

# Technical Specifications

Republic of the Philippines Department of Health Center for Health Development 2 Region II Trauma and Medical Center			
Item No. 2	<b>CARDIAC DEFIBRILLATOR</b>	Quantity ABC	1 unit P700,000.00/unit
Name of Manufacturer:		Country of Origin:	
Brand: ( <b>Brand new only</b> )		Model:	
<b>PURCHASER'S SPECIFICATION</b>		<b>SUPPLIER'S SPECIFICATION</b>	
<p><b>I. Description</b>                      Battery-powered multifunctional defibrillator with manual defibrillation, AED, multi-parameter monitoring and non-invasive pacing.</p> <p><b>II. Physical Characteristics</b></p> <p><b>Form and Design</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Main unit without battery and paddle not more than 7.2kg.</li> </ul> <p><b>Display</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>TFT Color LCD at least 7 inches, 800 x 600 minimum resolution</u></li> <li><input type="checkbox"/> At least 4 channels waveform capability</li> </ul> <p><b>Environmental Resistance Protection Rating</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Water: IPX4 minimum</li> <li><input type="checkbox"/> Solid: IP3X minimum</li> </ul> <p><b>III. Functionality and Performance</b></p> <p><b>Functional Capabilities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manual Defibrillation</li> <li><input type="checkbox"/> AED</li> <li><input type="checkbox"/> Multi-parameter monitoring</li> <li><input type="checkbox"/> Non-invasive Pacing</li> </ul> <p><b>Defibrillator Functions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biphasic waveform technology</li> <li><input type="checkbox"/> Power on Time: maximum of <b>3</b> seconds</li> <li><input type="checkbox"/> <u>Charge Time: (fully charged battery) not more than <b>5</b> seconds to 200 joules</u></li> </ul> <p><b>Patient Impedance Range</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 20 to 200 OHM or better for external defibrillator</li> <li><input type="checkbox"/> Manual output energy selection Range:                       1-10, 15, 20, 30, 50, 70, 100, 150, 170, 200 joules  <b>or better</b></li> </ul> <p><b>AED function user configurable</b></p>			

- Default configuration meets at least the 2005 AHA guidelines

### **Monitor Function**

- Temperature  
Range: 0-50 °C  
Resolution: 0.1°C
- NIBP  
Modes: Auto, manual  
Range: 0-300 mmHg  
Pressure Displays: Systolic and diastolic MAP
- IBP  
2 Channels  
Range: -50 to 300mmHg  
PR Range: 25 to 350 bpm
- EtCO2  
Micro stream and side stream capable
- ECG  
12 leads
- Respiration  
Resolution: irpm
- SpO2  
Capable of Masimo and Nilicon SpO2 with or without proprietary SP02

### **IV. Convenience Features**

Adult and pediatric mode with automatic parameter adjustment.

#### **Battery**

- Rechargeable lithium at least 4-5 Ah
- Charge Time: not less than 4 hours to 100%
- With battery capacity indicator (percentage or **bar type**)
- At least 10 hours in monitoring mode

#### **Display Information**

- Heart Rate, Leads/Pads, Alarm on/off, Selected Energy, Delivered Energy or its equivalent, User Prompts and Warnings, Code Readiness Test Results, SpO2, NIBP, ETCO2, Pacer Functions, Code Markers

### **V. Accessories**

- Back-up Battery
- Charger or external charger if applicable

- Adult/pediatric paddles (tandem type)
- Trolley
- Pads
- Connectors and Cables (pedia and adult)
- Protective case/cover

**VI. Quality Certification Conformance**

- ISO 9919 21.102 (Shock and Vibration)
- EN 1789 6.3.4.2 (Ambulance Use)  
6.3.4.3 (Height of Fall - 0.75m)
- IEC 60601-1-2 (EMC)
- EN/IEC 6060-1 (Safety)

