

Section III: Returnable Bidding Forms

E sourcing reference: SUPPLY OF ULTRA-PORTABLE DIGITAL X-RAY MACHINE - ITB/2022/40407

This Section comprises the following Returnable Bidding Forms:

- Form A: Joint Venture Partner Information Form (If applicable)
- Form B: Bid Submission Form
- Form C: Price Schedule Form
- Form D: Technical Bid Form
- Form E: Performance Statement Form
- Form F: One UNOPS Vendor Profile Form (To be submitted if the bidder has not been supplied to UNOPS before)

Form A: Joint Venture Partner Information Form (If applicable)

[The Bidder shall fill in this Form in accordance with the instructions indicated below].

E sourcing reference: SUPPLY OF ULTRA-PORTABLE DIGITAL X-RAY MACHINE - ITB/2022/40407

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

JV / Consortium/ Association Information	
Name	[complete]
Names of each partner and contact information (address, telephone numbers, fax numbers, e-mail address)	[complete]
Name of leading partner (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution)	[complete]
Proposed proportion of responsibilities between partners (in %) with indication of the type of the goods/services to be delivered by each	[complete]

Signatures of all partners of the JV:

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Contract.

Name of partner: _____

Name of partner: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Name of partner: _____

Name of partner: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Form B: Bid Submission Form

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

Subject: Bid for the supply of Ultra-Portable Digital X-ray Machine in Myanmar,

E sourcing reference: ITB/2022/40407, dated [insert date]

We, the undersigned, declare that:

- a. We have examined and have no reservations to the bidding documents, including amendments No.: [Insert the number and issuing date of each amendment];
- b. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
- c. The total price of our bid, excluding any discounts offered in item (d) below, is: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
- d. The discounts offered and the methodology for their application are:
 - **Discounts:** If our bid is accepted, the following discounts shall apply. [Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]
 - **Methodology of application of the discounts:** The discounts shall be applied using the following method: [Specify in detail the method that shall be used to apply the discounts];
- e. Our bid shall be valid for the period of time of [insert number of days which shall not be less than the specified in Section I: ITB Particulars, Period of Validity of Bids] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- f. If our bid is accepted, and if so requested in Section I: ITB Particulars, we commit to obtain a performance security in accordance with Instructions to Bidders Article 34 and the General Conditions of the Contract;
- g. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS;
- h. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future.
- i. Our firm confirms that the Bidder and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;

- j. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
- k. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 4, Eligibility;
- l. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded.
- m. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive;

I, the undersigned, certify that I am duly authorized by **[insert full name of bidder]** to sign this bid and bind **[insert full name of bidder]** should UNOPS accept this bid:

Name : _____

Title : _____

Date : _____

Signature : _____

[Stamp form of bid with official stamp of the bidder]

Form C: Price Schedule Form

E sourcing reference: Supply of Ultra-Portable Digital X-ray Machine - ITB/2022/40407

Name of Bidder: insert name of bidder

Bidders shall fill in these Price Schedule Form in accordance with the instructions indicated.

Currency	insert currency [USD]
-----------------	--

Lot No	Description of Good	Unit	Total Quantity in unit (a)	Manufacturer/ Country of Origin	Unit price FCA Manufacturer's warehouse/port of origin (b)	Total price FCA Manufacturer's warehouse/port of origin (c) = (a)x(b)	Unit price DPU (Final Destination) (d)	Total price DPU * (Final Destination) (e) = (a)x(d)
1	Ultra-Portable Digital X-ray Machine	Nos	4					
2	Ultra-Portable Digital X-ray Machine	Nos	4					

* UNOPS is exempted from Taxes and Duties. The offer shall be submitted **net of any direct taxes, customs duties and indirect taxes**, such as sales taxes, VAT, etc.

* DPU price shall include the cost of the customs clearance, cost of loading, unloading at final destination, and any other costs such as assembling, testing and commissioning at final destination.

