mm.
 |  |  |
|  | 1. Swivel
 |  |  |
|  | 1. Non-discolouring to floors and other materials.
 |  |  |
|  | 1. Castors shall have lint shields.
 |  |  |
|  | 1. It shall have wall spacer rings just above the castors.
 |  |  |

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| --- | --- | --- |
| **Item 18** | **RESUSCITATION CARTS** | **Qty. (2)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | This cart should be an advanced design that is manoeuvrable, tightly organized with easy access to all of its parts. |  |  |
| **2** | It should have a quick release security latch/lock mechanism. |  |  |
| **3** | Sharps collector |  |  |
| **4** | It should be constructed from heavy gauge tubular steel frame or lightweight polymer. |  |  |
| **5** | It should be mounted on full-swivel casters with brakes. |  |  |
| **6** | It should have the following features and accessories as a minimum: |  |  |
|  | 1. Defibrillator shelf for mounting Defibrillator/Monitor
 |  |  |
|  | 1. One (or more) large drawer with dividers.
 |  |  |
|  | 1. Three (or more) key locked multipurpose drawers with dividers.
 |  |  |
|  | 1. Oxygen tank holder with oxygen cylinder, regulator, tubes and masks.
 |  |  |
|  | 1. IV pole holder with IV pole having double hooks.
 |  |  |
|  | 1. Wire shelf.
 |  |  |
|  | 1. Waste bag holder.
 |  |  |
|  | 1. Medicine drawer with lock / seal.
 |  |  |
|  | 1. Back board can be mounted to the front or back of cart
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 19** | **Medication Cart** | **Qty. (4)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | The medication cart shall be a unit-dose cart with individual drawers for each patient’s dosage. |  |  |
| **2** | The medication cart should include a work surface. |  |  |
| **3** | The medication cart should include storage wells and fenced sides. |  |  |
| **4** | Approximately 30 drawers |  |  |
| **5** | Large lower utility drawer(s) |  |  |
| **6** | Dividers should be included. |  |  |
| **7** | Master lock or locking mechanism that secures the entire cart and that must be unlocked before any individual compartment can be opened. |  |  |
| **8** | A push handle. |  |  |
| **9** | Non-marking and durable bumper |  |  |
| **10** | Waste container |  |  |
| **11** | Medicine cup dispenser |  |  |
| **12** | The cart shall be mobile on swivel caster with locks |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 20** | **ECG recorder ( medium range)** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
|  | **A formally endorsed letter from the manufacturer stating that the offered products are freely sold in the same country of the manufacturing plants with a list of installation base in that country must be provided with the technical offer,** |  |  |
| **1** | **A heavy duty compact ECG recorder is required for frequent hospital use. The recorder must conform to, or exceed the following specification**: |  |  |
| **2** | Microprocessor controlled with self-test and error code/message capability. |  |  |
| **3** | 12 lead ECG acquisition |  |  |
| **4** | **Display**: |  |  |
|  | 1. Size: At least 5.7 inch LCD screen
 |  |  |
|  | 1. Resolution: 800\*600 pixels or better
 |  |  |
|  | 1. Ability to display at least 3 ECG leads simultaneously and heart rate indicator
 |  |  |
| **5** | ECG interpretation capability with event marking function |  |  |
| **6** | **Accuracy of ECG signal:** The cardiograph performance must comply with the accuracy requirements specified in the (IEC 60601-2-51) OR (AAMI EC-11) standards (Diagnostic Electrocardiographic Devices). |  |
| **7** | **Defibrillation protection:** Type CF defibrillation proof to all applied parts |  |  |
| **8** | **Electromagnetic compatibility (EMC):** the system must meet with the IEC/EN 60601-1-2 electromagnetic compatibility standard |  |  |
| **9** | **Electrocardiograph Safety:** it shall meet the requirements for the safety of Electrocardiographs according to IEC 60601-2-25 standard. |  |  |
| **10** | **Electrical safety:** it shall meet the requirements for general medical electrical equipment safety according to IEC 60601-1standard. |  |  |
| **11** | **Filters:** AC noise filters(50/60 Hz) and muscle artifact filters |  |  |
| **12** | Line and battery operation with built-in rechargeable battery, capacity of batteries should not be less than 30 minutes of continuous rhythm printing with battery status indicator on the main screen |  |  |
| **13** | **Printer:**  |  |  |
|  | 1. Digital thermal array printer of high resolution not less than 200 dpi (8 dots/mm)
 |  |  |
|  | 1. 25 mm/s sweep or better
 |  |  |
|  | 1. High resolution print of ECG report including patient data and interpreted diagnostic aids.
 |  |  |
|  | 1. Recoding paper: Thermal paper of A4 size
 |  |  |
| **14** | **Original heavy-duty mobile cart:**  |  |  |
| **15** | Two full **original** sets of ECG patient cable (12 leads) to be included with each offered model. |  |  |
| **16** | Two full **original** sets of suction electrodes to be included. |  |  |
| **17** | Two full **original** sets of limb clamps to be included. |  |  |
| **18** | **Original** Disposable electrodes **Qty. 100** with each unit |  |  |
| **19** | All Accessories including ECG cables, suction electrodes, limb clamps and disposable electrodes should be priced separately; prices should be fixed for at least 5 years after warranty period |  |  |
| **20** | A list of standard and optional accessories for the offered model. |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 21** | **cabinet** | **Qty. (3)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

