**Section III: Returnable Bidding Forms**

**eSourcing reference**: [Insert UNOPS tender reference number]

Note to Bidders: The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their quotation. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Biding Forms as instructed and return them as part of your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

This Section comprises the following Returnable Bidding Forms:

* Form A: Quotation Submission Form
* Form B: Price Schedule Form
* Form C: Technical Quotation Form
* Form D: Previous Experience Form
* Form E: Joint Venture Partner Information Form
* Form G: Bid Securing Declaration
* Form H: INDEPENDENT BID DECLARATION
* FORM I: UNITED NATIONS SUPPLIER CODE OF CONDUCT DECLARATION OF ELIGIBILITY

**Form A: Quotation 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: Quotation for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** RFQ Case No. [Insert RFQ ref number], dated **[insert date]**

We, the undersigned, declare that:

* 1. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
  2. Our quotation shall be valid for the period of time of [insert number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  3. 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[If you have any actual or potential conflict of interest as defined in Article 3 of Section II: Instructions to Bidders, please disclose it here];;
  4. Our firm confirms that the offeror 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;
  5. 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 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. 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;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

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

Name: [complete]

Title: [complete]

Date: [complete]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

# Form B: Price Schedule Form

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

\*\*Please fill in all your prices in the attached excel sheet and send it as (excel book) along with the below table\*\*

RFQ reference no: [Insert UNOPS tender reference number]

**Bills of quantity Lot# 3: Supply ,delivery of Medical Equipment for Several Hospitals – Multi Cities in Yemen as shown below .**

| Item | AlSabeen Hospital- Sana'a | Althawrah Hospital -Taiz | 22 May Hospital- Sana'a | Althawrah Hospital - Ibb | Aljumhori Hospital- Hajjah | Aljumhori Hospital - Mahweet | Ibn Khaldoun Hospital - Lahj | Al Salam Rural Hospital - Lahj | Al Ra'zi General Hospital- Abyan | Sayoun Hospital - Sayoun | Shibam Hospital - Mahweet |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full automated Biochemistry Analyzer | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| Infant Incubator | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| infusion pump | 5 | 5 | 0 | 0 | 0 | 0 | 5 | 2 | 0 | 0 | 6 |
| Syringe Pump | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Infant Weight Scale | 20 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 |
| Patient Monitor | 12 | 5 | 5 | 5 | 5 | 5 | 6 | 3 | 5 | 8 | 6 |
| Defibrillator ,(AED,MANUAL,NIBP,SPO2) | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 5 | 2 | 0 | 2 |
| ECG , 12 channels , with original trolley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| Sphygmomanometer, Mercury | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 10 | 30 | 15 | 10 |
| Stethoscope ,Binaural (Adult & children) | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 10 | 30 | 15 | 10 |
| Ultrasonic Nebulizer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 2 |

| **Currency** | USD |
| --- | --- |

| **No.** | **Item** | **Unit** | **Qty** | **Unit Price DAP** | **Total Price DAP** |
| --- | --- | --- | --- | --- | --- |
| **3.1** | Full automated Biochemistry Analyzer | Each | 2 | insert | insert |
| **3.2** | Infant Incubator | Each | 12 | insert | insert |
| **3.3** | Infusion Pump (open system) | Each | 23 | insert | insert |
| **3.4** | Syringe Pump | Each | 11 | insert | insert |
| **3.5** | Infant Weight Scale | Each | 30 | insert | insert |
| **3.6** | Patient Monitor | Each | 65 | insert | insert |
| **3.7** | Defibrillator , AED,MANUAL,NIBP,SPO2 | Each | 11 | insert | insert |
| **3.8** | ECG , 12 channels , with original trolley | Each | 3 | insert | insert |
| **3.9** | Sphygmomanometer , Mercury | Each | 80 | insert | insert |
| **3.10** | Stethoscope ,Binaural (Adult & children | Each | 80 | insert | insert |
| **3.11** | Ultrasonic Nebulizer | Each | 22 | insert | insert |
|  | **Total** | | | | insert |

Payment terms 30 days accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form C: Technical Quotation Form**