**VII. Electrical Requirements**

- 100 to 240 VAC
- 60Hz
- 3 prong electrical cord
- Servo type AVR

**Standard Requirements:**

**A. Supplier must comply with the following conditions:**

- Notarized Certificate of Exclusive or Authorized Distributorship of the principal company of the equipment and the necessary consumables in the Philippines.
- Submit Certificate of Training of the Company Engineer/ Technical Personnel and Product Specialist issued by the Principal or Manufacturer.
- Submit sworn Statement that the company will respond within 24 – 48 hours in case of technical problems or equipment breakdown.
- Submit Sworn Statement that, in case of machine/ equipment downtime, the supplier is given three (3) days for remedial action (repair and/or replacement of spare parts). On the 4<sup>th</sup> day, if the unit is not operational, a back- up machine shall be provided (within the warranty period).
- Warranty: three (3) years free service and two (2) years on parts.
- Quarterly Preventive Maintenance and Calibration within the warranty period.
- Submit Sworn Statement that they have at least five (5) working units installed to tertiary hospital in the country.
- Submit notarized certification of product cycle (expected usable life of equipment)
- Notarized Certificate of availability of spare parts for the next ten (10) years.

**B. The Supplier must submit the following:**

- Three (3) copies of the Operating and Service Manuals in English

<ul style="list-style-type: none"> <li>• Provide list and cost of consumables</li> <li>• Provide electrical requirements for proper operation of the machine.</li> <li>• The manufacturer in coordination with the supplier must provide a comprehensive certification training program for the end – users and biomedical technician without additional cost to the procuring entity. Supplier must submit a comprehensive training module as part of the technical specification which covers product orientation, hands- on training and troubleshooting. The said training must be conducted by a certified product specialist.</li> </ul> <p><b>C. Training / Demonstration</b></p> <ul style="list-style-type: none"> <li>• For end-user on operation of equipment Hospital maintenance engineer/staff</li> </ul> <p>Note: Training for end-users and Hospital maintenance engineer/ED staff must be separately conducted by the Supplier for evaluation.</p> <p><i>Note: To attach PM sticker after every PM conducted.</i></p> <p><b><i>Proposed Delivery Period: 60 calendar days</i></b></p> <p><b><i>For OPD Hemodialysis Clinic Use</i></b></p>	
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I hereby certify that the statement of compliance to the foregoing technical specifications is true and correct, otherwise, if found to be false either during bid evaluation or post qualification, the same shall give rise to automatic disqualification of our bid.

\_\_\_\_\_  
Name of Company/Bidder

\_\_\_\_\_  
Signature over Printed Name of Authorized Representative

\_\_\_\_\_  
Date

# Technical Specifications

Republic of the Philippines  
 Department of Health  
 Regional Office 02  
 Region II Trauma and Medical Center

Item No. 5	<b>ECG MACHINE</b>	Quantity ABC	2 Units P120,000.00 / Unit
Name of Manufacturer:		Country of Origin:	
Brand:		Model:	
<b>PURCHASER'S SPECIFICATION</b>		<b>SUPPLIER'S SPECIFICATION</b>	
<p><b>A. DESCRIPTION OF THE EQUIPMENT</b></p> <ul style="list-style-type: none"> <li>ECG Machine is a primary equipment to record ECG signal in various configurations. With 12 channels with interpretation are required for recording and analyzing the waveforms with a special software</li> <li>For Manual or automatic mode</li> <li>Should have real-time display of ECG waveforms with signal quality indication for each lead</li> <li>Compatible for both adult and pediatric patients</li> </ul> <p><b>B. OPERATIONAL CHARACTERISTICS OF THE EQUIPMENT</b></p> <ul style="list-style-type: none"> <li>Direct connection and print on laser printer - via USB 12-channel ECG for printing and recording from 12 leads with color touch screen</li> <li>Touch screen display <b>at least 5.6"</b> showing 3, 4, 6 or 12 leads</li> <li><b>Minimum</b> screen resolution (dots): 320 x 240</li> <li>Combined alphanumeric and functional keyboard and touch screen buttons</li> </ul> <p><b>C. ECG RECORDING AND PRINTING</b></p> <ul style="list-style-type: none"> <li>Should have an alphanumeric Keyboard for patient data Entry</li> <li>Manual and automatic mode</li> <li>Long ECG recording</li> <li>Simultaneous acquisition from 12 leads</li> <li>Recording speed selection of 25mm/sec and 50mm/ sec with facility for speed selection</li> </ul>			

- Automatic adjustment of baseline for optimal recording
- Should have different filters like Baseline Filter, EMG Filter and AC Filter
- Multiple operating modes- automatic, manual and rhythm- Common Mode Rejection Ratio >90dB
- Real-time and synchronic transmission in automatic mode
- Capable of direct connection of the ECG to a printer (via USB port, independent of PC, print on A4 office paper)
- High-resolution thermal printing array system
- **Built-in printer**

#### **D. STANDARD ACCESSORIES**

The machine should be supplied with:  
power cord, patient cable, user manual and warranty card, Operation Manual with user demonstration **USB**, interpretation manual and 10 Thermal recording paper, 1 gallon of gel with dispensing bottle **per unit**.

