



# JOSE R. REYES MEMORIAL MEDICAL CENTER

Rizal Avenue, Sta. Cruz, Manila

## BAC SECRETARIAT

### SEALED BID

SEALED BID NO.: HBAC-A2-2020-06-0702  
Date: 01 June 2020

Gentlemen:

Please quote your price for item/s indicated below. Price quoted is final, and without condition and inclusive of all taxes. Bid Proposal should be submitted in sealed envelope, properly labelled, indicating the date and Sealed Bid No., not later than 2:00pm of 04 June 2020 at the BAC Secretariat Office and thereafter publicly opened. Any change/erasure must be duly initialed otherwise, the bid shall be disqualified. Attendance of authorized representative is not mandatory on bid opening. In accordance with **Section 53.2 of the Revised Implementing Rules and Regulation of the Republic Act 9184.**

THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, DECLARE A FAILURE OF BIDDING AT ANY TIME PRIOR TO THE CONTRACT AWARD, OR NOT TO AWARD THE CONTRACT, WITHOUT THEREBY INCURRING ANY LIABILITY, AND MAKE NO ASSURANCE THAT A CONTRACT SHALL BE ENTERED INTO AS A RESULT OF THE BIDDING.

For: Emelito O. Valdez-Tan, MD  
Chairman, HBAC-A2

PR No.: 2020-05-2923 (HEMC)

**PLEASE INDICATE BRAND / MODEL IF APPLICABLE**

Qty.	Unit	Description/Particulars	ABC	Unit Price	Total Price
25	Units	<b>CARDIAC MONITOR</b> <b>BRANDED, BRAND NEW</b> <ul style="list-style-type: none"><li>• <b>Display Monitor</b><ul style="list-style-type: none"><li>➤ At least 12 inches size</li><li>➤ Color TFT touch screen</li><li>➤ Capable of displaying 4 to 6 waveforms</li></ul></li><li>• <b>ECG/Cardiac Monitoring</b><ul style="list-style-type: none"><li>➤ ECG waveform display (at least 3 waveforms; Lead I, Lead II, Lead III) and with corresponding beep sound on each QRS waveform</li><li>➤ Heart rate display</li><li>➤ With arrhythmia Analysis, ST Calculation and Pace Analysis</li><li>➤ Lead selection switch</li><li>➤ Sensitivity switch: 2.5 to 20 mm/mV</li><li>➤ Filter switch for interference from<ul style="list-style-type: none"><li>✚ Mains power frequency</li><li>✚ Low and high pass signal</li></ul></li><li>➤ Common Mode Rejection (CMR): more than +100dB</li><li>➤ ECG signal measurement range: -2 mV to +2 mV.</li><li>➤ Frequency range: At least 0.67 to 150 Hz or wider range</li><li>➤ Input impedance: 2.5 MΩ at 10 Hz</li></ul></li></ul>	200,000.00		





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- Frequency response: -3dB at 0.05 Hz to 100 Hz
- Automatic internal data storing for at least 40 ECG records
- ECG leads connector for at least 3-lead patient cable (protection from interference)
- Patient cable with at least 3 leads with electrical screening
- ECG recorder/printer capable of printing at least 4 waveforms simultaneously, Arrhythmia Analysis, ST Calculation and Pace Analysis and heart rate, etc.

#### • Pulse Oximeter

- Hinge finger probe or rubber finger probe and ear sensors for adult, pediatric and infant use. The connection of the probes to the main unit must have locking mechanism.
- Oxygen saturation (SpO<sub>2</sub>): 70 to 99% with minimum graduation of 1%.
- Pulse rate in beats per minute (bpm). Pulse rate range at least 30 to 240 bpm, with minimum graduation of 1 bpm.
- Pulse waveform or indicator that illustrates the strength of pulse being detected.
- SpO<sub>2</sub> limit alarm activation settings.
- Pulse rate limit alarm activation settings
- Alarm sound level adjustment and alarm override and temporary silence control
- Accuracy of SpO<sub>2</sub> measurement:  $\pm 3\%$
- Accuracy of pulse rate measurement:  $\pm 5$  bpm

#### • Temperature Measurement

- Digital thermometer temperature probe
- Body temperature measured at degrees Celsius with measurement

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range of 32 – 43 °C

- Measurement accuracy:  $\pm 0.1$  °C between 35°C to 41°C

- **Non-Invasive Blood Pressure Monitor (oscillometric method)**

- Inflatable rubber cuff surrounded by durable and flexible cover and with Velcro strips
- Rubber tubes with at least 30cm in length
- Systolic and diastolic blood pressure measurement with a maximum pressure reading of 300mmHg
- Reading accuracy:  $\pm 5$  mmHg or better
- Measures blood pressure at least every 10 minutes

- **Respiratory Monitoring**

- Thoracic impedance measurement via ECG leads
- Breaths per minute with measurement range of 0-120 BPM
- Respiratory waveform display
- Measurement accuracy:  $\pm 3$  BPM or better