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

| **Item No** | **UNOPS minimum technical requirements** | **Qty.** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| **3.1** | **Full automated Biochemistry Analyzer** | | | |
|  | **Name of Manufacturer** | **2** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | **No carry-over** |  | ☐ Yes ☐ No |  |
| Liquid sensing probe tip |  | ☐ Yes ☐ No |  |
| Level-sensing wash, rinse, and waste bottles | ☐ Yes ☐ No |  |
|  | QC tracking, self-monitoring mechanics and optics | ☐ Yes ☐ No |  |
|  | Auto dilute and retest for over-range samples | ☐ Yes ☐ No |  |
|  | Edit standard curves | ☐ Yes ☐ No |  |
|  | Typical throughput: up to 200 endpoint reactions per hour, up to 170 kinetic reactions per hour. | ☐ Yes ☐ No |  |
|  | Capabilities: Dilution, pre-dilution, dispensing single or multiple reagents | ☐ Yes ☐ No |  |
| Probes :316 stainless steel for maximum reagent compatibility, level sensing | ☐ Yes ☐ No |  |
|  | Maximum number of specimens :96 | ☐ Yes ☐ No |  |
|  | Maximum number of reagents: Typically 27 to 44 or more (you can program reagents to go in the sample rack; assorted replaceable racks and custom designed racks are available for various bottle sizes) | ☐ Yes ☐ No |  |
|  | Standard reagent rack: 27 | ☐ Yes ☐ No |  |
|  | Reaction Vessel Standard micro wells, strips or plates | ☐ Yes ☐ No |  |
|  | Instrument bottles 2L wash with low volume warning sensor, 1L rinse (or second wash) with low volume warning sensor,2L waste bottle with full sensor. 1L priming bottle | ☐ Yes ☐ No |  |
|  | Reagent cooling : RCA, Reagent Cooling Accessory optional) cools 12 to 15C below ambient through peltier thermoelectric modules connected to an external controller | ☐ Yes ☐ No |  |
|  | Thermal control Well, probe, and tubing; ambient or 37C (other options also available) | ☐ Yes ☐ No |  |
|  | Wash head: 8-probe, automatic prime and rinse | ☐ Yes ☐ No |  |
|  | Programs: Create and run user programmable protocols, aspirate, dispense, soak, mix… | ☐ Yes ☐ No |  |
|  | Optical design :Reads absorbance in 4 simultaneous channels, NIST traceable calibration user  selected monochromatic or biochromatic results 8 position | ☐ Yes ☐ No |  |
|  | **filter wheels:** | ☐ Yes ☐ No |  |
| 340, 405, 450, 505, 545, 600, 630, 700 or custom | ☐ Yes ☐ No |  |
| Interference filters :Long life, hard coat, ion assisted deposition, 10nm typical half bandpass | ☐ Yes ☐ No |  |
| Linear Range: -0.2 to 3.0A | ☐ Yes ☐ No |  |
| Photometer Accuracy :+/- 1% or better | ☐ Yes ☐ No |  |
|  | Computer interface and LCD screen. | ☐ Yes ☐ No |  |
|  | High quality brand name Laser printer (local supplied  printers are accepted). | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. |  | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent |  | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition | ☐ Yes ☐ No |  |
| **3.2** | **Infant Incubator** | | | |
|  | **Name of Manufacturer** | **12** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Clear digital TFT-LCD colour screen to display numerical and graphical information of all parameters including skin temperature, air temperature, humidity level, oxygen concentration, error codes, alarms etc...., screen should be external and over the bed with trend capability. |  | ☐ Yes ☐ No |  |
|  | **Skin temperature mode:** | ☐ Yes ☐ No |  |
| i. Servo controlled | ☐ Yes ☐ No |  |
| ii. Set parameter value: (34-35° C) to 37.5° C | ☐ Yes ☐ No |  |
| iii. Measurement and adjustment of temperature shall be in increments of 0.1° C | ☐ Yes ☐ No |  |
|  | **Incubator Air temperature mode:** | ☐ Yes ☐ No |  |
| i. Set parameter value: (20-24° C) to (37.0-39.0° C) | ☐ Yes ☐ No |  |
| ii. Measurement and adjustment of temperature shall be in increments of 0.1° C | ☐ Yes ☐ No |  |
