



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

**SUPPLEMENTAL/ BID BULLETIN NO. 1**

**IB NO. 2024-008E**  
**PROCUREMENT OF 1 UNIT ELECTROLYTES ANALYZER**  
**(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:

<b>Revision and clarification to provisions/specifications in the Bidding Documents:</b>	
<b>ORIGINAL TECHNICAL SPECIFICATIONS</b>	<b>AMENDED</b>
<b>• Sample Size:</b> 95uL	<b>• Sample Size:</b> not more than 95uL
- 5 roll thermal printer paper 38mm x 9m	- 10 roll thermal printer paper 38mm x 9m
- 10 mL Syringe with tapered tip	- at least 2 pcs 10 mL Syringe with tapered tip.

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 Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.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 14<sup>th</sup> 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

<b>Item No. 1</b>	<b>ELECTROLYTES ANALYZER</b>	Qty./Unit	<b>1 UNIT</b>
Name of Manufacturer:			Country of Origin
Brand:			Model: (if applicable)
ABC: <b>400,000.00</b>			
PURCHASER'S SPECIFICATION			STATEMENT OF COMPLIANCE
<p><b>TECHNICAL SPECIFICATIONS:</b></p> <ul style="list-style-type: none"> <li>• <b>Analyzer Type:</b> Stand alone, fully-automated</li> <li>• <b>Analyzer Configuration:</b> 9 configurations</li> <li>• <b>Sample Type:</b> whole blood, plasma, Serum acetate, Bicarbonate Dialysate, aqueous material, prediluted urine</li> <li>• <b>Analysis Time:</b> ≤50 seconds per sample</li> <li>• <b>Sample Size:</b> not more than 95uL</li> <li>• <b>Calibration:</b> <ul style="list-style-type: none"> <li>- auto-calibration every power-on or reset</li> <li>- auto-calibration every measurement</li> <li>- auto-calibration every 4 hours</li> <li>- the analyzer can be programmed to automatically enter standby mode to suspend automatic calibration</li> </ul> </li> <li>• <b>Safety Standards:</b> ANSI Z535, IEC-61010-2-101, IEC 60417 and ISO 7000</li> <li>• <b>Construction:</b> <ul style="list-style-type: none"> <li>- Electrode housing: Transparent Acrylic</li> <li>- Pin connector: silver (Ag), silver chloride (AgCl)</li> <li>- Electrolyte Chamber: airtight with electrolyte solution</li> <li>- Has built-in thermal printer</li> <li>- Thermal printer paper size: 38mm width</li> <li>- Dimensions: Manufacturer's Standard</li> <li>- Display Type: LCD screen</li> </ul> </li> <li>• <b>Accessories:</b> <ul style="list-style-type: none"> <li>- 10 roll thermal printer paper 38mm x 9m</li> <li>- Quad ring: 1.78 x 1.02mm</li> <li>- Fuse set</li> <li>- Sample Probe stylet</li> <li>- at least 2 pcs 10 mL Syringe with tapered tip.</li> <li>- 1 kit of Reagent (At least 300 tests)</li> </ul> </li> </ul>			
<p><b>Requirements if awarded the Contract</b></p> <p>1. <b>Completion Period:</b> 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 <b>60</b> calendar days upon receipt of Notice to Proceed.</p> <p>2. <b>Testing:</b> 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>			



*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.

<b>Description</b>	<b>Quantity</b>	<b>Delivery Site</b>	<b>Delivery Period</b>
<b>PROCUREMENT OF ELECTROLYTES ANALYZER</b>	1 unit	Health Facilities in The City of Marikina	60 calendar days upon receipt of Purchase Order

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Signature Over Printed Name : \_\_\_\_\_

Telephone/Fax Number : \_\_\_\_\_

Email: \_\_\_\_\_