



Republic of the Philippines
Department of Health
Regional Office No. XI
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Avenue, Davao City



TECHNICAL SPECIFICATIONS

LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS

(Name of Project)

Instructions:

Bidders must state in the column under **Statement of Compliance** the word 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” 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).

Bidder may submit offer which provides for superior specifications and /or better terms and conditions to the government at no extra cost. However, these shall not be given any bonus, credit or premium in the bid evaluation

Prepared by Technical Working Group

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<i>Item</i>	<i>Procuring Entity's Specification</i>	<i>Bidder's Specification as Technical Offer</i>	<i>Statement of Compliance</i>
<u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<p>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</p> <p>FORTY FIVE (45) PREMIUM MECHANICAL VENTILATORS Usable for acute care of all age groups (neonate, infant, pediatric and adult)</p> <p>Patient Circuit Type: Adult/Pediatric/Neonatal Display: Crystal Display Touch Screen</p> <ul style="list-style-type: none">○ At least 22" colored touch screen <p>Pneumatic Gas Sources:</p> <ul style="list-style-type: none">○ Compressed Air: 35 to 100 Psi○ Oxygen: 35 to 100 Psi <p>Pneumatic Specification</p> <ul style="list-style-type: none">○ Maximum limited pressure: at least 127.5 cmH2O (125 hPa)○ Maximum Working pressure: at least 100 cmH2O (98.1 hPa)○ Exhaled tidal Volume Range: at least 0 to 6,000 mL○ Total minute volume range: at least 0 to 9.99 L <p>Alarm Volume: 45 dbA to 85 dbA Connectors:</p> <ul style="list-style-type: none">○ Inspiratory limb connector: ISO 22-mm conical male		

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<i>(Continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">○ Expiratory limb connector (on expiratory filter): ISO 22-mm conical male○ Air and oxygen inlets: DISS male, DISS female, NIST, Air Liquide, or SIS fitting (depending on country and configuration) Back Up Power Source (Battery) <ul style="list-style-type: none">○ Back Up Battery time: 2-4 hours○ Dimension:<ul style="list-style-type: none">- Height: at least 3.25" (8.3cm)- Width: at least 9.6" (24.4cm)- Depth: at least 10" (25.4cm)- Weight: 14.6 lbs (6.6 kg) Mounting : Cart <ul style="list-style-type: none">○ Dimension:<ul style="list-style-type: none">- Height: 39.3" (99.8cm)- Width: 22.9" (58.2cm)- Depth: 23.7" (60.2cm)- Weight: 35.2 lbs (15.5kg) Modes <ul style="list-style-type: none">○ Assist/Control (A/C)○ Synchronous Intermittent Mandatory Ventilation (SIMV)		

