



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

ITB No. 019-2023

**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
MRM23-01	<b>MANUAL ROTARY MICROTOME</b>	
	<b>SPECIFICATIONS:</b>	
	1. Hand wheel with locking mechanism that can be locked in any position.	
	2. Hand wheel with locking mechanism that can be locked in any position.	
	3. Section thickness indicator.	
	4. Control knob for section thickness setting of 1um to 60um.	
	5. Trimming function to advance the specimen with section thickness settings of 10.0um and 30.0um.	
	6. Universal quick release cassette clamp.	
	7. 2-in-1 blade holder for high-profile and low-profile blade.	
	8. Blade holder with protection guard.	
	9. Blade holder base with lateral displacement function.	
	10. Spacious, integrated section waste tray with anti-static coating	
	11. Clamping lever for blade holder base and for lateral displacement function.	
	12. Tilttable fixture for specimen orientation of at least +/- 8 degrees X/Y.	
	<b>ACCESSORIES:</b>	
	1. At least twelve (12) pieces stainless tissue cassette molds	

	2. At least twelve (12) pieces stainless tissue cassette molds	
	<b>STANDARD REQUIREMENTS:</b>	
	1. Current and valid certificate of manufacturer's compliance with ISO and/or CE certificate or its equivalent	
	2. Certification that the unit being offered shall be brand new	
	3. Certificate of exclusive or authorized distributorship from the manufacturer.	
	4. Certification that the supplier/bidder shall provide applications training for users and maintenance personnel of the hospital.	
	5. Certification that the supplier/bidder shall be responsible for the transportation to site, delivery, installation and testing on the site and expenses for such will be on the account of the supplier/bidder	
	6. Certification that the supplier/ bidder has the capability for the corrective and preventive maintenance of the unit, to include service engineers and technicians.	
	7. Certification to provide users' Manual in English language:	
	a. Operations Manual - 2 copies	
	b. Operations Manual - 2 copies	
	8. Bidder's certification that parts shall be available at the authorized Philippine service center/s for a period of five (5) years after the warranty period.	
	9. Warranty certificate: one (1) year for parts and two (2) years for service from date of delivery, inspection and acceptance.	
	10. Certification that the supplier/ bidder shall provide free installation of the equipment.	
	11. Certification that the brand has been in the local market for at least two (2) years with at least one (1) installation of the equipment in the local market.	
	12. Certification that the brand has been in the local market for at least two (2) years with at least one (1) installation of the equipment in the local market.	
	<b>INSTALLATION SITE:</b>	
	1. To be installed at NCMH Laboratory (Histopathology Unit)	

**Conformed by:**

\_\_\_\_\_  
**Authorized Representative's  
Signature over printed name**

**Date:** \_\_\_\_\_