I, the undersigned, certify that I am duly authorized by insert full name of bidder to sign this bid and bind insert full name of bidder should UNOPS accept this bid:

Name : _____

Title : _____

Date : _____

Signature : _____

Form D: Technical Bid Form

E sourcing reference: Supply of Ultra-Portable Digital X-Ray Machine - ITB/2022/40407

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Tables** as below to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

Technical Specifications for good – Comparative Data Table

NOTE: Any mention or reference to any brand name below is only for example and the below specifications on sizes and different ranges required are only approximate and bidder can offer a product with some variations as long as the product offered provides the same or superior level of performance on the output

Lot No. 1 and Lot No 2 – Ultra-Portable Digital X-Ray Machine

Sr. No	Name of Product	Minimum Technical Requirements	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention.
1	Purpose of use	X-ray imaging applications and to support out of hospital infrastructure screening/diagnostic (i.e.: “chest X-ray” for TB screening)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Level of use	Outreach and field interventions (mobile clinics/vans, screening campaigns) and/or teleradiology solutions in remote areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Overview of general functional requirements	Battery operated digital ultra portable Radiographic system (preferably with the possibility to be re-charged during operations).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Weight of system	Less than 8 Kg with battery	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	System composition requirement	Core system should be composed at least by the following devices/elements: <ul style="list-style-type: none"> - X-ray Generator - X-ray Generator Stand / Frame - X-ray Detector - X-ray Detector Stand/ Frame - Portable workstation/PC-console and/or portable remote control-station - Software/Hardware for data management and communication - Case/bag for packing and transportation - Accessories, including radiation protection devices 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sr. No	Name of Product	Minimum Technical Requirements	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention.
6	X-ray Generator	<p>High frequency X-ray generator:</p> <ul style="list-style-type: none"> - Voltage range must include the range from minimum 50 kV up to 110 kV, preferably digitally displayed - X-ray generator current-time range must include the range from 0.5 to 2.5 mAs and preferably digitally displayed - Maximum current: 5 - 20 mA - X-ray Generator to be supplied with all needed cables and connectors <p>X-ray tube and collimator:</p> <ul style="list-style-type: none"> - Stationary or rotating (better) anode with focal spot size less than 1.3mm - Heat storage capacity of the anode at least 10,000 HU (preferably higher) - Preferably, high anode temperature alarm and automatic blockage/alarm for high tube temperature. - Multileaf collimator with patient centering halogen light. <p>Exposure features:</p> <ul style="list-style-type: none"> - Time range : from 0.01 to 1.0 s - Preferably: Automatic Exposure Control facility - detachable, cordless remote control exposure release switch - Exposure capacity when fully charged (battery autonomy time) greater than 100 exposures. - detachable/replaceable battery (at least 1 extra battery) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	X-ray Generator Stand/Frame	<ul style="list-style-type: none"> - Lightweight - Vertical movements range must include the range from 50 to 150 cm from ground - The stand/frame shall be capable to set the best Generator's position for all the applications/uses requested. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	X-ray Detector	<ul style="list-style-type: none"> - Active detector area not less than 35*43cm <p>Main features:</p> <ul style="list-style-type: none"> - Time to display image after exposure - less than 5 sec - Preferably, pixel pitch not greater than approximately 150µm. - Spatial resolution not less than 3.5 lp/mm. - Dynamic range of A/D converter at least 14 bit or at least 10 pixels resolution - Exposure capacity when fully charged (battery autonomy time) at least 150 chest X-ray @ 90KV - Wireless Detector connectivity to workstation capabilities - To be supplied with all needed cables and connectors, if any - lightweight, less than 4 kg 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sr. No	Name of Product	Minimum Technical Requirements	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention.
9	X-ray Detector Stand/Frame	<ul style="list-style-type: none"> - Lightweight - Vertical movements range must include the range from 50 to 150 cm from ground 	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Workstation	One LCD colour display, at least 13", at least 2 Mpixel - i7 equivalent and above (minimum quad core) - RAM at least 8 GB - Hard drive not less than 500 GB SSD - Ability for high-resolution (at least 1440*1440) images to be retrieved, reproduced and stored without loss of quality - Capacity to store and to transfer data to other workstations / PC- consoles / networks - Display languages - English - Wireless feature shall be included.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Software	DICOM 3.0 compatible (image storage and transfer) - Patient registration/data - Exposure parameter regulation; exposure parameter registration/ recording - Image processing (clip, zoom, magnifier, invert, rotate, flip, annotations, measurements, digital collimation, etc.), image view, detail enhancement and noise suppression, tissue equalization - Alphanumeric annotation of images required - Chest X-ray programme by default with patient thickness range including at least the range from 14 to 40 cm - Last image hold facility required, displayed on clear screen - Storage capacity of at least 2000 images, with capacity for removable media storage - Interoperability with local and/or national Picture Archiving and Communication System (PACS) where available - CAD/AI integration must be possible	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sr. No	Name of Product	Minimum Technical Requirements	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention.
12	Electricity supply	<p>X-ray Generator and Detector powered by rechargeable batteries (preferably with the capability for both devices to be charged during operations).</p> <p>Recharge power source: AC power input to be 220 VAC +/-10%, 50/60Hz, single phase, fitted with compatible mains plug</p> <p>Battery recharging time less than 6 hours (both for Generator and Detector).</p> <p>Low battery alarms (preferable).</p> <p>The battery back-up related to the whole system (Generator, detector and workstation) allow at least 100 chest X-ray exposures @90KV with imaging transmission/storage.</p> <p>Detector preferably provided with a separate, removable Lithium-ion battery</p> <p>Alternative energy sources for battery recharge (ie; solar system or generator)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Accessories	<p>Transport Case/Bag which shall allow an easy and safe transportation of the entire portable digital X-ray system (including Generator and Detector) and *other accessories provided (including workstation/PC/console)</p> <p>*Other Accessories</p> <ul style="list-style-type: none"> - Shock stickers * 10 pcs - Power bank - At least no.2 protective aprons with the following characteristics: <ul style="list-style-type: none"> • shoulder to knee length; • material should be as light as possible (i.e. lead-based composite or lead-free materials with high atomic numbers and low densities); • at least 0.25 mm Pb protection equivalence (measured @ 90 kVp at least); • adult size / adjustable front lead apron with Velcro / buckle; • weight of each apron provided less than 4 kg; • to be supplied with at least no.1 thyroid shield/collar. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Range of Temperature and Humidity	<p>Capable of being stored in ambient temperature range from +10° to +50°C, at a relative humidity range from 15 to 80%.</p> <p>Capable of operating continuously in ambient temperature from +15° to at least +35°C (preferable from +10° up to at least +40°C) at a relative humidity from at least 15 to 80% (preferable up to 95%).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Warranty	The whole system (Generator, Detector, etc.) shall be covered by a warranty of at least 3 year , including all spare parts, starting as of the date of successful on-site acceptance, as per testing and acceptance.	<input type="checkbox"/> Yes <input type="checkbox"/> No

