



Republic of the Philippines
Department of Health
METRO MANILA CENTER FOR HEALTH DEVELOPMENT

SUPPLEMENTAL/ BID BULLETIN NO. 1

IB NO. 2024-005E
PROCUREMENT OF 2 UNITS CLINICAL CENTRIFUGE, 24-PLACER
(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:	
ORIGINAL TECHNICAL SPECIFICATIONS	AMENDED
Additional: • With interchangeable rotors	

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 Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.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	CLINICAL CENTRIFUGE, 24-PLACER	Qty./Unit	2 UNITS
Name of Manufacturer:			Country of Origin
Brand:			Model: (if applicable)
ABC: 440,000.00			
PURCHASER'S SPECIFICATION			STATEMENT OF COMPLIANCE
<p>TECHNICAL SPECIFICATIONS:</p> <ul style="list-style-type: none"> • Type: Digital • Rotor rotation speed: 100-4500 RPM • Maximal relative centrifugal force (RCF): 3735 G • Accuracy of rotation speed maintenance: Not more than $\pm 2\%$ • Time range: 1 min to 12 hrs. • Braking levels: 6 levels • rotor rotation speed step: not more than 10 RPM • centrifugal force (RCF) not more than G • Level of noise: no more than 60 db • Working temperature range: 4 p +40 °C • Total allowed imbalance of test tubes: no more than 7g • Power: 220V, 50/60 Hz • Power: not less than 330W • Compliance to Standards: <ul style="list-style-type: none"> - EN61010-2-20 for biological safety seal - The Machine must be FDA approved • Inclusions: <ul style="list-style-type: none"> - Power Cord - Universal rotor for 24 adapters - Rotor key/Emergency Lid Opening key - Rotor Nut and Spacer <p>Add:</p> <ul style="list-style-type: none"> • With interchangeable rotors 			
<p>Requirements if awarded the Contract</p> <p>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 60 calendar days upon receipt of Notice to Proceed.</p> <p>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.</p> <p>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.</p> <p>4. Warranty: 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 under normal use. The warranty period shall commence from the date of acceptance by the end-user after testing and commissioning.</p> <p>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</p>			

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
CLINICAL CENTRIFUGE, 24-PLACER	2 units	Health Facilities in The City of Marikina	60 calendar days upon receipt of the Notice to Proceed

Name of Company: _____

Address: _____

Signature Over Printed Name : _____

Telephone/Fax Number : _____

Email: _____