- **Safety Features**

- Protection against defibrillation and electrosurgical equipment
- Equipment compatible with patients with pacemakers
- Degree of protection against electrical shock: Type CF
- **Alarms** (the equipment must have an alarm setting switch and sound adjustment switch)
  - ✚ Arrhythmia
  - ✚ Ventricular fibrillation
  - ✚ Tachycardia
  - ✚ Bradycardia
  - ✚ Electrode and/or sensor disconnection
  - ✚ High and low SpO2
  - ✚ High and low pulse rate
  - ✚ Sensor failure
  - ✚ Apnea Alarm

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✚ Low battery

- **Power Supply**

- Autovolt at 100 – 240V AC, 60 Hz or 220V, 60 Hz with external Automatic Voltage Regulator (AVR) with at least 1 kVA capacity
- With internal re-chargeable backup battery that can allow the equipment to operate up to 3 hours

- **Mobility**

- Mounted on pole stand or cabinet cart with 4 anti-static and rust-free swivel wheels with two locking brakes cart with brakes.

- **Accessories**

- Protective case
- Two (2) sets of ECG electrodes

- Non-removable embossed DOH letters on the visible part of the equipment

- **IF CENTRAL MONITORING IS REQUIRED BY THE PROCURING ENTITY**

- The Patient Monitor must have a provision for telemetry data transmission for central monitoring

- **Central Station Monitoring System**

- ✚ Display Monitor: Color LED touch screen with resolution of at least 1920 x 1080 pixels and at least 32 inches size

- ✚ Data reception must be through telemetry

- ✚ With licensed Operating System software

- ✚ Capable of receiving and displaying data simultaneously from at least 16 patient monitors

- ✚ Capable of trend review per patient

- ✚ Capable of alarm history review

- ✚ Capable of freezing data





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for further review and analysis

- ✦ Capable of graphic and tabular data trend presentation
- ✦ CPU: at least 2 processors with minimum of 4 cores and 4 threads, minimum of 2.6 GHz
- ✦ RAM: at least 16 GB
- ✦ Video Card: at least 4 GB video RAM
- ✦ Hard drive/storage: at least 2 TB
- ✦ USB ports
- ✦ Licensed Operating System (OS)
- ✦ 220V, 60 Hz
- ✦ Accessories: Keyboard, mouse, external speaker, Automatic Voltage Regulator, laser printer

#### Documentary Requirements:

- Mayor's Permit
- Omnibus Sworn Statement
- Income / Business Tax Return
- Product brochure or technical data sheets of the equipment showing the technical specifications in English Language
- Valid and current Certificate of Compliance of Manufacturer of the Equipment with the latest version of ISO 13485: Quality Management System – Requirements for Regulatory Purposes in the name of the **manufacturer**. The Certificates must be issued by an independent Certifying Body / Agency
- Valid Marketing Authorization, Registration Approval or Free Sale Certificate for the equipment issued by the Health Authority in the Country of Origin.
- Valid Certificate of Distributorship (as first Tier Distributor) issued by the Manufacturer of the Equipment Authorizing the bidder to sell / distribute

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the offered equipment

- List and address of the equipment manufacturer's branch office, sales office and / or distributor's office in any of the following:
  - Western Europe;
  - USA or Canada or;
  - Japan
- Proof (such as sales invoice) that the Brand of the equipment has been sold to other health facilities in the Philippines.
- Notarized Certificate from the Bidder:
  - That the brand of the equipment has been in the local and / or international market for at least ten (10) years.
  - That the equipment and its accessories are brand new, unused, not-discontinued models and were not subjected to any product recall
- Bidder's valid and current License to Operate (LTO) as a medical device distributor issued by the Philippine Food and Drug Administration. In case of expired LTO, the following must be submitted:
  - Copy of expired LTO
  - Application for renewal
  - Official Receipt as proof of payment for the renewal of LTO

**Requirements if Awarded the Contract**  
(Please attach a Certification that the following will be provided / will be followed upon delivery of the item)

- **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 Seven (7) Calendar Days upon receipt of the Notice to Proceed.
- **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.
- **Training:** The supplier shall provide a training on the proper use and maintenance of the equipment to the end-users and to the hospital.
- **Warranty:** Warranty certificate for two





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		<p>(2) years on Parts and on Services. 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> <ul style="list-style-type: none"><li>• Notarized undertaking that the supplier shall conduct the necessary corrective maintenance within five (5) calendar days upon notification of 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.</li><li>• <b>Manuals:</b> The supplier must provide the end-user one (1) hard and one (1) soft copy of the following:<ul style="list-style-type: none"><li>➤ Service Manual in English Language</li><li>➤ Operations manual in English Language</li></ul></li></ul>			
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#### Check Mode of Payment:

\_\_\_ 1. Terms/Deferred Payment

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

\_\_\_\_\_  
Address/TIN No.

**No Clearing time before delivery, No pick-up**

\_\_\_\_\_  
Authorized signature over printed name/ Telephone no.

**NOTE: Signing for these request for quotation, is conforming to our payment terms you check.**

**MAXIMUM DELIVERY PERIOD; WITHIN 7 WORKING DAYS UPON RECEIPT OF NTP**

**HOSPITAL BIDS AND AWARDS COMMITTEE FOR SUPPLIES, MATERIALS & EQUIPMENT**

Chairman

Vice-Chairman

Member

Member

Member

rich/mc