| **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- |
| 1. It should contain two double strength glazed glass doors.
 |  |  |
| 1. Stainless steel construction.
 |  |  |
| 1. Double sided.
 |  |  |
| 1. Heavy duty handles with key lock.
 |  |  |
| 1. Five Inner stainless steel shelves with adjustable positions.
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 22** | **Patient Couch** | **Qty. (1)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance)(Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | Two section electric couch with approximately 45° positive and approximately 65°negative inclination |  |  |
| **2** | Frame made from high quality medical grade stainless steel. |  |  |
| **3** | Foam padded top in two sections for comfort of patient with manual adjustment for head section. |  |  |
| **4** | Pre-treated and epoxy powder coated |  |  |
| **5** | Length approximately195cm. |  |  |
| **6** | Height Adjustment: Approximately 47cm to approximately 87cm. |  |  |
| **7** | Allowable weights: Approximately 200Kg on static feet - approximately 150Kg on castors. |  |  |
| **8** | **Hand control or integrated foot switch control for elevation and depression** |  |

|  |  |  |
| --- | --- | --- |
| **Item 23** | **MEDICAL/ SURGICAL ELECTRICAL BED WITH OVERBED TABLE & BEDSIDE CABINET**  | **Qty. (1)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **A** | **Patient bed**  |  |  |
| **1** | Heavy-duty construction suitable for rugged use |  |  |
| **2** | Bed weight ≥150 Kg. |  |  |
| **3** | Safe working dynamic load of the bed to be at least 220 Kg (patient, mattress and accessories) |  |
| **4** | The dimensions of the sleeping surface platform to be a minimum of (88 x 210) cm. |  |
| **5** | Flat sleep surface |  |  |
| **6** | Configuration: Four sections platform* 1. Backrest (head of bed) section
	2. Seat section
	3. Thigh section
	4. Foot (calf section)
 |  |  |
| **7** | The bed should be fully electrically operated; the following manoeuvres must be included:  |  |  |
|  | Height adjustment of the bed: ≤ 40 cm to ≥ 75 cm. (measured without mattress from floor to the top of the platform) |  |  |
|  | Backrest adjustable: 0° to ≥60°  |  |  |
|  | Knee gatch (break): 0° to ≥20°  |  |  |
|  | Trendelenburg/ Reverse trendelenburg:  +12°/-10° or more |  |
| **8** | approximate zero clearance between mattress and headboard |  |
| **9** | Clearance between dropped-down side rails and the floor on bed's lowest position (underbed clearance) should be at least 10 cm  |  |  |
| **10** | Easy released manual CPR, it should be fully accessible even when side rails are in lowest position. |  |  |
| **11** | Backrest (head of bead) angle display |  |  |
| **12** | Left and right side rails:* 1. Split and heavy duty model
	2. Moulded (one piece)
	3. With embedded integrated caregiver control panels on both sides of the bed (upper left and upper right) on the outer sides of the rails.
	4. At least one embedded patient control panel at the inner side of the side rail.
