IOSE R. REYES MEMORIAL MEDICAL CENTER



Rizal Avenue, Sta. Cruz, Manila

BAC SECRETARIAT

SEALED BID

SEALED	BID NO.: H	HBAC-A2-2021-04-568
DATE:	April	2021

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 8:30 am on April 2021 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,

> EMELITO VALDEZ-TAN, M.D. Chairman, HBAC-A-2

PR No.: 2021-03-1384 Medical Service

Qty.	Unit	Description/Particulars	ABC	Unit Price	Total Price
Qty.	Unit	CARDIAC MONITOR • Display Monitor > At least 12 inches size > Color TFT touch screen > Capable of displaying 4 to 6 waveforms	ABC	Unit Price	Total Price
5	Unit	 ECG/Cardiac Monitoring ECG waveform display (at least 3 waveforms; Lead I, Lead III) and with corresponding beep sound on each QRS waveform Heart rate display With arrhythmia Analysis, ST Calculation and Pace Analysis Lead selection switch Sensitivity switch: 2.5 to 20 mm/mV Filter switch for interference from Mains power frequency Low and high pass signal Common Mode Rejection (CMR): more than +100dB ECG signal measurement range: -2 mV to +2 mV. Frequency range: At least 0.67 to 150 Hz or wider range Input impedance: 2.5 MΩ at 10 Hz Frequency response: -3dB at 0.05 Hz to 100 Hz Automatic internal data storing for at least 40 ECG records 	170,000.00		

IRRMMC-F-BAC-VB-02 Revision No.: 0

OF

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>	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 (SpO2): 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 gradation of 1 bpm.
- Pulse waveform or indicator that illustrates the strength of pulse being detected.
- > Sp02 limit alarm activation settings.
- Pulse rate limit alarm activation settings
- Alarm sound level adjustment and alarm override and temporary silence control
- Accuracy of SpO2 measurement: ± 3 %
- Accuracy of pulse rate measurement: ± 5 bpm

• Temperature Measurement

- Digital thermometer temperature probe
- Body temperature measured at degrees Celsius with measurement range of 32 43
- Measurement accuracy: ± 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: ± 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

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- Respiratory waveform display
- ➤ Measurement accuracy: ± 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)
 - 4 Arrhythmia
 - Ventricular fibrillation
 - Tachycardia
 - Bradycardia
 - Electrode and/or sensor disconnection
 - # High and low SpO2
 - # High and low pulse rate
 - Sensor failure
 - Apnea Alarm
 - Low battery

Power Supply

- Autovolt at 100 240V AC, 60 Hz or 220V, 60 Hz with external Automatic Voltage Regualtor (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 a pole stand or cabinet cart with 4 anti-static and rust-free swivel wheels with two locking brakes.

Accessories

- Protective case
- Two (2) sets of ECG electrodes
- Non-removable embossed DOH letters on the visible part of the equipment

Documentary Requirements:

- Mayor's Permit
- Omnibus Sworn Statement
- Income / Business Tax Return
- PhilGEPS Certificate

I. Standard Requirements:

- Current and Valid Certificate of Manufacturer's compliance with ISO Certified or its equivalent.
- Current and Valid Certificate of Authorized Distributorship (if not the Manufacturer) and Notarized Certification as Local Distributor

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		•	Philippines since 201		ust be in the			
			User's Manual in Eng	lish Language				
			Service Manual (2 co	pies)				
			Latest Certificate Manufacturer	of Traceability	from the			
		•	Proposed Costing of Calibration Program consumables/access	n for sophisticated	ntenance and d equipment,			
		•	Printing and Etching possible "JRRMMC" space of the equipme	in all equipment) in	n conspicuous			
		II.	Training Requirem Training at least (1) from engineering	two (2) from end-	users and one			
		 III. After Sales Service Bidder's certificate that parts shall be ava authorized Philippine service center/s for of five (5) years after the warranty period 			s for a period			
		IV. Warranty Certificate			and comics			
			 Minimum of two Warranty Certific 	ate for parts and Se				
			J. 1	ection and accep				
		V. Preventive Maintenance and Calibration Free Quarterly preventive Maintenance and Calibrat within the warranty period						
Plo	ease check M			•				
_	1. Terms					Name of C	ompany	
						Address/TIN	I No.	
_	2.Cheque	upon D	elivery (COD)			•		
N	o Clearing t	ime be	fore delivery	Autl	norized signat	ture over prin	ted name/ Te	l No.:
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