

MP Public Health Services Corporation Limited

Pre-bid Queries of Tender Ref No: 30/MPPHSCL/MCH Equip (2)/2015 dated 27/05/2015 List-2 of MCH Equipments

Sr No	Item	Clause/Query	Clarification
1.	1. Split Air Conditioner 1.5 Tonne	Requested to specify/consider 100% indoor & outdoor units of Split AC of 1.5 ton. Also to mention refrigerant leakage detector for efficient performance of unit and reducing after sales service problems .In copper units repair is possible &100% Copper AC units are more durable for Hospitals.	Accepted. Wall mounted 5 star 1.5 ton Split AC is required. Copper pipe fitting for installation should be of min 12 feet length .Power Cable with plug should also be provided by the supplier.
2.	63.Drinking water cooler with RO	Requested to reduce storage capacity from 150 litres with same cooling capacity which are feasible and available in market	80 litres storage and 40 lit/hour water cooling capacity.
3.	Diesel power generator 65 KV	Asked to reduce to radiator/Liquid cooled generators	No change
		Warranty on Page 53 and page 35 is different	May be read as 3 years Warranty with 3 years CMC
		62.5KVA instead of 65 KVA	Could be kept as 65 KVA \pm 10% capacity to have more competition.
		Synchronising panel only applicable in H class rating gensets	Is optional anyway.
		62.5 KVA Comes only in Kirloskar	Suggested as above.
		Room is not required	Shed is also acceptable to protect from Direct weather
		AMF should be demanded	Accepted DG should be with AMF
		CE/USFDA 21CFR	CE/USFDA 21CFR is a certification while SGS & IRS are Inspecting agencies-No change
		Inspection For payments	Cost inclusive Inspection certificate from third party, installation of machine with atleast 80% efficiency with installation certificate and Work completion certificate with a clear invoice as per Purchase order and its terms are required. Earlier work orders and invoices are asked in performance certificate with good

			working certificate from end users to assess the performance during evaluation of bids.
		Tender validity	Minimum 180 days validity is required
		certificate of incorporation	Formation of the company (manufacturer),Country of origin for importers to declare
		Section XII,XVI and XVII page 50,57,58	Manufacturer not to submit Sec XII(page 50) but importer and Indian Subsidiary need to submit-manufacturer's Authorization Form. Consignee receipt is on delivery Section XVI Section XVII is after commissioning and installation of equipment/plant.(page 57,58)
4	SSI firms	No change	Please go through clause 35.3 SSI units are free to participate.
5.	Sr No 14 Oxygen concentrator-Dual Patient	Suggested output pressure -6-10 psi or Outlet pressure should be 20 psi based on Atmospheric pressure	For SNCU 6-10 Psi is acceptable.
6.	Item no 57 Ventilator (Indentor to comment	Should be FDA/European CE approved 3.1 Imported hinged arm holder for holding the circuit 3.3 asked to add in e)Simultaneous view of 3 waveform and 2 loops Automatic compliance & Leakage compensation for circuit and ET Tube 3.6 a) Tidal volume (to specify 2ml to 2000ml) for new born preterm to Adult patient category d) Respiratory rate(to specify range 2 to 150 bpm) j) PressureTrigger 0.5 to 15 and flow trigger 0.5 h) Plateau Prssure –To add tracheal pressure monitoring f) Inverse Ratio Ventilation to add;or equivalent 3.11 c.Sponteneous breathing trial to add: or equivalent as many ventilator has same calculation	Accepted USFDA/European CE approved with conformity certificate revealing model number under Risk class IIb 3.1 No change 3.3 No change. 3.6a) no change/not accepted d) No change j) No change h) No change f) No change 3.11c No change 3.16 Without compressor 3.17 Read as RS 232C 4.5 Servo Controlled Humidifier

		<p>with diff name</p> <p>3.16 Battery backup for min 30 min (for ventilator) To add: with compressor or without compressor</p> <p>3.17 RS 323 C to add as: RS 323 C/232</p> <p>4.5 Requested to add USFDA for humidifier</p>	<p>should be US FDA or European CE certified.</p>
7.	Item no 9 Central Monitoring System	<p>2.1 Specify quantity of monitors required with central Station</p> <p>2.2 Is printing on each monitor required or at central station?</p> <p>3.7 Specify standard Parameters and optional parameters</p> <p>3.10 NMT Module should be quoted as optional or standard</p> <p>3.11 EEG module is standard or optional</p> <p>3.21 Should we quote Price for communication with information system as optional.</p> <p>3.22 include laser printer and dual channel strip chart recorder. This is for Central Monitoring system or patient monitors?</p> <p>2.1 ICU should comprised of monitors at the bedside and with</p>	<p>2.1 At least 5 nos. monitors with each central station. Price should be quoted separately for monitors & Central Station..</p> <p>2.2 Printing is required with Central Station, not with individual monitors.</p> <p>3.7 As applicable standard parameters must be covered.</p> <p>3.10 NMT module is optional, price to be quoted in a separate sealed envelope along with Technical Bid.</p> <p>3.11 EEG module is optional, price to be quoted in a separate sealed envelope along with Technical Bid</p> <p>3.21 Optional to be quoted as above.</p> <p>3.22 Price should be inclusive of laser printer</p> <p>17" inches multi-coloured TFT display screen for Central Monitor</p> <p>Multipara Monitor should be Modular</p> <p>Facility to monitor and display - ECG, Respiration, NIBP, SpO2, Temp. atleast with monitor having at least 12" or above TFT screen.</p>

