

Republic of the Philippines Department of Health

METRO MANILA CENTER FOR HEALTH DEVELOPMENT

SUPPLEMENTAL/ BID BULLETIN NO. 1

IB NO. 2024-001E PROCUREMENT OF 1 UNIT 2D ECHOCARDIOGRAM/VASCULAR MACHINE (SHORT OF AWARD)

This Supplemental/Bid Bulletin No. 1 is being issued to revise provisions/specifications in the Bidding Documents for a fore cited project:

Revision and clarification to provisions/specifications in the Bidding Documents:			
ORIGINALTECHNICAL SPECIFICATIONS	AMENDED		
Digital Video Recorder - USB Type	Digital Video Recorder - USB Type with Storage USB 500GB Capacity		
• Type: Portable Ultrasound, Laptop style with trolley	• Type: Portable Ultrasound, Laptop or console style with trolley - RETAIN		
Support 8 hours continuous scanning	Support 8 hours continuous scanning – RETAIN THE ORIGINAL SPECIFICATION		
Motion Mode: Not less than 3 Lines	Motion Mode: Not less than 3 Lines or Manufacturer Standard – RETAIN THE ORIGINAL SPECIFICATION		
• Phased Array Adult: 1.5 - 4.5 MHz, up to 64 elements	Phased Array Adult: 1.5 - 4.5 MHz, up to 64 elements – RETAIN THE ORIGINAL SPECIFICATION		
• Phased Array Pedia: 2.0 - 8.0 MHz, up to 96 elements	Phased Array Pedia: 2.0 - 8.0 MHz, up to 96 elements – RETAIN THE ORIGINAL SPECIFICATION		
• Linear Transducer: 3.2 - 12.3 MHz, up to 128 elements	• Linear Transducer: 3.2 – 12.3 MHz, up to 128 elements– RETAIN THE ORIGINAL SPECIFICATION		

Bidders are advised to use the following attached forms and submit together with all required documents for the submission of bids on November 20, 2023, 10:00 AM

This Supplemental/Bid Bulletin No. 1 shall form part of the Bidding Documents. Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.

For guidance and information of all concerned.

Issued this 14th day of November, 2023 in MMCHD.

Approved by:

SGD

PRETCHELL P. TOLENTINO, MD, MCHM

Director III / BAC Chairperson

Section VII. Technical Specifications

Republic of the Philippines Department of Health Metro Manila Center for Health Development

TECHNICAL SPECIFICATIONS					
Item No. 1	2D ECHOCARDIOGRAM/VASCULAR MACHINE	Qty./Unit	1 Unit		
Name of Manu	ufacturer:		Country of Origin		
Brand:			Model: (if applicable)		
ABC: 4,500,00					
	PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE		
	SPECIFICATIONS:				
Physical Spec					
	ble Ultrasound, Laptop style with trolley				
	y: at least 15" high resolution color LED monit	or			
	y Resolution: at least 1920*1080				
	en panel size: at least 12" high sensitivity anti-g	lare			
	en panel Resolution: at least 1920*720				
	et 3 active probe ports				
 With at leas 					
	oly: 220V, 50/60 Hz				
•	eable and rechargeable lithium battery (Built-i	n Battery for			
main unit)					
	ours continuous scanning				
	least 128 GB Solid State Drive				
	45 GB internal hard drive reserved for patient o	_			
	of storage up to approximately 173,242 single	frames			
	y: Cable and Wireless/WiFi				
,	General, Obstetrics, Gynecology, Cardiac, Small	Parts,			
Urology, Vascular, Pediatrics and Nerve					
Imaging Parameters and features:					
Digital Beamformer					
Spatial compound imaging					
Speckle suppression imaging					
• Full screen					
High resolution flow					
	le: Not less than 3 Lines				
Tissue Tracking with Quantitative Analysis					

- Tissue Doppler Imaging Stress Echo Transducers • Phased Array Adult: 1.5 - 4.5 MHz, up to 64 elements • Phased Array Pedia: 2.0 - 8.0 MHz, up to 96 elements • Linear Transducer: 3.2 - 12.3 MHz, up to 128 elements Accessories • ECG module (AHA/CE) • Digital Video Recorder - USB Type with Storage USB 500GB Capacity • UPS 2KVA • Black and White Thermal Printer • AC Power Cord and Adapter Safety and Quality Standards: • ISO 9001 • ISO 13485 • CE Declaration: 93/42/EEC Concerning Medical Devices • 2007/47/EC Requirements if awarded the Contract 1. **Completion Period**: The delivery, installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff must be completed within 90 calendar days upon receipt of Notice to Proceed. 2. **Testing**: Prior to acceptance, the end user shall conduct a physical inspection and functionality test. The equipment must be functioning and must have no physical damage and defect. 3.**Training**: The supplier shall provide a training on the proper use and maintenance of the equipment to the end-users and to the hospital
- maintenance staff within 3 days upon the delivery of the equipment.
 4. **Warrant**y: Warranty certificate for two (2) years on parts and service. The supplier shall either repair or replace any item or part in the equipment that is found to be defective in material or in workmanship

The supplier shall either repair or replace any item or part in the equipment that is found to be defective in material or in workmanship under normal use. The warranty period shall commence from the date of acceptance by the end-user after testing and commissioning.

- 5. **Notarized undertaking** that the supplier shall conduct the necessary corrective maintenance within five (5) calendar days upon notification of the equipment breakdown from the end-user. The undertaking shall include a statement that the number of days where the equipment is unusable due to defective material or workmanship, shall be added to the warranty period.
- 6. **Manuals**: The supplier must provide the end-user one (1) hard and one (1) soft copy of the following:
 - a) Service manual in English language
 - b) Operation manual in English language
- 7. With "**DOH-MMCHD HFEP**"(Government Property not for sale) sticker in each unit

Name of Company:	
Address:	
Signature Over Printed Name :_	
Telephone/Fax Number:	
Email:	

Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Description	Quantity	Delivery Site	Delivery Period
2D Echocardiogram/Vascular	1 unit	Health Facilities in	90 calendar days
Machine		The City of	upon receipt of the
		Marikina	Notice to Proceed

Name of Company:	
Address:	
Signature Over Printed Name :_	
Telephone/Fax Number :	
Email:	