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<i>(Continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">○ Spontaneous○ Bi-Level Software Options <ul style="list-style-type: none">○ Neonatal mode with N-CPAP○ Leak Compensation○ Tube Compensation○ Bi-Level○ Volume Ventilation Plus (Volume Control Plus Volume Support)○ Proportional Assist Ventilation Plus○ Respiratory Mechanics○ Trending Mandatory Breathe Types <ul style="list-style-type: none">○ Volume Control (VC)○ Pressure Control (PC)○ Volume Control Plus with Volume Ventilation Plus option Spontaneous Breathe Types <ul style="list-style-type: none">○ Pressure Support (PS)○ Volume Support (VS)		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">○ Proportional Assist (PA)○ None Vent Type: <ul style="list-style-type: none">○ Invasive○ Non-Invasive Trigger Type: <ul style="list-style-type: none">○ Pressure Triggering○ Flow Triggering Ventilator Settings <ul style="list-style-type: none">○ Ideal Body Weight (IBW): 7.7 to 330.7 lb (3.5 to 149 kg); 1.1 to 330.7 lb (0.5 to 149 kg) with Neonatal Mode○ Tidal Volume: as low as 2 ml/min. (as low as 300 grams body weight)○ Pressure Support: 0 to 70cm H₂O○ Rise Time %: 1% to 100%○ Expiratory Sensitivity: 1% to 80%; 1 L/min to 10 L/min with PAV + Tidal Volume: 25 to 2,500 mL, 5 to 315 mL with Neonatal Mode		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">○ Peak Inspiratory Flow: 1.0 to 30L/min with NEONATAL Patient Circuit, 3.0 to 60L/min with PEDIATRIC Patient Circuit and 3 to 150L/min with ADULT Patient Circuit○ PEEP: 0 to 45cm H₂O○ Flow pattern: Square or Descending Ramp○ Inspiratory Pressure: 5 to 90cm H₂O○ Inspiratory Time: 0.2 to 8.0s○ O₂?: 21 to 100%○ Plateau Time: 0.0 to 2.0s <p>Alarm Settings</p> <ul style="list-style-type: none">○ Apnea Interval○ High Circuit Pressure Limit: 7 to 100cm H₂O○ High exhaled minute volume: 0.1 to 99.9l or OFF○ High exhaled tidal volume: 50 to 3000ml or Off, 5 to 300ml or OFF with Neonatal Mode option○ High respiratory rate: 10 to 110/min or OFF○ High inspired mandatory tidal volume○ Low exhaled mandatory tidal volume: 5 to 2500ml or OFF, 1 to 300ml or OFF for neonatal mode.		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">○ Low Circuit Pressure Alarm Limit○ O₂ Sensor Monitored (Patient) Data <ul style="list-style-type: none">○ Breath Type○ Delivered O₂%○ End Expiratory Pressure○ End Inspiratory Pressure○ Exhaled Minute Volume○ Exhaled Tidal Volume○ I:E Ratio○ Intrinsic PEEP○ Mean Circuit Pressure○ Peak Circuit Pressure○ Plateau Pressure○ Rapid Shallow Index○ Spontaneous Inspiratory Time○ Spontaneous Minute Volume○ Spontaneous Percent Inspiratory Time○ Static Compliance		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">○ Static Resistance○ Total PEEP○ Total Respiratory Rate Integral Waveforms function <ul style="list-style-type: none">○ Pressure-time curve○ Flow-time curve○ Volume-time curve○ Pressure-Volume Loop○ Flow-Volume Loop○ All waveforms can be frozen.○ Adjustable baseline and vertical/horizontal axis scales. <ul style="list-style-type: none">● Event and Alarm Logs● Trending Function● 53 parameters monitored over a 72 hr period ACCESSORIES: <ul style="list-style-type: none">● Flex Arm● Inspiratory Filter● Active Exhalation Filter● External Nebulizer: AERONEB Nebulizer		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	ELECTRICAL SPECIFICATION Input Mains Voltage: 220-240Vac, 50/60Hz Max Current: 4.1A or less Power Consumption: 943VA or less IEC 601-1 classification: Protection class I, Type B, internally powered, drip-proof equipment, continuous operation. FIVE (5) HIGH FREQUENCY OSCILLATORY MECHANICAL VENTILATOR <ul style="list-style-type: none">• Modes<ul style="list-style-type: none">○ Assist/Control (A/C)○ Synchronous Intermittent Mandatory Ventilation (SIMV)○ CPAP/ N-CPAP○ APRV○ HFO○ Standby• Breathe Types<ul style="list-style-type: none">○ Pressure Control○ Volume Control○ HFO		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">• Trigger Type:<ul style="list-style-type: none">○ Pressure Triggering○ Flow Triggering• Ventilator Settings<ul style="list-style-type: none">○ Inspiratory Pressure: 5-80cmH2O○ Inspiratory Time: 0.1-3.0s○ Tidal Volume: 2-300mL○ Breathe Rate 1-150bpm○ PEEP/CPAP: 0-30cmH2O○ Frequency: 5-17Hz○ Oxygen Saturation: 21-100%○ Flow Pattern: Square/Descendent• Alarm Settings<ul style="list-style-type: none">○ High Inspiration Pressure○ High Tidal Volume○ High Breathe Rate○ Apnea○ High FiO2• Patient Data Monitoring<ul style="list-style-type: none">○ Peak Inspiratory Pressure (PIP)		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">○ PEEP/CPAP○ Oxygen Percent○ Mean Airway Pressure○ I:E Ratio○ Tidal Volume○ Total Breathe Rate● With Monitoring Data and Waveforms● Color Touch Screen Display● Power<ul style="list-style-type: none">○ 100-240V 50/60Hz SIX (6) TRANSPORT MECHANICAL VENTILATORS Patient range of 5 kilograms to adult Modes <ul style="list-style-type: none">○ Assist/Control (A/C)○ Synchronous Intermittent Mandatory Ventilation (SIMV) with or without pressure support○ CPAP (NPPV/PPV) with or without pressure support		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	Breath type: volume and pressure Ventilator settings <ul style="list-style-type: none">○ Tidal volume of 50-1500 ml○ RR of 1-60 BPM○ Inspiratory time of 1.1-1.99.9○ FiO2 of 21-100%○ PEEP of 0-25 cmH2O○ Peak Inspiratory Time of 10-30 mcH2O○ Trigger sensitivity of 0.5 to 6.0 cmH2O Oxygen Input Pressure of 55 PSIG Safety specifications <ul style="list-style-type: none">○ Airway pressure high limit of 200-100 cm H2O, low limit off 3-35 cmH2O○ BPM High alarm limit off of 2-60, low alarm limit of 2-40○ With LED Status/Alarm indicators Battery operating hours of not less than 10 hours Weight of not more than 5 kilograms		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	Other terms & conditions of acceptability: 1. The equipment must be a BRAND NEW unit and under warranty including spare parts during the five year contract period. Supplier must bind itself to conduct preventive maintenance on a quarterly basis at its own expense (including labor and cost of spare parts in compliance) with SPMC ISO and CQI Standards. 2. All machines must be manufactured by a known and reputable company with Certificate of Good Manufacturing Practice (GMP), TUV or ISO or its equivalent for equipment only. 3. The equipment / machine must be able to comply with its installation and operation qualification which would be conducted in the presence of a Biomedical Technician, End-user and the Company Engineer. 4. In line with the ISO standard requirement, the engineer must be capable of conducting annual calibration and the issuance of certificate for the said calibration based on the following data: a. Reference standards b. National Institute of Standards and Technology traceability		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<ul style="list-style-type: none">c. Reference valuesd. Validity periode. Uncertainty of measurement <p>5. Supplier must comply with the following conditions:</p> <ul style="list-style-type: none">a. Must be the exclusive or authorized distributor of the principal company of the equipment and the necessary consumables in the Philippines.b. Submit Certificate of Training of the Company Engineer / Technical Personnel and Product Specialist issued by the Principal or Manufacturer.c. Provide company response within 24 – 48 hours in case of technical problems or equipment breakdown.d. In case of machine downtime, the supplier is given three (3) days for remedial action (repair and or replacement of spare parts). On the 4th day, if the unit is not operational, a back-up machine shall be provided (within the warranty period).		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	<p>6. The principal in coordination with the supplier must provide a comprehensive certification training program preferably onsite 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.</p> <p>7. Supplier shall provide three (3) operating manuals and three (3) service manuals in English language.</p> <p>8. Scheme of payment is LEASE and rental fee must be divided to sixty (60) equal monthly installments.</p> <p>9. Supplier must provide at least three (3) technical personnel on an 8-hour shifting schedule for 24 hours to assist the cardiopulmonary services staff in operating, maintaining and troubleshooting the equipment.</p> <p>10. Price increase shall be considered only under extraordinary circumstances and must be in accordance with Rule XIX, Section 61 of the Implementing Rules and Regulations of RA 9184. Refer to GCC and SCC of the bid documents.</p>		

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<i>(continuation)</i> <u>LEASE OF FIFTY (50) PREMIUM MECHANICAL VENTILATORS</u>	15. Cost of damages on the existing facility that will be incurred during delivery and installation of all equipment will be shouldered by the supplier. 16. The Southern Philippines Medical Center has the right to terminate the contract for any violation in the terms and conditions stated in the technical specification and other reasons as stated in the General Conditions of the Contract.		

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