



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 VI

Schedule of Requirements

PUBLIC BIDDING FOR THE SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF BRAND – NEW ELECTROENCEPHALOGRAPH (EEG) MACHINE FOR PAVILION 11- NEUROPHYSIOLOGY LABORATORY CY 2024

IB No. E-008-2024-PB

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Item No.	Description	Qty	Delivery Site			Delivery Period and Terms of Payment
			OFFICE	FACILITY	ADDRESS	
1	<p>PUBLIC BIDDING FOR THE SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF BRAND – NEW ELECTROENCEPHALOGRAPH (EEG) MACHINE FOR PAVILION 11- NEUROPHYSIOLOGY LABORATORY CY 2024</p> <p>SPECIFICATIONS</p> <p>A. Software: EEG System/ Program</p> <p><input type="checkbox"/> Can create significant information and clinical history of the patient</p> <p><input type="checkbox"/> Can perform calibration and bio-calibration in the beginning and end of the recording</p>	1	Neurophysiology Laboratory	Pavilion 11	National Center for Mental Health	<p>a. One-time delivery within thirty (30) calendar days upon receipt of Notice to Deliver</p> <p>b. Terms of payment at least 30 days from receipt of Sales invoice</p>

	<ul style="list-style-type: none"> <input type="checkbox"/> Able to encode/enter notation or comments during the recording 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Montage, filter, sensitivity setting is available during the recording 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Has an ability to check electrode impedance 					
	<ul style="list-style-type: none"> <input type="checkbox"/> End-user is able to create montage and photic stimulation according to their needs 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Availability of high and low cut frequency and notch filter 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Has an EKG display 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Paper speed display must be 10 seconds per page 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Has measurement tool for frequency, amplitude and duration 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Hyperventilation time can be set or update during the recording 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Can create result/report templates 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Automatically archives/save EEG recording 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Can easily review the previously done recording 					
	<ul style="list-style-type: none"> <input type="checkbox"/> Operating System must be a minimum of Windows 10, 64 Bit 					
	<ul style="list-style-type: none"> <input type="checkbox"/> CPU must be a minimum of Intel Core 7, 1 TBB HDD, 8GB Ram" 					

	<p>B. Hardware</p> <p>"<input type="checkbox"/> Amplifier or Jockbox must have at least 32 channels</p>					
	<p><input type="checkbox"/> Has a continuity check of electrodes</p> <p><input type="checkbox"/> Camera must be pan, tilt, zoom IR IP with video program and real time recording</p> <p><input type="checkbox"/> Amplifier or Jockbox must have at least 32 channels</p> <p><input type="checkbox"/> Has a continuity check of electrodes</p> <p><input type="checkbox"/> Camera must be pan, tilt, zoom IR IP with video program and real time recording</p> <p><input type="checkbox"/> Has microphone and speakers</p> <p><input type="checkbox"/> With Photic Stimulator and Amplifier stand</p> <p><input type="checkbox"/> Has 1KV Uninterrupted Power Supply (UPS)</p> <p><input type="checkbox"/> Has trolley or cart with wheels that can cater the PC, printer and UPS"</p>					
	<p>STANDARD REQUIREMENTS:</p> <p>1) Notarized / Certified True Copy (CTC) current and valid certificate of Authorized of Exclusive or Distributorship</p> <p>2) Notarized / Certified True Copy (CTC) current and valid certificate of Manufacturer's</p>					

	<p>compliance with ISO 13485</p> <p>3) Notarized certificate from the manufacturer stating that the equipment is brand new, unused and not a discontinued model or was listed in the market recall.</p>					
	<p>4) Notarized bidder's certificate guaranteeing the availability on the supply of spare parts 10 (ten) years from end of production. A certification must be issued by the manufacturer for the bidder.</p> <p>5) Notarized Certification that the bidder must be in the business in the local market for a minimum of 10 (ten) years.</p> <p>6) Notarized certificate of manufacturer's approved US FDA Premarket Notification (PMN) or CE Mark Approval certificate.</p>					
	<p>7) The winning bidder shall provide current and valid calibration certificate for each equipment during delivery.</p> <p>8) Notarized certification that the supplier has the capability or authority for corrective and preventive maintenance of the unit.</p> <p>9) Notarized certification from the manufacturer authenticated by the Philippine consulate</p>					

	<p>from the country of origin of the unit that the warranty should not be affected with a change of distributor.</p>					
	<p>10) Notarized Certification that the bidder/supplier shall provide a 3 (three) years warranty for parts and services that include corrective maintenance, preventive maintenance, and/or calibration. The warranty shall commence upon the acceptance of the end user.</p> <p>11) Notarized certificate that the bidder must provide preventive maintenance and/or calibration schedule within warranty period.</p> <p>12) Notarized certification that the supplier/bidder shall provide applications training and certification for end users and maintenance personnel of the hospital.</p> <p>13) Notarized / Certified True copy (CTC) of certification to provide Manuals: Two (2) sets of Service Manual in English Language and Two (2) sets of User Manual in English Language upon delivery of the equipment.</p>					

CONFORME:

(Company Name)

(Name and Signature of Authorized Representative)