- Patient cable
- Chest electrodes Adult- (set of six)- 2 sets
- Chest electrodes Pediatric- (set of six)- 2 sets
- Limb Electrodes- Both adult and pediatric (set of 4)- 2 sets

#### **Power Requirements:**

- Voltage requirement: 220-240 VAC, 60 Hz
- AVR (Automatic Voltage Regulator) SERVO Type with Capacity of 50% Higher than the Actual Power Consumption of the Equipment
- Power Cord should be three (3) prong

#### **Standard Requirements:**

1. Manuals in English Language:

<p>a. Operational Manual-2 pcs (original and photocopy)</p> <p>b. Service Manual- 2 pcs (original and photocopy)</p> <p>2. Training Program:</p> <p>a. For End-Users on equipment operation</p> <p>b. Maintenance staff on trouble-shooting</p> <p>3. Warranty:</p> <p>a. Replace equipment for unit malfunction within 1 year</p> <p>b. Three (3) years warranty on parts and Five (5) years warranty on service</p> <p>d. Twice a year preventive maintenance and annual calibration during warranty period of 5 years.</p> <p><i>End-user: Pedia SICU</i></p>	
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_____	_____	_____
Name of Company/Bidder	Signature over Printed Name of Authorized Representative	Date

# Technical Specifications

Republic of the Philippines  
 Department of Health  
 Center for Health Development 2  
 Region II Trauma and Medical Center

Item No. 6	<b>INFUSION PUMP</b>	Quantity ABC	5 units P 110,000.00/ unit
Name of Manufacturer:		Country of Origin:	
Brand: (Brand new only)		Model:	
<b>PURCHASER'S SPECIFICATION</b>		<b>SUPPLIER'S SPECIFICATION</b>	
<p><b>Power Supply</b></p> <ul style="list-style-type: none"> <li>• AC 100-240V, 60Hz</li> <li>• With an internal lithium-ion battery capable of <b>at least</b> 4 hours of continuous usage</li> <li>• 25-30 VA power consumption</li> <li>• Power source detection with status type</li> <li>• 3 prong socket/power chord</li> </ul> <p><b>Unit weight and mounting</b></p> <ul style="list-style-type: none"> <li>• Maximum weight of 2.2kg</li> <li>• pole mount with clamp, screw type</li> </ul> <p><b>Flow rate</b></p> <ul style="list-style-type: none"> <li>• Minimum flow rate of at least 250ml/hr</li> <li>• Adjustable flow rate compatible with both micro and macro infusion set</li> <li>• Adjustable drip rate</li> </ul> <p><b>Functions</b></p> <ul style="list-style-type: none"> <li>• With alarm functions (occlusions, air-in-line, door, line empty, battery, no flow rate, completion, flow rate abnormalities. AC power connection/disconnection.</li> </ul> <p><b>Safety Functions</b></p> <ul style="list-style-type: none"> <li>• Occlusion detection pressure selection, air-in-line alarm sensitivity selection, tube clamp automatically clamps infusion set when the door is opened, keypad lock function.</li> </ul> <p><b>Convenience functions</b></p> <ul style="list-style-type: none"> <li>• Date and time setting</li> <li>• Selectable LCD brightness</li> <li>• Buzzer volume selection</li> <li>• Standby mode</li> <li>• Drip volume display</li> <li>• Capable of displaying operation history</li> <li>• Night mode</li> </ul>			