	5. The side rails can be manually raised up and dropped down with damping and top locking mechanism.
	6. With safe gap concept that prevents patient head or limbs entrapment (free of hazardous gaps).
	7. Side rails must cover at least **⅔** of the sleeping platform and at the same time does not cover the whole sleeping surface to facilitate patient exit in emergency cases (stuck side rails).
 |  |  |
| **13** | Heavy duty non-metallic Headboard and Footboard, at least headboard should be removable. |  |  |
| **14** | Four heavy-duty medical grade electro-conductive, non-marking castors of not less than 15 cm diameter. |  |  |
| **15** | Central brake system with steering function |  |  |
| **16** | 1. Two original protective revolving bumpers should be located at the corners of the bed end
2. Two original protective bumpers should be located at the head of the bed or at the corners
 |  |
| **17** | Four IV-pole sockets |  |  |
| **18** | One compatible IV pole with double hooks |  |  |
| **19** | Drainage bag hook located at each side of the bed |  |  |
| **22** | **Sleeping surfaces**  |  |  |
|  | 1. Pressure ulcer preventive
 |  |  |
|  | 1. Must cover the whole sleeping surface platform
 |  |  |
|  | 1. Foam core
 |  |  |
|  | 1. Visco-elastic foam top that adjusts the body contour
 |  |  |
|  | 1. Fire retardant, anti-microbial and anti-fungus
 |  |  |
|  | 1. Complete with non-latex, fluid resistant and washable cover.
 |  |  |
| **23** | All available options and accessories must be offered and priced separately. |  |  |
| **24** | A list of standard accessories for the offered model |  |  |
| **B** | Bedside Cabinet |  |  |
|  | 1. Standalone.
 |  |  |
|  | 1. Heavy-duty and robust.
 |  |  |
|  | 1. Complete with a minimum of one drawer.
 |  |  |
|  | 1. Lower cabinet.
 |  |  |
|  | 1. Mounted on four heavy-duty castors.
 |  |  |
|  | 1. Material, colour and design must be compatible with the beds and all available colours to be submitted with the offered.
 |  |  |
| **C** | Over-bed table. |  |  |
|  | 1. Standalone
 |  |  |
|  | 1. Heavy-duty and robust.
 |  |  |
|  | 1. Mounted on four heavy-duty castors.
 |  |  |
|  | 1. Material, colour and design must be compatible with the beds and all available colours to be submitted with the offered.
 |  |  |
| **D** | All three components (patient bed, bed side cabinet and over bed table should be from the same manufacturer. |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 24** | **DDA cabinet** | **Qty. (2)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | The unit should be constructed from heavy duty steel with enamelled finish & rounded corners |  |  |
| **2** | The unit should have double lock secure. |  |  |
| **3** | The unit should have at least two shelves. |  |  |
| **4** | The unit should be securely mounted on wall. |  |  |
| **5** | No sharp edges |  |  |
| **6** | Please quote for all available sizes and options. |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 25** | **Portable patient monitor, preconfigured type** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance or CE |  |

