JORIAL ANTAL JO

JOSE R. REYES MEMORIAL MEDICAL CENTER

Rizal Avenue, Sta. Cruz, Manila

BAC SECRETARIAT

SEALED BID

SEALED	BID NO .: H	IBAC-A2-202	1-04-683
DATE:	April	2021	

Gentlemen:

Please quote your price for item/s indicated below. Price quoted is final, and without condition and inclusive of all taxes. Bid Proposal should be submitted in sealed envelope, properly labelled, indicating the date and Sealed Bid No., not later than _____8:30 am___on April 2021 at the BAC Secretariat Office and thereafter publicly opened. Any change/erasure must be duly initialed otherwise, the bid shall be disqualified. Attendance of authorized representative is not mandatory on bid opening, in accordance with _Section 53.2 of the Revised Implementing Rules and Regulation of the Republic Act 9184.

THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, DECLARE A FAILURE OF BIDDING AT ANY TIME PRIOR TO THE CONTRACT AWARD, OR NOT TO AWARD THE CONTRACT, WITHOUT THEREBY INCURRING ANY LIABILITY, AND MAKE NO ASSURANCE THAT A CONTRACT SHALL BE ENTERED INTO AS A RESULT OF THE BIDDING.

EMELITO VALDEZ-TAN, M.D. Chairman, HBAC-A-2

PR No.: 2021-03-1369 Medical Service (2nd canvass)

Qty.	Unit	Description/Particulars /	ABC	Unit Price	Total Price
Qty.	Unit	PORTABLE 2D-ECHO MACHINE Branded/Brand New Technical Specifications: At least 15-inch monitor that can be tilted up to -10 degrees and +65 degrees and can be rotated by at least -90 and +90 degrees With keyboard for easy patient data annotation and report entries With trackball for fast and easy control of equipment functions With built-in image printer and built-in digital image archiving With MPEG, MP4, AVI writer with USB 3.0 port	ABC Unit Pr	Unit Price	Total Price
1	Unit	 Mounted on a cart with 4 anti-static wheels with brakes Power Supply 220V, 60Hz with at least 2KVA uninterruptible Power supply (UPS) that can provide back-up 			
		power supply up to 30 minutes Technical Characteristics: Display/Indicators Display Channel Electrocardiogram (ECG) amplifier and display in addition to at least one other physiological channel amplifier display Adequate Resolution Adult			
		 Axial less than 0.5mm at all depth and less than 2mm in focal zones 			

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0	Slice thickness of less than 8mm at all
	depths

Pediatric

- Axial less than 0.3mm lateral less than 3mm at all depth and less than 1mm in focal zones
- Slice thickness of less than 5mm at all relevant depth

Multiple Image Display

 Capable of displaying at least two image in same mode simultaneously

Multi-mode Display

Simultaneous display of B, M spectral,
 CD and power Doppler modes

Functions

- Brightness (B) mode with tissue harmonic imaging
- Focal level/Focal depth adjustment
- Adjustment of frequency range on all transducers
- Capability to select at least three transducers without physical removal and reconnection
- Gain and time gain compensation (TCG) control
- Operator-controlled multiple and adjustable focal zones
- Provision for scanning pre-sets
- Measurement of linear and curved distances, areas and volumes
- Look-up tables to link measurements to relevant clinical applications
- Cine-loop capability
- Automatic and manual calculation of waveform indices
- > Capability of operator application presets
- Magnification using both read and write zoom
- Freeze and replay capabilities
- Capability of displaying at least 5 measurements simultaneously
- Patient identification and entry of other relevant clinical information
- Capability of displaying, Patient name, institution Name, Transducer type, date, time, frame rate/persistence, Thermal index (TI) and Mechanical Index (MI)

Modes

- > 2 Dimensions (2D), Motion (M) mode
- Anatomical M Mode
- Continuous Wave (CW) Doppler
- Pulsed Wave (PW) Doppler
- Color Doppler

Spectral Doppler: Range gate accuracy of less than 1mm Color Doppler: Adjustment Thump Filter

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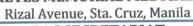
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Adequate Penetration: At least 15cm of normal tissue Transducers (the transducers must have beam steering capability

- > Adult Echo Transducer (3P-A) 1.0-7.0 Mhz
- Pediatric Echo Transducer (7P-B) 2.0-9.0 Mhz
- Curved array probe for fetal echocardiography (3C-A) 1.0-7.0 Mhz

*Note: The bidder must declare all transducer frequency ranges and application in the bid specifications

- Software and applications for echocardiography (including Doppler) and other cardiac function analysis applications (such as lumen border measurement and analysis, etc.) must be installed
- The equipment must be compliant with Digital Imaging and Communications in Medicine (DICOM) and must be compatible with color Inkjet printers

Accessories

> Thermal Printer

Documentary Requirements:

- Mayor's Permit
- Omnibus Sworn Statement
- Income / Business Tax Return
- PhilGEPS Certificate

I. Standard Requirements:

- Current and Valid Certificate of Manufacturer's compliance with ISO Certified or its equivalent.
- Current and Valid Certificate of Authorized Distributorship (if not the Manufacturer) and Notarized Certification as Local Distributor
- Bidder's certificate that the BRAND must be in the Philippines since 2011
- User's Manual in English Language
- Service Manual (2 copies)
- Latest Certificate of Traceability from the Manufacturer
- Proposed Costing of Preventive Maintenance and Calibration Program for sophisticated equipment, consumables/accessories.
- Printing and Etching of DOH official logo/ letters (if possible "JRRMMC" in all equipment) in conspicuous space of the equipment but will not affect its function.

II. Training Requirements

Training at least two (2) from end-users and one
 (1) from engineering

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			hat parts shall be available at the ne service center/s for a period			
			r the warranty period.			
		(-),	• •			
		IV. Warranty Certificate				
			(3) years on parts and service.			
		Warranty Certifica delivery, inspection	te for parts and service, upon			
		denvery, hispection	and acceptance			
			enance and Calibration			
	F	ree Quarterly preventive N	Maintenance and Calibration			
		vithin the warranty period				
Pl	lease check Mo	de of Payment:				
	1. Terms			Name of Co	ompany	
-	1. Terms				1 3	
				Address/TIN	No.	
	2 Cheque ur	oon Delivery (COD)		,		
1		ne before delivery	Authorized sign	nature over prin	ted name/Tel	No.:
	_					
1	NOTE: Signing f	for these request for q	uotation, is conforming	g to our paymen	t terms you c	heck
i	MAXIMUM DELIV	ERY PERIOD; WITHIN 7	WORKING DAYS UPON R	ECEIPT OF PURC	HASE ORDER	
1	HOSPITAL BIDS	AND AWARDS COMM	ITTEE FOR SUPPLIES, N	ATERIALS & EC	QUIPMENT	
	Chairman				_	
	Vice-Chairman				-	
	Member					
	Member Member					
	Inspector/Internal	Audit			_	
	COA Representativ	re .			manus.	
	Provisional End-Use					
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