| iii. Temperature measurement accuracy ± 0.5° or bette | ☐ Yes ☐ No |  |
|  | **Incubator Humidity:** | ☐ Yes ☐ No |  |
| i. Servo controlled | ☐ Yes ☐ No |  |
| ii. Set parameter value: (30-40)% to 95% RH | ☐ Yes ☐ No |  |
|  | **Built-in electronic weighing scale must be available and listed and priced separately:** | ☐ Yes ☐ No |  |
| i. Weight range: ≤ 350 g to ≥ 6500 g |  | ☐ Yes ☐ No |  |
| ii. Weight unit: gram | ☐ Yes ☐ No |  |
|  | **Alarms:** |  |  |  |
| i. Audible and visual alarms with adjustable limits of temperature, water level, oxygen concentration and sensors. |  | ☐ Yes ☐ No |  |
| ii. Alarm mute capability with automatic reactivation. | ☐ Yes ☐ No |  |
|  | Warm up time to be less than 60 min. |  |  |
|  | Air circulation system with micro intake filters and durable low noise fan heater. | ☐ Yes ☐ No |  |
|  | Heat containment system to prevent sudden temperature changes when an access door/port is opened. |  |  |
|  | Double wall canopy. |  | ☐ Yes ☐ No |  |
|  | Electrically adjustable height through foot pedal |  | ☐ Yes ☐ No |  |
|  | Noise level ≤ 50 dB |  | ☐ Yes ☐ No |  |
|  | Tiltable mattress platform of at least 10 degrees. |  | ☐ Yes ☐ No |  |
|  | High quality, waterproof, easy to clean and disinfect mattress (antibacterial and anti-fungal). |  | ☐ Yes ☐ No |  |
|  | X-Ray cassette. |  | ☐ Yes ☐ No |  |
|  | Large access doors integrated on each side of the hood, each door should be equipped with air curtain, doors should be robust and durable. |  | ☐ Yes ☐ No |  |
|  | Front panel must have the capability to be fully opened to enable infant placing and removing. |  | ☐ Yes ☐ No |  |
|  | At least two tubing ports. |  | ☐ Yes ☐ No |  |
|  | Adequate storage drawer (s) and / or Cabinet(s). |  | ☐ Yes ☐ No |  |
|  | At least one IV pole with two hooks. |  | ☐ Yes ☐ No |  |
|  | Large medical grade antistatic, swivel type, non-marking castors with brakes |  | ☐ Yes ☐ No |  |
|  | Utility rails. |  | ☐ Yes ☐ No |  |
|  | The following should be included in the offer and priced separately: |  | ☐ Yes ☐ No |  |
| i. Skin temperature |  | ☐ Yes ☐ No |  |
| ii. Air intake filter |  | ☐ Yes ☐ No |  |
| iii. Oxygen sensor |  | ☐ Yes ☐ No |  |
| iv. Connecting hose |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. |  | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent |  | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.3** | **Infusion Pump (Open system)** | | | |
|  | **Name of Manufacturer** | **23** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Durable, compact, heavy duty construction, reliable, ergonomic design and easy to use |  | ☐ Yes ☐ No |  |
|  | Performance data: | ☐ Yes ☐ No |  |
| a- Flow rate setting: 0.1-1200 ml/hr or better | ☐ Yes ☐ No |  |
| b- Volume (VTBI) setting 1-9999 ml or better | ☐ Yes ☐ No |  |
| c- Drug dose rate calculation function |  | ☐ Yes ☐ No |  |
| d- Automatic and manual bolus administration that is adjustable in rate and volume |  | ☐ Yes ☐ No |  |
| e- KVO (keep vein open) rate: adjustable 0.1-10 ml/hr or better | ☐ Yes ☐ No |  |
| f- Prime (purge) function | ☐ Yes ☐ No |  |
| g- Accuracy ± 5% (or better) of displayed flow rate and volume | ☐ Yes ☐ No |  |
| h- Adjustable limit for occlusion pressure | ☐ Yes ☐ No |  |
| i- Automatic pressure should be reduced when occlusion detected | ☐ Yes ☐ No |  |
| j- Air bubble detector |  | ☐ Yes ☐ No |  |
| k- The pump should be an open system (major set suppliers) while maintaining accuracy. | ☐ Yes ☐ No |  |
|  | Pump Mechanism: either linear peristaltic or (Linear, dual stage,  positive displacement, flow compensated ) | ☐ Yes ☐ No |  |
|  | Microprocessor controlled unit with start-up self-test capability with an error code system | ☐ Yes ☐ No |  |
|  | Medication database: pre-programmed drug protocols | ☐ Yes ☐ No |  |