| **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- |
| 1. **A formally endorsed letter from the manufacturer stating that the offered products are freely sold in the same country of the manufacturing plants with a list of installation base in that country must be provided with the technical offer,**
 |  |  |
| 1. The system must be offered by a manufacturing company and not by a supplier company.
 |  |  |
| 1. Portable type monitor
 |  |  |
| 1. External AC/DC power supply is accepted
 |  |  |
| 1. Adult, paediatric and neonatal patient monitor.
 |  |  |
| 1. Heavy duty with robust design.
 |  |  |
| 1. The following **original** accessories are required with each unit:
 |  |  |
| 1. One (3-leads) ECG cable.
 |  |  |
| 1. Two Reusable adult SpO2 sensors.
 |  |  |
| 1. Two Reusable paediatric SpO2 sensors.
 |  |  |
| 1. Two Reusable neonatal SpO2 sensors.
 |  |  |
| 1. Two (adult) cuffs complete with hose.
 |  |  |
| 1. Two (paediatric) cuffs complete with hose.
 |  |  |
| 1. Two (neonate) cuffs complete with hose
 |  |  |
| 1. Two temperature sensors
 |  |  |
| 1. Ability to measure and display the following parameters:
 |  |  |
| 1. ECG wave form.
 |  |  |
| 1. NIBP.
 |  |  |
| 1. Body temperature.
 |  |  |
| 1. Heart rate.
 |  |  |
| 1. SPO2
 |  |  |
| 1. All mounting options to be available and quoted separately including wall mount, bench top and mobile trolley.
 |  |  |
| 1. All leads, cables, sensors and accessories needed for function must be stated clearly and priced separately.
 |  |  |
| 1. Standard accessory sets must be itemized.
 |  |  |
| 1. Adjustable ECG gain.
 |  |  |
| 1. Baseline adjustment capability.
 |  |  |
| 1. High resolution display with sweeping motion.
 |  |  |
| 1. All data shall be in real time (waveform and numeric).
 |  |  |
| 1. The latest high end 10.4-inch colour TFT LCD screen patient monitor of resolution not less than 800 x 600 pixels
 |  |  |
| 1. Built-in rechargeable battery minimum life 90 minutes of continuous monitoring
 |  |  |
| 1. Min 72 hours trend capacity
 |  |  |
| 1. Where applicable, any software shall be of the latest version, and any service / settings password must be disclosed and perpetual.
 |  |  |
| 1. Minimum of 4 waves display
 |  |  |
| 1. Vendors to list all prices of optional software and hardware for offered system
 |  |  |
| 1. HL7 ready.
 |  |  |
| 1. All available options and accessories must be offered and priced separately
 |  |  |
| 1. One original compatible mobile stand on castors to be included in the offer.
 |  |  |
| 1. The capability to be connected to a central station
 |  |  |
| 1. The following **must be priced separately**: CO2 measurement, IBP (one channel)
 |  |  |
| 1. Prices of all accessories (including ECG cables, SPO2 sensors, cuffs, pressure transducers, temperature sensors etc.) should be priced separately and **fixed for a minimum period of five years after warranty period.**
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 26** | **SCALES, FLOOR, DIGITAL** | **Qty. (5)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | It shall have digital readout of patient weight |  |  |
| **2** | It should be switchable between Kg and lbs. |  |  |
| **3** | It should weight accurately to the nearest 100g / 0.2 lbs or better. |  |  |
| **4** | It should be made from sturdy plastic/steel material. |  |  |
| **5** | Maximum capacity should be 200 Kg / 440 lbs or better. |  |  |
| **6** | It should power up from AC voltage  |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 27** | **Wall mount Examination lamp** | **Qty. (1)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | **Brochure Page No.** |
| --- | --- | --- | --- |
| **1** | Heavy-duty stand with durable castors. |  |  |
| **2** | LED type  |  |  |
| **3** | Wall mount single head examination light |  |  |
| **4** | Spring-balanced articulated arm  |  |  |
| **5** | Detachable and sterilizable grip on the lamp head  |  |  |
| **6** | 2-stage light switch  |  |  |
| **7** | Shadow-free lighting  |  |  |
| **8** | It shall have heat filter  |  |  |
| **9** | Lamp service life at least 20,000 working hours |  |  |
| **10** | Illumination at 1 meter not less than 40,000 Lux |  |  |
| **11** | Color temperature: approx. 4000 K  |  |  |
| **12** | Color rendering index: > 90  |  |  |
| **13** | A list of standard accessories for the offered model  |  |  |