**Accessories**

- Drip sensor, AC power cable with plug adaptor, pole clamp

**Compliance to standards**

- IEC 60601-1-2
- **EN 1789:2020**
- IP22

**Standard Requirements:****Supplier must comply with the following conditions:**

- Notarized Certificate of Exclusive or Authorized Distributorship of the principal company of the equipment and the necessary consumables in the Philippines.
- Submit Certificate of Training of the Company Engineer/ Technical Personnel and Product Specialist issued by the Principal or Manufacturer.
- Submit a sworn statement that the company will respond within 24 – 48 hours in case of technical problems or equipment breakdown.
- Submit a sworn statement that, in case of machine/ equipment downtime, the supplier is given three (3) days for remedial action (repair and/or replacement of spare parts). On the 4<sup>th</sup> day, if the unit is not operational, a back- up machine shall be provided (within the warranty period).
- Warranty: three (3) years free service and two (2) years on parts.
- Semi-annual preventive maintenance and Calibration within the warranty period.
- Submit a sworn Statement that they have at least five (5) working units installed in tertiary hospitals in the country.
- Submit a notarized certification of the product cycle (expected usable life of the equipment)
- Notarized Certificate of availability of spare parts for the next ten years.
- Certificate that the machine has passed or conforms to International Standard such as ISO or its equivalent for equipment only.

**The Supplier must submit the following:**

- Three (3) copies of the Operating and Service Manuals in English
- Provide list and cost of consumables
- Provide electrical requirements for proper operation of the machine.
- The manufacturer in coordination with the supplier must provide a comprehensive certification training program for the end – users

and biomedical technicians without additional cost to the procuring entity. The Supplier must submit a comprehensive training module as part of the technical specification which covers product orientation, hands-on training and troubleshooting. The said training must be conducted by a certified product specialist.

**Training / Demonstration**

- For end-user on operation of equipment  
Hospital maintenance engineer/staff

**Note: Training for end-users and Hospital maintenance engineer/ ED staff must be separately conducted by the Supplier for evaluation.**

- Schedule of Preventive Maintenance during Warranty Period

***Note: To attach PM sticker after every PM conducted.***

***End-user: Emergency Medicine Department***

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\_\_\_\_\_  
Date

# Technical Specifications

Republic of the Philippines  
 Department of Health  
 Regional Office 02  
 Region II Trauma and Medical Center

Item No. 11	<b>PEDIATRIC BED</b>	Quantity ABC	3 units P95,000.00/unit
Name of Manufacturer:		Country of Origin:	
Brand:		Model:	
<b>PURCHASER'S SPECIFICATION</b>		<b>SUPPLIER'S SPECIFICATION</b>	
<ul style="list-style-type: none"> <li>• Weight Capacity: at least 75-95 kg.</li> <li>• <b>Preferably with</b> Trendelenburg/Reverse Trendelenburg</li> <li>• One Handed Rail Operation</li> <li>• White/Off-White Powder Coat Finish</li> <li>• Rounded Corners</li> <li>• Rails: approximately                             <ul style="list-style-type: none"> <li>❖ <b>Not more than 2"</b> Space Between Bars</li> <li>❖ Intermediate Stop At 13"-14" <b>or any multi-level side rails</b></li> </ul> </li> <li>• With four (4) IV Pole Receptacles</li> <li>• Litter Positioning:                             <ul style="list-style-type: none"> <li>❖ Fowler (Angles: 0,15,20,30,45)</li> <li>❖ Trendelenburg (Angles: 0,5,10)</li> <li>❖ Fowler (-5 Degrees)</li> </ul> </li> <li>• Height: approximately                             <ul style="list-style-type: none"> <li>❖ Fixed Litter Top</li> <li>❖ Top of Crib: <b>at least 58"</b></li> </ul> </li> <li>• Overall Length: <b>at least 55"</b></li> <li>• Overall Width: <b>at least 30"</b></li> <li>• Casters: at least 5" (13cm)                             <ul style="list-style-type: none"> <li>❖ 2 Locking Casters</li> <li>❖ One Steering Caster</li> </ul> </li> <li>• With Utility Shelf</li> <li>• Oxygen Holder that can accommodate portable tank weighing 15kg.</li> <li>• Latex Free</li> <li>• Must come with one (1) <b>high-density foam mattress with flame retardant and fluid-proof cover, at least 4" thick</b></li> <li>• Additional accessories:                             <ul style="list-style-type: none"> <li>▪ 1 Epoxy-coated IV pole</li> </ul> </li> </ul>			