		Warranty shall include all necessary spare parts (i.e. batteries when applicable, etc.), shipment to site, cost of replacement work, personnel, disposal of faulty parts, and software (patches, upgrades and updates).	
Sr. No	Name of Product	Minimum Technical Requirements	Is quotation compliant? Bidder to complete. If any deviation in offered product, please mention.
16	Guarantee for the availability of Spare parts	Minimum 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Installation and Training	The supplier shall responsible for the on-site assembly, and shall be present during testing and commissioning of Equipment for any trouble shooting. This shall be carried out at the date and time as informed by NTP/UNOPS. Equipment not passing the satisfactory testing will not be accepted and has to be replaced by the bidder.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Required tools for Operations & Maintenance	Furnishing of tools required for maintenance of the supplied Goods along with each equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Furnishing of detailed operations and maintenance manual for each appropriate unit of supplied Goods along with each equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Service requirement under warranty	Supplier shall attend to complaints on non-functioning equipment within 48 hrs and shall repair the machines with 7 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Corrective action/Replacement during warranty	In the event of any correction of defects or replacement of defective material during the warranty period, the warranty for the corrected/replaced material shall be extended to a further period of 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Quality Assurance Requirement	The product offered shall comply with the GFATM QA policy on diagnostics products.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		The bidder must submit the following documents related to the manufacturer of the offered product: i) ISO 13485 Medical devices for the manufacturing facility - Quality management systems or equivalent quality management system recognized by the founding members of GHTF.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		ii) IEC 60601-1 or equivalent quality management system for Medical electrical equipment safety of the manufacturer	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other requirements — Comparative Data Table

Packaging and Labelling Specifications	Is quotation compliant? Bidder to complete
Manufacturer's standard Packaging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defect	Is quotation compliant? Bidder to complete
On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete quantity at its own cost.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaints	Is quotation compliant? Bidder to complete
Any complaint from UNOPS will be handled by the Supplier according to its internal standard operating procedures, and pursuant to the provisions relating to provisions as set out in the General Conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recall	Is quotation compliant? Bidder to complete
If, after delivery, the product has to be recalled, for whatever reason, the Supplier will inform UNOPS immediately. The Supplier will replace, at its own cost, all items covered by the recall with goods that fully meet the requirements of the original Purchase Order, and arrange for the collection or destruction of any defective goods .	<input type="checkbox"/> Yes <input type="checkbox"/> No

Delivery requirements — Comparative Data Table

UNOPS Requirements		Is Bid compliant? Bidder to complete	Details Bidder to complete
Delivery time	For both lots, 100% quantity shall be delivered up to final destination within 60 days after signing of the Purchase Order	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Submission of shipping documents	In case of either Air or Sea shipment, the supplier shall provide draft AWB/BL and other shipping documents much in advance to UNOPS. UNOPS will apply for Tax exemption certificate (TEC). The time taken for TEC may take at least 6 weeks or more. UNOPS will provide the greenlight for the shipment once the TEC is received and the shipment shall be dispatched only after receipt of green light from UNOPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details