|  |  |  |
| --- | --- | --- |
| **Item 28** | **Dressing set** | **Qty. (4)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  |  |  |
| --- | --- | --- |
| **Item 29** | **Oxygen cylinder** | **Qty. (3)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  |  |  |
| --- | --- | --- |
| **Item 30** | **Portable RO for Hemodialysis machine** | **Qty. (1)** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  |  |  |
| --- | --- | --- |
| **Item 31** | **Portable haemodialysis monitoring system** | **Qty. ( 2 )** |

**IMPORTANT NOTE**:

*Vendors are required to fill out the product details, compliance information, and brochure reference page number in the columns below*

**TECHNICAL SPECIFICATIONS:**

The unit must meet or exceed the requirements listed in the table below.

|  |
| --- |
| **Product Details** |
| Name of Manufacturer |  |
| Model/ catalogue number |  |
| Country of Origin for the offered model |  |
| Country where the manufacturer is based |  |
| Delivery time |  |
| Full warranty period |  |
| FDA clearance OR CE Mark |  |

|  | **Minimum Requirements** | **Compliance )Y/N) , Notes**  | ***Brochure Page No.*** |
| --- | --- | --- | --- |
| **1** | Portable type on rolling stand |  |  |
| **2** | To measure delivered flow, recirculation & access flow |  |  |
| **3** | Analyzes and displays the result of measurements |  |  |
| **4** | LCD Touch screen |  |  |
| **5** | To be compatible with fistulas, grafts & catheters. |  |  |
| **6** | Delivered flow range: (-2 to +2) L/min |  |  |
| **7** | Recirculation range from (0-100) % |  |  |
| **8** | Access flow range from (0-3000) ml/min |  |  |
| **9** | Flow sensors frequency to be fixed between 600KHZ & 7MH |  |  |
| **10** | Rechargeable type |  |  |
| **11** | Ability to measure cardiac output. (Optional to be quoted and priced separately). |  |  |
| **12** | Detailed reports & documentation. |  |  |
| **13** | Stenosis detection |  |  |
| **14** | USB type  |  |  |
| **15** | Any standard & optional accessories should be quoted and priced separately.  |  |  |

***SPECIAL TERMS***

1. ***Offers not complying with any of the special terms or the technical specifications shall be considered non-conforming with tender requirements.***
2. ***Any vendor providing FORGED documents shall be disqualified from the current tender and banned from participating in any future RMS tenders.***
3. ***All equipment must be the most recently released model/version which is equal to or higher than the range of the specifications of the required system (low, mid or high) and equal to or higher than the level of technology and required options mentioned in the technical specifications.***
4. ***Required certificates:***
5. ***For equipment of US origin, a copy of a certificate of FDA approval & the relevant 510K clearance for selling to US healthcare facilities for the offered model must be submitted with the technical offer.***
6. ***For equipment of other origins, a copy of either a CE certificate with the relevant CE number (MDD)/TÜV/BSI/UL OR a certificate of FDA approval & the relevant 510K clearance for selling to US healthcare facilities for the offered model must be submitted with the technical offer.***
7. ***Only for class Ι medical equipment, submission of a copy of Declaration of Conformity certificate (MDD) for the offered model shall be accepted.***
8. ***With each offer, bidders must provide a formally endorsed document issued by the manufacturer stating that the bidder is the sole certified agent / distributor for the offered item.***
9. ***In all of the above cases (except 2.4) certificates must be formally endorsed by JFDA.***
10. ***Country of origin:***
	1. ***The country of origin of the main part (s) of the system must be one of the following:***