<ul style="list-style-type: none"> <li>▪ Urine bag holder</li> <li>▪ Backrest with crank</li> </ul> <p><b>Standard Requirements:</b></p> <p>Training / Demonstration</p> <ul style="list-style-type: none"> <li>❖ For end-user on operation of equipment Hospital maintenance engineer/staff</li> </ul> <p><b>Note: Training for end-users and Hospital maintenance engineer/ ED staff must be separately conducted by the Supplier for evaluation.</b></p> <p>Two (2) years warranty on service and one (1) year warranty on parts (to issue certificate)</p> <p>Certification on the availability of spare parts for the next 5 years</p> <p>Schedule of Preventive Maintenance during Warranty Period</p> <ul style="list-style-type: none"> <li>• <b>Delivery Period: 90 calendar days</b></li> </ul> <p><b>Note: To attach PM sticker after every PM conducted</b></p> <p><b>End-user: Emergency Medicine Department</b></p>	
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# Technical Specifications

Republic of the Philippines Department of Health Regional Office 02 Region II Trauma and Medical Center			
Item No. 12	<b>PHOTOTHERAPY LIGHT</b>	Quantity ABC	2 units P155,000.00 / Unit
Name of Manufacturer:		Country of Origin:	
Brand:		Model:	
<b>PURCHASER'S SPECIFICATION</b>		<b>SUPPLIER'S SPECIFICATION</b>	
<p><b>Summary description of the equipment:</b></p> <ul style="list-style-type: none"> <li>• Unit Dimension: Over All: 64-68cm x 36-40cm 48-51 cm Top Light: 49-53cm x 11-14cm x 5-8 cm Bottom Light: 63-66cm x36-40cm x 9-11cm</li> <li>• With top and bottom light</li> <li>• Removable bassinet, made of clear scratch-free plastic, easy to clean</li> <li>• Power Supply - Over voltage/over current protection</li> </ul> <p><b>Physical characteristics or attributes, form and design of the equipment:</b></p> <p><b>Top Light</b></p> <ul style="list-style-type: none"> <li>• With narrow structure for easy observation of patient</li> <li>• Immovable, height is at the most clinically effective</li> <li>• Soft edges</li> <li>• Curved top</li> </ul> <p><b>Bottom Light</b></p> <ul style="list-style-type: none"> <li>• Skewed bottom directs heat off back edge of device</li> <li>• Sturdy thick-walled plastic (3-6mm thick)</li> </ul> <p><b>Control Panel</b></p> <ul style="list-style-type: none"> <li>• With single power button which controls both lights and total device hour display</li> <li>• With single light intensity setting</li> </ul> <p><b>Important Features</b></p> <ul style="list-style-type: none"> <li>• Blue high – power LEDES</li> <li>• Energy saving</li> <li>• Peak wavelength – 455 to 470 nm</li> </ul>			

- Lamp duration – at least 44, 000 hours
- Average spectral irradiance
  - At least  $32 \mu W .cm^{-2} .Nm^{-1}$  (top light)
  - At least  $36 \mu W .cm^{-2} .Nm^{-1}$  (bottom light)
- Effective surface area
  - Top Light – 53-55cm to 24-25cm
  - Bottom Light – 48-50cm to 20-22cm
- Irradiance uniformity ratio
  - Top Light – 0.51
  - Bottom Light – 0.72
- Net weight: At least 13 kg
- Unit dimensions
  - 66-70 cm x 37-38 cm, 49-50 cm (overall dimension)
  - 51-52 cm x 12.5-13 cm x 6-6.5 cm (top light dimension)

**Electrical Requirements:**

1. Power Characteristics - 60 Watts, 100-240 VAC( electrical Voltage in an alternating current circuit), 47/60 Hz
2. At least IPX3 sealing compliant
3. 3 prong power cord (with ground),
4. With AVR
5. Servo Type with 50% more capacity than the requirement of machine

**Accessories Included:**

1. Eye Patch Small
2. Eye Patch Medium
3. Eye Patch Large
4. Battery Back Up Internal - 2h
5. Battery Back Up External - 12h

**Other Terms and Conditions of Acceptability:**

- A. Manuals in English language
- B. Operational Manual – 2pcs (original and photocopy)
- C. Service Manual – 2 pcs (original and photocopy) for end users/hospital maintenance engineers/staff on operation of the equipment

*NOTE: separate training program for end users and hospital maintenance engineers/staff*

- D. Three (3) years warranty of service and two (2) year warranty on parts (to issue certificate)
- E. Preventative maintenance service certificate
  - Quarterly
  - Periodic calibration for three (3) years
  - Issuance of calibration certificate annually during warranty period.

