



REPUBLIC OF THE PHILIPPINES
 Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
 Nueve de Febrero Street, Mandaluyong City, Philippines
BIDS AND AWARDS COMMITTEE



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SECTION VII
Technical Specifications
IB No. E-006-2024-PB

INSTRUCTION: Bidders must state here either “Comply” or “Not Comply” against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of “Comply” or “Not Comply” must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer’s un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidders statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the provisions of ITB Clause 3.1(a) (ii) and/or GCC Clause 2.1(a)(ii).

Item	Specification	Statement of Compliance	Supporting Documents for the Statement of Compliance <i>(IF APPLICABLE)</i>
1	Supply, Delivery, Installation, Testing, and Commissioning of Brand-New CT Scan Automatic Dual Injector		
	Electrical Requirements 46. Line Voltage: 100 - 220 VAC 2. Supply Frequency: 50 - 60 Hz 3. Maximum Power: at least 160 W		
	FUNCTIONALS 4. Dual Head design dedicated for CT scan examinations 5. Pedestial Type 6. Test Injection mode 7. Built-in contrast warmer 8. Real Time Graph 9. Protocols: 50 10. Scan delay: 0 - 300s 11. Allows independent injection of contrast and saline 12. Allows use of single barrel mode (Contrast only) 13. Capable of synchronization on interface with CT machine		
	14. Compatible with at least 2 brand of syringes (supplier will provide certification and syringes) 15. Safety Features:		
	E. Over flow rate protection F. Over Volume rate protection		

	G. Over Pressure rate protection H. Extravasation detection		
	16. Calculation of contrast injection flow rate and volume through patient data (weight, height, heart rate and contrast volume)		
	Specifications		
	17 Flow rate: 0.1 - 9.9 ml/s		
	18. Auto Filling rate: at least 8 ml/s		
	19. Pressure Limit: at least 300 psi		
	20. Exhaust rate: 1.0 - 9.9 ml/s		
	21. Syringe Volume: at least 1 - 200 ml		
	22. Must be compatible with our existing CT Scan machine (Philips MX16)		
	Accessories		
	23. At least 30 set of syringes 100/200 ml for dual barrel contrast injector with extension tubing (15 each for 2 brands of syringes)		
	24. At least 30 set 100 ml single syringe with extension tubing (15 each for 2 brands of syringes)		
	25. UPS 1500 VA with voltage regulator		
	Warranty		
	26. With three (3) years warranty for parts and services with free quarterly preventive maintenance after end user acceptance. Warranty shall commence upon the acceptance of the end user. The winning bidder shall issue a certificate reflecting the duration of warranty period		
	27. Bidder's certificate guaranteeing the availability on the supply of spare parts ten (10) years from end of production. A certification must be issued by the manufacturer for the bidder		
	28. Quotation of the Preventive Maintenance Cost after the warranty period expires		
	Standard Requirements		
	29. The supplier shall secure a certificate from the manufacturer stating that the equipment is brand new, unused and not a discontinued model or was listed in the market recall. The certificate reflect the brand, model, serial number of the machine, and the date and place it was manufactured.		
	30. The bidder must provide the current and valid certificate of Manufacturer's compliance with ISO 13485.		
	31. Delivery of equipment and all accessories within 30 calendar days upon receipt of Notice to Deliver (NTD).		
	32. The machine should have a US FDA Approval or CE Mark Approval. The bidder shall provide the manufacturer's approved US FDA Premarket Notification (PMN) or 510(k) certificate or CE Mark Approval certificate.		
	33. Certification that the supplier has the capability for corrective and preventive maintenance of the unit. The certificate must be issued by the manufacturer for the bidder.		
	34. Certification from the manufacturer authenticated by the Philippine consulate from the country of origin of		

	the unit that the warranty should not be affected with a change of distributor.		
	35. Certification that the brand and model must be in the local market for a minimum of Five (5) years with at least 3 similar installations in both private and government facilities (at least one tertiary DOH hospital).		
	36. Certification that the bidder is existing in the local market for a minimum of Five (5) year.		
	37. Certification from the supplier will be responsible for the notification, transportation, delivery, installation, acceptance testing and commissioning and expenses for such will be on the account of the supplier.		
	38. Acceptance Procedures and Parameters consist of: Visual and Functional Test.		
	39. Certification that the supplier/bidder shall provide applications training for users and maintenance personnel of the hospital.		
	40. On-house training with certificate for the End-User Familiarization of the operating procedures of the equipment.		
	41. Certification to provide user's Manuals:		
	<ul style="list-style-type: none"> • Two (2) sets of Service Manual in English Language upon delivery of the equipment 		
	<ul style="list-style-type: none"> • Two (2) sets of User Manual in English Language upon delivery of the equipment 		
	42. Current and Valid Certificate of Exclusive Distributorship.		
	43. The manufacturer must have a local office and service center in the Philippines for at least 5 years. Provide a certification from manufacturer.		
	44. 24/7 Technical Support.		
	45. A certification of good performance from at least three (3) tertiary hospital stating the name of facility, address, type of equipment and its model, and the date of delivery must be provided		
CONFORME:			
<i>(Company Name)</i>			
<i>(Name and Signature of Authorized Representative)</i>			