***USA, Canada, Japan, UK, Sweden, Finland, Denmark, Switzerland, Belgium, Germany, France, Netherlands, Spain, Norway, Italy, Ireland, Austria, New Zealand, Australia &Czech Republic.***

* 1. ***Accessories and consumables (as determined by the purchasing committee) may be manufactured in other countries and/or by different manufacturers.***
	2. ***All offered items must be approved for sale in the same country of origin.***
	3. ***Vendors must specify the origin of all offered items and accessories in the technical offer.***
	4. ***Equipment manufactured by reputable companies based in any of the countries mentioned in (3.1) will be taken into consideration regardless of the manufacturing site only:***
	5. ***If they are approved for sale in the same county of origin (an original and officially endorsed free-sale certificate from an authorised body must be included in the offer.***

***OR***

* 1. ***If they are approved for sale in at least three of the countries mentioned in (3.1) (an original and officially endorsed free-sale certificate from an authorised body in those countries must be included in the offer).***
	2. ***Bidders must submit their reservations/queries regarding tender specifications and/or special terms within the first third of the tender closing period starting from the tender announcement date. Reservations/queries submitted after the end of this period shall be rejected.***
1. ***Warranty:***
	1. ***Offers must include a full warranty including spare parts and labour for a period of a minimum of 24 months from the date of installation.***
	2. ***If at any time during the warranty period the item becomes inoperative due to a technical fault the item must then be repaired by the supplier /local agent within a period of fourteen days from written notification, otherwise the supplier must replace the item with a new identical functioning one and will endure a penalty determined by the Royal Medical Services for each day of the downtime of the system. In case the item was replaced by a new one, the warranty period mentioned in (4.1.) above will start from the installation and commissioning date of the new item.***
2. ***One set of operation manual(s) and one set of service manual(s) including schematics and a spare-part list must be delivered with each unit, CD/DVD is acceptable. For large tenders, a certain agreed percentage of manuals per item may be agreed upon.***
3. ***Where applicable, pre-installation shall be the sole responsibility of the supplier. Pre-installation shall include removal of old system(s), any civil work, electrical work or site modification(s) necessary to accommodate the new system(s) according to manufacturers’ specifications and safety standards in addition to the work required for bringing back the site to the same working conditions as before installing the new system(s).***
4. ***Power requirements: where applicable either single phase 220V, 50Hz or 3-phase 380V. Systems with external transformers are considered conforming only if clearly stated in the technical specifications.***
5. ***Technical offers must include clear original technical brochures/catalogues for all offered items.***
6. ***Offers must include fully detailed technical offers and compliance sheets as a soft copy ( either Microsoft office or Microsoft excel format) in addition to a hard copy, mentioning the exact model/catalogue number and country of origin of the offered item(s), full technical description/specifications and any accessories or options included in the offer.***
7. ***Compliance sheets must be as per the tabular format of the technical specifications in the tender documents, listing the required specifications on one column and a Yes or NO response to each point in the adjacent column, with reference to page and line numbers in the relevant technical brochure. Offers not complying with this term shall be rejected.***
8. ***Accessories and consumables:***
	1. ***Any accessories and consumable items necessary to operate the offered system must be clearly identified and priced separately.***
	2. ***Technical offers must include a priced list for accessories and consumables as a hard copy in addition to a soft copy (either Microsoft office or Microsoft excel format) with prices fixed for a period of five years from the date of installation and commissioning with a maximum annual increase of 2%, any essential item not listed will be considered free of charge.***
	3. ***Accessories and consumables must be priced according to their delivery destination either to Queen Alia International Airport or to RMS Main Medical Stores.***
	4. ***Where applicable, a start-up kit of accessories and consumable items must be provided with each system on a free-of-charge basis.***
9. ***Spare Parts:***
	1. ***Technical offers must include a comprehensive and priced spare parts list as a hard copy in addition to a soft copy (either Microsoft office or Microsoft excel format) valid for a minimum period of five years with a maximum annual increase of 2%, commencing at the end date of the warranty period, any essential item not listed will be considered free of charge.***