|  | **Clear and easy to read LCD display of the following:** | ☐ Yes ☐ No |  |
| a- Flow rate | ☐ Yes ☐ No |  |
| b- Volume infused and volume to be | ☐ Yes ☐ No |  |
| c- Time remaining | ☐ Yes ☐ No |  |
| d- Battery capacity | ☐ Yes ☐ No |  |
| e- Pressure level | ☐ Yes ☐ No |  |
| f- Bolus delivery | ☐ Yes ☐ No |  |
| g- Medication name and settings | ☐ Yes ☐ No |  |
| h- Alarms and error codes | ☐ Yes ☐ No |  |
|  | Hygienic, flat, soft touch keys control panel with visible and  clearly identified controls |  | ☐ Yes ☐ No |  |
|  | Battery and mains AC power supply indicators |  | ☐ Yes ☐ No |  |
|  | Built in maintenance free rechargeable battery that is easy  accessible with capacity not less than 6 hours operation at 25 ml/h  flow rate when fully charged. |  | ☐ Yes ☐ No |  |
|  | Visual and audible alarms with adjustable alarm volume control, The following alarms should be included: |  | ☐ Yes ☐ No |  |
| a- Upstream and downstream occlusion. |  | ☐ Yes ☐ No |  |
| b- Malfunction alarms. |  | ☐ Yes ☐ No |  |
| c- Air bubble. |  | ☐ Yes ☐ No |  |
| d- Low battery alarm. |  | ☐ Yes ☐ No |  |
| e- Empty container |  | ☐ Yes ☐ No |  |
| f- Door open |  | ☐ Yes ☐ No |  |
| g- infusion complete dose |  | ☐ Yes ☐ No |  |
|  | Easy and secured clamping mechanism for pole fixation |  | ☐ Yes ☐ No |  |
|  | The unit shall meet at least the following standards: |  | ☐ Yes ☐ No |  |
| a- Defibrillation proof type CF |  | ☐ Yes ☐ No |  |
| b- IEC 60601-2-24: safety and essential performance of infusion pumps |  | ☐ Yes ☐ No |  |
| c- IPX 2 (or higher): Fluid ingress protection |  | ☐ Yes ☐ No |  |
|  | No External power supply is allowed |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. |  | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent |  | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.4** | **Syringe Pump** | | | |
|  | **Name of Manufacturer** | **11** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Durable, compact, heavy duty construction, reliable ergonomic  design and easy to use: |  | ☐ Yes ☐ No |  |
|  | Performance data: | ☐ Yes ☐ No |  |
| a- Flow rate setting: 0.1-999 ml/hr or better | ☐ Yes ☐ No |  |
| b- Volume (VTBI) setting 0.1-999 ml or better | ☐ Yes ☐ No |  |
| c- Drug dose rate calculation function | ☐ Yes ☐ No |  |
| d- Automatic and manual bolus administration that is adjustable in rate and volume | ☐ Yes ☐ No |  |
| l- KVO (keep vein open) function | ☐ Yes ☐ No |  |
| e- Prime (purge) function | ☐ Yes ☐ No |  |
| m- Accuracy ± 2% (or better) of displayed flow rate and volume | ☐ Yes ☐ No |  |
| f- Adjustable limit for occlusion pressure. | ☐ Yes ☐ No |  |
| g- Automatic pressure should be reduced when occlusion detected | ☐ Yes ☐ No |  |
| h- To accept syringe sizes from 5 ml up to 50 ml (or better) from several manufacturers (major suppliers) while maintaining accuracy (open system). | ☐ Yes ☐ No |  |
|  | Pump Mechanism: Syringe driver |  | ☐ Yes ☐ No |  |
|  | Microprocessor controlled unit with start-up self-test capability with an  error code system |  | ☐ Yes ☐ No |  |
|  | Medication database: pre-programmed drug protocols |  | ☐ Yes ☐ No |  |
|  | Clear and easy to read LCD display of the following: |  | ☐ Yes ☐ No |  |
| a- Flow rate | ☐ Yes ☐ No |  |
| b- Volume infused and volume to be infused | ☐ Yes ☐ No |  |
| c- Time remaining | ☐ Yes ☐ No |  |
| d- Battery capacity | ☐ Yes ☐ No |  |
| e- Pressure level | ☐ Yes ☐ No |  |
| f- Bolus delivery | ☐ Yes ☐ No |  |
| g- Medication name and settings | ☐ Yes ☐ No |  |
| h- Alarms and error codes | ☐ Yes ☐ No |  |
|  | Hygienic, flat, soft touch keys control panel with visible and clearly  identified controls | ☐ Yes ☐ No |  |
|  | Battery and mains AC power supply indicators | ☐ Yes ☐ No |  |