		<p>central station</p> <p>3.1 Minimum 15 inches multi-coloured TFT display screen</p> <p>Combination of single, dual and multi-parameter modules</p> <p>Parameter modules freely exchangeable between all the monitors.</p> <p>Facility to monitor and display - ECG, Respiration, NIBP, SpO2, CO2 with capnography, Temp, Cardiac output(optional), NMT(Optional), BIS/Entropy(optional), EEG (optional)& IBP.</p> <p>NMT Module/monitor: For measurement and display of TOF count, TOF %, ST, DBS, Tetanic and Trend for continuous usage. Automatic measurement facility in selected time interval. Automatic selection of supramaximal current. Include standard accessories</p> <p>EEG Module with all accessories.</p> <p>Central station for bedside monitors with independently controlled . 17" multi colour TFT Monitor, complete with Ethernet LAN cabling , alarm management, 72 hours trending, bed to bed viewing of waveforms and remote alarm management like silencing of alarms etc.(OPTIONAL)</p>	<p>Yes. NMT and other optional Modules to be quoted optional as explained above.</p> <p>Read as: Facility to monitor and display - ECG, Respiration, NIBP, SpO2, CO2 with capnography (optional), Temp, Cardiac output(optional), NMT(Optional), BIS/Entropy(optional), EEG (optional)& dual channel IBP.</p> <p>EEG Module is optional.</p> <p>17" multi colour TFT Monitor size is of Central Monitor and 12" or more is of Multipara Monitor.</p> <p>Deleted</p> <p>Laser printer with Central station is</p>
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8.	15.Warranty and CMC	<p>The warranty shall remain valid for 24 months from the date of installation & commissioning except for the following,</p> <p>b. No conditional warranty like mishandling, manufacturing defects etc. will be acceptable.</p> <p>Warranty as well as Comprehensive Maintenance contract will be inclusive of all accessories and Turnkey work.</p>	<p>To be read as- The warranty shall remain valid for 36 months from the date of installation & commissioning except for the following,</p> <p>b. No conditional warranty <i>of the instrument that it is free from all defects in materials and workmanship.</i></p> <p>Warranty as well as Comprehensive Maintenance contract will be inclusive of all accessories and</p>

			Turnkey work
9.	Item no 46 Portable X-ray (Amendment requested by Allengers on three points-indenter to comment)	<p>4 Cassette storage facility for all size cassettes along with cassettes screen 15" x 12" =4 Nos., 12" x 12" = 4 nos., 12" x 10"= 4 nos., 10" x 8" = 4 Nos (800 speed cassettes)</p> <p>3 Microprocessor controlled high frequency, output 15 kW or above.</p> <p>Exposure release switch should be detectable with a cord of sufficient length minimum 30 meters as per IRCP recommendation.</p>	<p>An integrated lead lined cassettes is provided. One box required.</p> <p>For Portable /Mobile 60 mA x ray machine output power 3-4 KW is sufficient.</p> <p>A hand switch with dual action for exposure release with retractable cord of length 3 meters is provided for radiation protection to operator.</p>
10	Item no 39 Mammography Unit (indenter to comment as acceptable/no change or not acceptable for each point)	<p>7.1 Should be FDA or CE</p> <p>2.2 Amaorphous</p> <p>2.1 attached swivel system</p> <p>3.1 The ios centric movements should be motorized .the patient Compression device should have automatic multispeed variable compression system which senses the breast density and adjust the compression force</p> <p>3.2 Exposure time:0-700ms</p> <p>3.3 Pixel Size:70μ or less</p> <p>3.5 A high resolution image of 20 lp/mm should be possible with stereo tactic system</p>	<p>7.1Should be FDA or European CE</p> <p>2.2 It should be Amorphous selenium .Preferred word deleted.</p> <p>2.1 "Swivel" word be replaced with "rotation"</p> <p>3.1 Should be generalized as" motorized compression with fine manual adjustments of compression force is provided for different breast density.</p> <p>3.2 Exposure time is 0.005 to 15 sec normally. Requested change accordingly.</p> <p>3.3 It should be 100 μm OR less for open participation.</p> <p>3.5 Resolution is linked with detector not with biopsy.Please</p>

			change accordingly.
11	58. Ventilator Neonatal	<p>3.1 Request to make 12" presently 10 inches or more</p> <p>3.3 a) Tidal volume Asked to add range 2ml-1000ml</p> <p>j) Inspiration trigger sensitivity to flow & pressure Requested to specify range Pressure Trigger 0.5 to 15 cm H2O and flow</p> <p>3.4 h) Rapid Shallow Breathing Index (Says not applicable)</p> <p>3.5 e) CPAP/PEEP (0-30 CM H2O) Requested to add "Nasal CPAP with continuous flow – preferred for infants)</p> <p>g) PRVC Requested to add TCPL with constant flow Mode</p> <p>3.8 Request to delete 3.8 a) intrinsic Peep and b) Occlusion Pressure as same is not required in neonatal</p> <p>4.2 Humidifier Asked to add "USFDA approved"</p> <p>4.9 Filter paper for humidifier for 100 uses -01 –Says- Not used</p>	<p>3.1 Screen size 10" or more</p> <p>3.3a) Tidal volume: 2 ml to 350 ml or more</p> <p>j) No change</p> <p>3.4 h) Yes, required</p> <p>3.5 e) No change</p> <p>g) No change</p> <p>3.8 a) and b) Yes, required.</p> <p>4.2 Servo controlled Humidifier with heating wire- European CE or US FDA approved</p> <p>4.9 Yes, required.</p>

Please Note:1) For Item no 11 List 2 MCH for computers printers and UPS (as per specification given with one year internet connection with Smart Wireless Phone connecting upto 8 Wi-Fi devices) is increased in quantity by 1215 sets for 1215 Drug Distribution Centers as per specifications approved and accepted by CDAC.