	The time between the days when shipping documents are provided to UNOPS and the day dispatch clearance is issued is not included in the delivery times mentioned above.		
Delivery place and Incoterms rules	DPU (Final Destinations) as per Incoterms 2020 Final Destination: Central TB medical Store, Insein, Yangon, Myanmar If the product is imported, customs clearance will remain the responsibility of the supplier. UNOPS is tax exempted and the required tax exemption documents will be provided by UNOPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Consignee details	UNOPS Myanmar Principal Recipient for GFATM No. 12 (O) Pyi Thu Lane, 7 Mile, Mayangone Township, Yangon, Myanmar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
UNOPS Right to vary requirements	At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed (+/-)1 Nos, without any change in the unit prices or other terms and conditions of the ITB.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Sustainable requirements	Bidder must provide one (Or) all of the following: i) Documentation confirming the presence of a valid Environmental Management System such as ISO 14001 or equivalent; ii) A copy of organization's sustainability policy; iii) A copy of organization's latest corporate social responsibility report; iv) A copy of organization's most recent UN Global Compact Communication on Progress report; v) A signed statement from President (or other executive officer) confirming the organization's commitment to sustainability.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details
Gender equality requirements	The bidder shall provide a response that demonstrates its commitment to support gender equality and women's empowerment through its operations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert details

I, the undersigned, certify that I am duly authorized by **[insert full name of bidder]** to sign this bid and bind **[insert full name of bidder]** should UNOPS accept this bid:

Name : _____

Title : _____

Date : _____

Signature : _____

Form E: Performance Statement Form

E-Sourcing Reference: Supply of Ultra-Portable Digital X-ray Machine - ITB/2022/40407

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

Order placed by [Full address of purchaser]	Order No. & date	Description & quantity of ordered items	Value of order in <u>USD</u>	Date of completion of delivery		Remarks indicating reasons of late delivery, if any	Was the supply of goods satisfactory?
				As per Contract	Actual		

Name : _____

Title : _____

Date : _____

Signature : _____

Form F: One UNOPS Vendor Profile Form

(To be submitted only if the bidder has not been supplied to UNOPS before)

SECTION 2: SUPPLIER CONTACT INFORMATION											
General/permanent street address											
City				Postal code (ZIP)							
State/province				Country							
Primary Supplier/Vendor focal point contact information					Secondary/alternate contact person						
Name				Title				Name			
Telephone no.				Email				Telephone no.			
								Email			
SECTION 3: SUPPLIER BANKING INFORMATION (For additional bank accounts, please provide additional forms)											
Name of banking institution					Account Name (please indicate as shown on bankbook/bank account)						
IBAN no.				Bank account no.							
Clearing code/bank code (ACH/routing no/IFSC/sort code)				SWIFT/BIC code							
Branch code				Bank account currency							
Branch name				Bank account type		Checking Saving Current Cheque Other, please specify					
Bank's street address											
City				Postal code (ZIP)							
State/province				Country							
Intermediary/correspondent bank, if applicable											
Name of intermediary bank				Intermediary IBAN no.							
Country of intermediary bank				SWIFT/BIC code				Clearing code/bank code			
Information provided on this registration form will be treated in accordance with UNOPS's EOD on Privacy and Information Security and its related data protection and data retention policies. Digital signatures are accepted only if they can be validated by UNOPS. Incomplete or erroneous information may prevent payment to your account. Any loss due to any error or irregularity in the information submitted by the Supplier/Vendor will be borne by the Supplier/Vendor.											
Supplier/Supplier's Representative's Signature and Stamp					Date and Place						
SECTION 4: SUBMISSION INFORMATION (for UNOPS focal point to complete)											
oneUNOPS supplier no.	Is this new or an update to existing supplier profile?	Bank detail change	UNGM Ineligibility Lists/Claims Log check	Supplier/Vendor have direct agreement/contract with UNOPS		Supplier/Vendor paid via cash supplier?					
	New Update existing supplier	Yes No	Yes No	Yes No		Yes No		Yes No			
Name of Requester (UN) (First name/last name/extension)		I hereby confirm that I have followed the Procurement Manual or the grant support policy (if applicable) and the information submitted is accurate.									
		Signature of Requester						Date			
* UNOPS requires Companies to register with United Nations Global Marketplace on www.ungm.org (UN supplier database)											