

Republic of the Philippines DEPARTMENT OF HEALTH Metro Manila Center for Health Development



SUPPLEMENTAL/ BID BULLETIN NO. 1

IB2024 – 055E PROCUREMENT OF 16 UNITS SYRINGE PUMP

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

Technical Specifications User configurable for at	Query	Response of the End User Unit
least 10 brands, user- defined configuration	User configurable for at least 3 brands user-defined configuration	User configurable for a least 3 user-defined configuration GRANTED
Delivery Accuracy: ±2	Delivery Accuracy: ±2 unit for clarification	Delivery Accuracy: ±2%
Battery operating time: more than 10 hours	Battery operating time: more than 10 hours atleast 6 hours	Battery operating time: more than at least 6 hours GRANTED

Bidders are advised to use the following attached forms and submit them together with all required documents for the submission of bids on the 7^{th} day of August 2024, 9:00 AM:

This Supplemental/Bid Bulletin No. 1 shall be integral to the Bidding Documents. All other provisions indicated in the bidding documents not affected by this Supplemental/Bid Bulletin No. 1 shall remain in effect.

For guidance and information of all concerned.

Issued this 31st day of July 2024 in MMCHD

Approved by:

JEREMIAS FRANCIS Y. CHAN, MD Licensing Officer V / BAC Chairperson



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TECHNICAL SPECIFICATIONS					
Item No. 1	SYRINGE PUMP	Qty./Unit	16 UNITS		
Name of Manu	facturer:		Country of Origin		
Brand:			Model: (if applicable)		
ABC: 1,040,00	0.00		rioden (ir applicable)		
	PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE		
• Screen: Colo • User configu • Syringes s recognition of • Automatic re • Infusion mod • Preset Volum • Measures vo • KVO Rate: up • Purge is avai • Has self-test • Must have an • Titration fu infusion at min • The bolus accumulated a • Have up to a information, start/stop infu • Have autom adjustable • Start remin when power o • Delivery Acc • Visual & aud • Power suppl • Battery type: • Battery opera • Battery chars • Type of shoc - Class I - Type CF - Defibrilla	yringe brands must be compatible with r TFT LCD or better rable for at least 3, user-defined configure electable: 5, 10, 20, 30 and 50/60 syringe size. Ecognition of syringe size and fixation des: Rate mode, Time mode, Body Weighne (VTBI): up to 9999.99ml (increment lume in ml/hr to to 5.0ml/h adjustable, step 0.1ml/h lable depending on syringe size system anti-bolus system nati-bolus system nati-bolus system nati-bolus system nation: Available to change the delivenimum increment of 0.01ml/h accumulation volume and bolus and displayed 2,000 history records, including inform pump status, parameter changing, usion, bolus, alarms, silence atic bolus system, with bolus rate and der function: remember last infusion off uracy: ±2% tible alarm y: 220V, 50/60HZ Rechargeable Lithium battery acting time: more than atleast 6 hours ging time: ≤ 6 hours for 100% to protection:	STATEMENT OF COMPLIANCE			
REQUIREMENT	S, if awarded the contract				
commissioning	Period : The delivery, installation, testing ar of the equipment and its accessories, included	ing the training			

of end-users and maintenance staff must be completed within **60** 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 delivery of the equipment.

4. Warranty:

- a) 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 workmanship under normal use. The warranty period shall commence from the date of acceptance by the end-user after testing and commissioning.
- b) Preventive maintenance at least every six (6) months or according to the manufacturer's recommendations;
- c) Corrective maintenance within five (5) calendar days upon notification from the end-user regarding equipment breakdown/defects.
- d) The number of days where the equipment is unusable due to equipment defects/faults shall be added to the warranty period.
- e) The supplier shall specify post-warranty comprehensive preventive maintenance costs including list and prices of major spare parts of the equipment for three (3) years after the warranty period.
- 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. **Manual**s: 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.

Source of Fund: SAA 2024-02-001002 (HFEP 2024)

Recipient: Taguig-Pateros District Hospital

TECHNICAL SPECIFICATIONS					
Item No. 1	SYRINGE PUMP	Qty./Unit	16 UNITS		
Name of Manufacturer:			Country of Origin		
Brand:			Model (if and in 11)		
ABC: 1,040,000.	00		Model: (if applicable)		
	PURCHASER'S SPECIFICATION		STATEMENT OF COMPLIANCE		
Technical Spec			STATEMENT OF COME LIANCE		
 All general syn 	ringe brands must be compatible with th	e unit			
• Screen: Color	TFT LCD or better				
• User configura	able for at least 3, user-defined configurat	ion			
• Syringes sel	ectable: 5, 10, 20, 30 and 50/60ml	l. Automatic			
recognition of s					
• Automatic rec	ognition of syringe size and fixation				
• Infusion mode	es: Rate mode, Time mode, Body Weight	Mode			
• Preset volume	e (VTBI): up to 9999.99ml (increment 0.0	01 ml)			
Measures volu					
• Rvo Rate: up t	to 5.0ml/h adjustable, step 0.1ml/h				
• Purge is availa	able depending on syringe size				
• Has self-test sy	Anti holya ayataya		V		
Titration fund	anti-bolus system				
infusion at mini	ction: Available to change the delivery	rate during			
The bolus	mum increment of 0.01ml/h				
accumulated and	accumulation volume and bolus rai				
information n	000 history records, including informati				
start/ston infusi	ump status, parameter changing, t ion, bolus, alarms, silence				
 Have automat 	ic bolus system, with bolus rate and pr				
adjustable					
 Start reminder when power off 	er function: remember last infusion c				
• Delivery Accur	acy: ±2%				
• Visual & audib	le alarm				
• Power supply:	220V, 50/60HZ				
• Battery type: R	Rechargeable Lithium battery				
	ing time: more than atleast 6 hours				
Battery charging	ng time: ≤ 6 hours for 100%				
• Type of shock]	protection:				
- Class I					
- Type CF					
- Defibrillation					
	rade: IP23 or better				
• CE & ISO certifi	lea				
REQUIREMENTS.	if awarded the contract				
	riod: The delivery, installation, testing and				
commissioning of	the equipment and its accessories, including	the training			

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