|  | Built in maintenance free rechargeable battery that is easy accessible  with capacity not less than 6 hours operation at 5 ml/h flow rate when  fully charged. | ☐ Yes ☐ No |  |
|  | Visual and audible alarms with adjustable alarm volume control, The following alarms should be included: |  | ☐ Yes ☐ No |  |
| a- High pressure occlusion. | ☐ Yes ☐ No |  |
| b- Syringe unlocked | ☐ Yes ☐ No |  |
|  | c- Malfunction alarms. | ☐ Yes ☐ No |  |
| d- Low battery alarm. | ☐ Yes ☐ No |  |
| e- Empty and near empty syringe | ☐ Yes ☐ No |  |
|  | Easy and secured clamping mechanism for pole fixation |  | ☐ Yes ☐ No |  |
|  | The unit shall meet at least the following standards: |  | ☐ Yes ☐ No |  |
| a- Defibrillation proof type CF |  | ☐ Yes ☐ No |  |
| b- IEC 60601-2-24: safety and essential performance of infusion pumps |  | ☐ Yes ☐ No |  |
| c- IPX 2 (or higher): Fluid ingress protection |  | ☐ Yes ☐ No |  |
|  | No external Power supply is allowed |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. |  | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent |  | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.5** | **Infant Weight Scale** | | | |
|  | **Name of Manufacturer** | **30** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Safe weighing tray |  | ☐ Yes ☐ No |  |
| Infant digital scale capacity 20 kg | ☐ Yes ☐ No |  |
| operating preferably on charging transformer, if not available A4 Batteries should be supplied | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. |  | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent |  | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.6** | **Patient Monitor** | | | |
|  | **Name of Manufacturer** | **65** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | 1. ICU/CCU patient monitor. |  | ☐ Yes ☐ No |  |
| 2. Display Size not less than 15". | ☐ Yes ☐ No |  |
| 3. User friendly. | ☐ Yes ☐ No |  |
| 4. Direct power supply with no external transformers | ☐ Yes ☐ No |  |
| 5. Heavy duty with robust design. | ☐ Yes ☐ No |  |
| 6. Design: Modular ~~(not smart cable technology).~~ | ☐ Yes ☐ No |  |
|  | Configuration: modular with a minimum of three plug-in modules that can be fitted simultaneously  on a flexible module rack one of which to be a multi-parameter vital signs module. |  | ☐ Yes ☐ No |  |
|  | Parameters: |  | ☐ Yes ☐ No |  |
| a. ECG. | ☐ Yes ☐ No |  |
| b. Respiration rate. | ☐ Yes ☐ No |  |
| c. NIBP. | ☐ Yes ☐ No |  |
| d. 2xIBP (IBP+ CVP) | ☐ Yes ☐ No |  |
| e. Body temperature. | ☐ Yes ☐ No |  |
| f. MasimoSpO2 technology. | ☐ Yes ☐ No |  |
| g. End tidal CO2 Priced separately including disposable tubing and adapters needed. | ☐ Yes ☐ No |  |
| f. Cardiac Output Module Picco Priced separately (with all reusable and disposable accessories) | ☐ Yes ☐ No |  |
|  | Original wall- mounting accessories supplied by the manufacturer of the monitor |  | ☐ Yes ☐ No |  |
| Each unit must come complete with the following Original accessories: |  | ☐ Yes ☐ No |  |
| a. One ECG cable (3 leads), (with ECG trunk cable). | ☐ Yes ☐ No |  |
| b. One ECG cable (5 leads), (with ECG trunk cable). | ☐ Yes ☐ No |  |
| c. Reusable SpO2 sensors (adult), 3 meters long. |  |  |
| d. Reusable SPO2 sensors (Paediatric), 3 meters long. | ☐ Yes ☐ No |  |
| e. One large adult cuff complete with hose. | ☐ Yes ☐ No |  |
| f. regular size adult cuffs complete with hoses. | ☐ Yes ☐ No |  |
| g. paediatric cuffs complete with hoses. |  |  |
| h. Two IBP kit with complete connection cables. | ☐ Yes ☐ No |  |
| i. temperature probes | ☐ Yes ☐ No |  |
|  | All data shall be in real time (waveform and numeric). |  | ☐ Yes ☐ No |  |
|  | High resolution TFT-LCD screen of at least (1024 x 768). |  | ☐ Yes ☐ No |  |
|  | HL7 licence |  | ☐ Yes ☐ No |  |
|  | EEG module should be available and quoted separately |  | ☐ Yes ☐ No |  |