* 1. ***Spare parts must be priced according to their delivery destination either to Queen Alia International Airport or to RMS Main Medical Stores.***
1. ***Spare parts, consumables and accessories availability must be guaranteed for a minimum period of ten years starting from the date of installation and commissioning.***
2. ***Tender Awards:***
	1. ***For the final list of offers having a chance of winning the award, the awarding process shall be based on the accumulative value of both the offered item and its’ running cost (Total Cost of Ownership) over a period of seven years from the date of installation and commissioning. Only offers with the lowest total cost of ownership over a period of seven years from the date of installation and commissioning shall qualify for the award.***
	2. ***Running cost includes the value of consumables, accessories needed to operate the system over the same period as well as the cost of any service contract (where applicable).***
3. ***For PC/Laptop based systems:***
	1. ***Complete restoration medium (CD/DVD/etc.) of the operating system and the application software must be supplied.***
	2. ***Where locally supplied computers or laptops are offered, only computers/laptops from Apple, hp/Compaq, Lenovo, Dell, fujtisu or Toshiba will be accepted, offered models must be the latest available version upon delivery.***
	3. ***Where locally supplied printers are offered only the following types and brands are accepted: HP, SAMSUNG, OKI, CANON, EPSON.***
4. ***Pricing must include services of sale, shipment, transportation, delivery from port to site or to Main Medical Stores, installation, pre-installation (if needed), training, commissioning, warranty and bringing the equipment into service.***
5. ***Custom clearance of goods shall be the responsibility of the Jordanian Armed Forces (JAF), however, suppliers shall bear all costs incurred by handling charges and any demurrage charges or extra expenses incurred by the port’s corporation (including expenses caused by delay in presenting the necessary shipment documents for either clearing or transporting the goods to the required location mentioned in the final order, delivery note issuing charges, unloading charges, local shipping charges etc.). The supplier is also responsible for providing of all relevant shipping documents, together with the delivery order(s).***
6. ***DRMS has the right to increase or decrease the awarded quantities by a percentage not exceeding 30% after the final order notification with the same prices, terms and conditions of the original contract upon DRMS request and approval of the awarded party.***
7. ***The supplier must furnish DRMS with a guarantee stamped and legalized by the Notary Public equals to (115%) of the total value of the awarded equipment valid for twelvemonths from the date of final acceptance of the equipment by DRMS.***
8. ***Training:***
	1. ***For items where service training courses for the offered system are usually conducted abroad, offers must include a certified service training program at a reputable center abroad recognized by the manufacturer for at least one biomedical engineer or biomedical technician; all costs inclusive, air tickets, , boarding, commuting, accommodation (minimum 3 star hotel on full board basis) and any extra costs.***
	2. ***For items where user training courses for the offered item are usually conducted abroad, offers must include a certified operator training program at a reputable center abroad recognized by the manufacturer for at least one operator; all costs inclusive, air tickets, , boarding, commuting, accommodation ( minimum 3 star hotel on full board basis) and any extra costs.***
	3. ***The period of the training courses must be according to the manufacturer’s program excluding travelling days, and must be stated clearly in the technical offer.***
	4. ***Training Programs must conform to the following standards:***
		1. ***User training must comprise understanding and use of operation manual(s), correct and safe operation of the equipment, as well as user preventive maintenance and calibration.***
		2. ***Service training must comprise: theory, understanding and use of service manual(s), calibration, preventive maintenance procedure, and practical troubleshooting and repair exercises, and must be conducted by professional instructors employed or authorized by the system manufacturer.***
		3. ***Service training must be conducted on a system of identical make, model, and configuration to that purchased by DRMS, and designated by the manufacturer or the local agent for training purposes.***
		4. ***Certificates must be endorsed and officially sealed by the system manufacturer, legally empowering trainees to engage in user and service activities according to operation and service manual(s).***
	5. ***Where applicable, offers must include on-site user and service training.***