<p>F. Declaration of conformity with ISO/IEC/PNS as issued by the manufacturer</p> <p>G. Certification on the availability of spare parts for the next five (5) years.</p> <p><b><i>Delivery Period: Sixty Calendar Days</i></b></p> <p><b><i>End-user: Nursing</i></b></p>	
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# Technical Specifications

Republic of the Philippines  
 Department of Health  
 Regional Office 02  
 Region II Trauma and Medical Center

Item No. 14	<b>STRETCHER</b>	Quantity ABC	20 Units P250,000.00 / Unit
Name of Manufacturer:		Country of Origin:	
Brand:		Model:	
<b>PURCHASER'S SPECIFICATION</b>		<b>SUPPLIER'S SPECIFICATION</b>	
<p><b>A. Description</b></p> <ul style="list-style-type: none"> <li>• Transport Stretcher made with high-quality materials, light and durable for emergency room use. Stretchers are used easily in the transport of patients to the emergency room.</li> </ul> <p><b>B. Physical Characteristics or attributes, form, and design of the equipment:</b></p> <ul style="list-style-type: none"> <li>• Minimum Load bearing capacity with at least: <b>200 kg</b></li> <li>• Materials: platform made of steel, high-strength aluminum alloy, should be light and durable, easily moved</li> <li>• Side rails:                             <ul style="list-style-type: none"> <li>a. fold down side rails with lock</li> <li>b. with latch releases</li> <li>c. can be operated with one hand</li> <li>d. no hinges</li> <li>e. easy to wipe and disinfect</li> </ul> </li> <li>• Casters diameter: <b>at least 15 cm</b></li> <li>• 5" wheel system</li> <li>• With four-corner IV pole receptacles</li> <li>• Integrated oxygen bottle holder that can accommodate portable tank weighing 15kg.</li> <li>• Mattress: flame retardant, waterproof</li> <li>• Mattress size: <b>appropriate and specifically designed for the stretcher; flame retardant and waterproof, at least 3" thickness</b></li> <li>• Overall length 190 – 230 cm</li> <li>• Overall width: at least <b>76cm</b></li> <li>• Height range                             <ul style="list-style-type: none"> <li>▪ Low 50 – <b>63 cm</b></li> <li>▪ High 85 – <b>95 cm</b></li> </ul> </li> </ul> <p><b>C. Functionality and Performance:</b></p> <ul style="list-style-type: none"> <li>• Head elevation: <b>At least 80 degrees</b></li> <li>• Adjustable foot section</li> </ul>			



- Trendelenburg capability of **15 to 20 degrees**
- Reverse Trendelenburg capability of - 15 to - 20 degrees
- Hydraulic foot pedals for height adjustment on each side of the stretcher with color-coded pedals and function graphics or any equivalent.
- **With radiolucent head section**

#### **D. Safety Features:**

- Brakes on four sides (4 brake & steer pedals); with Push **handles on both sides** and Steering Plus System
- With transport handles
- Restraint strap position
- Integrated transfer board

#### **E. Convenience Features:**

- Easy adjustment features for height, Trendelenburg and adjustment of the head part
- Lock and unlock features of brakes

#### **F. Accessories and Consumables**

- IV Pole with 4 hooks, 2 pieces
- Restraint Strap
- Mattress: **flame retardant, waterproof, appropriate and specifically designed for the stretcher or high-density foam mattress, at least 3" thickness**
- Integrated oxygen bottle holder

#### **G. Electrical Requirements**

- **Not applicable**

#### **H. Quality Certifications Conformance**

- **ISO 13485 (medical devices) compliant.**

#### **Standard Requirements:**

##### **A. Supplier must comply with the following conditions:**

- ❖ Notarized Certificate of Exclusive or Authorized Distributorship of the principal company of the equipment and the necessary consumables in the Philippines.
- ❖ Submit Certificate of Training of the Company Engineer/Technical Personnel and Product Specialist issued by the Principal or Manufacturer.
- ❖ Submit a sworn statement that the company will respond within 24-48 hours in case of technical problems or equipment breakdown.

