

Republic of the Philippines Department of Health

METRO MANILA CENTER FOR HEALTH DEVELOPMENT

SUPPLEMENTAL/ BID BULLETIN NO. 1

IB NO. 2023-095E PROCUREMENT OF 1 UNIT VISION SCREENER(REBID)

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	
No changes as stipulated in technical specification		

Bidders are advised to use the following attached forms and submit together with all required documents for the submission of bids on June 26, 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 Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.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 16th day of June, 2023 in MMCHD.

SGD.

PRETCHELL P. TOLENTINO, MD, MCHM

Director III / BAC Chairperson

Section VII. Technical Specifications

	Republic of t	the Philippines		
	Departme	ent of Health		
	Metro Manila Center	for Health Developm	nent	
	TECHNICAL SPECI	IFICATIONS		
Item No. 1	VISION SCREENER	Qty./Unit	1 Unit	
Name of Manufac	cturer:	1	Country of Origin	
Brand:			Model: (if applicable)	
ABC 650,000.00				
PURCHASER'S SPECIFICATION			STATEMENT OF COMPLIANCE	
TECHNICAL SPEC	CIFICATIONS:			
• Spherical Equiv	valent Range: at least -7.5 to +7.5 Diopt	ters		
• Cylindrical Ran	ge: at least -3.00 to +3.00 Diopters			
• Pupil Size: 3mn	n to 9mm			
• Gaze Measurem	nent: at least 0 to 20 degrees			
• Autorefract pat	cients of all ages without dilation (6 mo	onths to seniors)		
Measuring dista	ance: at least 3 feet			
• Battery: Litihiu	m Ion battery			
• Dimensions: Ma	anufacturer's Standard			
• Weight: Manufa	acturer's Standard			
• Accessories				
- Power supp	ly and cord			
- Wrist Strap				
- Case				
Requirements if a	awarded the Contract			
commissioning o of end-users and	deriod : The delivery, installation, testing the equipment and its accessories, incommented maintenance staff must be completed at of Notice to Proceed.	cluding the training		

- 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. **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.
- 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

Source of Fund: SAA 2022-08-3617 (ConAp 2022)

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
VISION SCREENER	1 UNIT	Health facilities in Marikina City	30 calendar days upon receipt of the Notice to Proceed.

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