- ❖ Submit Sworn Statement that, in case of machine /equipment downtime, the supplier is given three (3) days for remedial action (repair/and or replacement of spare parts). On the 4<sup>th</sup> day, if the unit is not operational, a back-up machine shall be provided (within the warranty period).
- ❖ Warranty: three (3) years free Service and (2) years on parts.
- ❖ Quarterly Preventive Maintenance and Calibration within the warranty period.
- ❖ Submit Sworn Statement that they have at least five (5) working units installed in tertiary hospitals in the country.
- ❖ Submit notarized certification of product cycle (expected usable life of the equipment)

I. Notarized Certificate of availability of spare parts for the next ten (10) years.

**B. The Supplier must submit the following:**

- ❖ Three (3) copies of the Operating Service Manuals in English
- ❖ Provide list and cost of consumables.
- ❖ Provide electrical requirements for proper operation of the machine/Equipment.
- ❖ The manufacturer in coordination with the supplier must provide a comprehensive certification training program for the end-users and biomedical technicians without additional cost to the procuring entity. The supplier must submit a comprehensive training module as part of the technical specification which covers product orientation, hands-on training, and troubleshooting. The said training must be conducted by a certified product specialist.

**C. Training / Demonstration**

- ❖ For end-user on the operation of equipment hospital maintenance engineer/staff

Note: Training for end-users and Hospital maintenance engineer/ ED staff must be separately conducted by the Supplier for evaluation.

***Note: Attach PM sticker after every PM conducted.***

<b><i>Proposed Delivery Schedule: Ninety (90) Calendar Days</i></b>	
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I hereby certify that the statement of compliance to the foregoing technical specifications are true and correct, otherwise, if found to be false either during bid evaluation or post qualification, the same shall give rise to automatic disqualification of our bid.

_____ Name of Company/Bidder	_____ Signature over Printed Name of Authorized Representative	_____ Date
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# Technical Specifications

Republic of the Philippines Department of Health Regional Office 02 Region II Trauma and Medical Center			
Item No. 15	<b>VIDEO LARYNGOSCOPE, HANDHELD</b>	Quantity ABC	2 units 150,000.00/unit
Name of Manufacturer:		Country of Origin:	
Brand:		Model:	
<b>PURCHASER'S SPECIFICATION</b>		<b>SUPPLIER'S SPECIFICATION</b>	
<ul style="list-style-type: none"> <li>• Applicable for neonates to adult patients</li> <li>• With stainless and polycarbonate blades: sizes:                             <ul style="list-style-type: none"> <li>○ Macintosh: 1-4</li> <li>○ Miller: 0</li> <li>○ D Blade</li> </ul> </li> <li>• Soaking method for sterilization with Cidex</li> <li>• Handle adapts to Miller, Macintosh and Difficult airway blades</li> <li>• Camera:                             <ul style="list-style-type: none"> <li>○ With Antifog property</li> <li>○ High resolution: not less than 1280*720px</li> <li>○ With image-video function</li> <li>○ With USB port for storage</li> <li>○ Micro SD card 8GB</li> <li>○ Wide LCD display not less than 3 inches</li> <li>○ Rotation not less than 130 degrees</li> </ul> </li> <li>• Battery:                             <ul style="list-style-type: none"> <li>○ Rechargeable lithium battery</li> <li>○ Long working time 4-6 hours</li> <li>○ Charging time not more than 2 hours</li> <li>○ With micro USB charging port</li> </ul> </li> <li>• Has power adaptor:                             <ul style="list-style-type: none"> <li>○ Input of 210 volts</li> <li>○ Output: 5 volts</li> </ul> </li> <li>• Lightweight preferable not more than 300grams <b>with blade</b></li> <li>• Warranty: 2 years</li> </ul> <p style="color: red; margin-top: 10px;"><i>End-user: OB Gyne</i></p>			

I hereby certify that the statement of compliance to the foregoing technical specifications are true and correct, otherwise, if found to be false either during bid evaluation or post qualification, the same shall give rise to automatic disqualification of our bid.

Name of Company/Bidder	Signature over Printed Name of Authorized Representative	Date
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