|  | able to connect to Central station |  | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source.  Compliant with IEC 60601 or equivalent. |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. |  | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent |  | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** |  | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.7** | **Defibrillator (AED,MANUAL,NIBP,SPO2)** | | | |
|  | **Name of Manufacturer** | **11** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Defibrillator for adult and pediatric patients, with ECG monitor and printer, synchronized and bi-phasic, portable, AC and battery powered, with accessories |  | ☐ Yes ☐ No |  |
|  | Light and sturdy portable unit | ☐ Yes ☐ No |  |
|  | ECG monitoring function mode, with standard alarms | ☐ Yes ☐ No |  |
|  | Display for visualization of ECG curve and data, with intuitive controls and selectors Easy 1-2-3 utilization set up | ☐ Yes ☐ No |  |
|  | Bi-phasic defibrillation wave. | ☐ Yes ☐ No |  |
|  | Max. Energy output : *≥*200 J | ☐ Yes ☐ No |  |
|  | Discharge energy adjustable settings with multi step selector, from defibrillator body and paddle Settable ECG synchronized discharges for cardio-version |  | ☐ Yes ☐ No |  |
|  | Automatic impedance compensation. | ☐ Yes ☐ No |  |
|  | Facility for self-test/check before usage and set up function | ☐ Yes ☐ No |  |
|  | Built in print recorder | ☐ Yes ☐ No |  |
|  | Standard leads ECG cable, defibrillation protected | ☐ Yes ☐ No |  |
|  | **Supplied with accessories** |  |  |
| One (1) ECG reusable patient cable. | ☐ Yes ☐ No |  |
| One (1) set of 50 disposable ECG adhesive electrodes. | ☐ Yes ☐ No |  |
| Three (3) complete set of disposable electrodes patches for semiautomatic mode. | ☐ Yes ☐ No |  |
| Set of five (5) rolls of thermal paper. | ☐ Yes ☐ No |  |
| One (1) set of reusable adult external paddles (apex-sternum) and related paediatric adaptors compatible with the equipment. |  | ☐ Yes ☐ No |  |
| One (1) NIPB cuff adult. | ☐ Yes ☐ No |  |
| One (1) NIPB cuff paediatric. | ☐ Yes ☐ No |  |
| One (1) Reusable SPO2 paediatric finger probe. | ☐ Yes ☐ No |  |
| One (1) Reusable SPO2 adult finger probe. | ☐ Yes ☐ No |  |
|  | Protection against harmful ingress of water | ☐ Yes ☐ No |  |
|  | Protection against electrical shock | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source  Compliant with IEC 60601 or equivalent. |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage and over-current line conditions. | ☐ Yes ☐ No |  |
| Rechargeable batteries | ☐ Yes ☐ No |  |
| Automatic switch from electric-line mode to battery operating mode | ☐ Yes ☐ No |  |
| Continuous monitoring working time in battery operating mode not less than 2 hours. | ☐ Yes ☐ No |  |
| Integrated batteries charger. | ☐ Yes ☐ No |  |
| Low battery visual alarm | ☐ Yes ☐ No |  |
| 100% high capacity batteries with re-charging time not greater than 5 hours. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.8** | **ECG ,** **12 channels , with original trolley** | | | |
|  | **Name of Manufacturer** | **3** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Electrocardiogram (ECG) digital monitor and recorder, 12-leads detection, multi-channel recording, portable, AC and battery powered, with printer and accessories |  | ☐ Yes ☐ No |  |
|  | 12 channels ECG | ☐ Yes ☐ No |  |
|  | Measurement, interpretation, arrhythmia detection and ECG analysis | ☐ Yes ☐ No |  |
|  | Display for real time waves preview, electrodes placement, numeric data : ≥ 4 inches | ☐ Yes ☐ No |  |
|  | Keyboard integrated for patient data inserting | ☐ Yes ☐ No |  |
|  | Automatic, manual and urgent mode recording | ☐ Yes ☐ No |  |
|  | Recording speed should be 25 mm/ sec and 50 mm/ sec. |  | ☐ Yes ☐ No |  |
|  | Print output of different waves format (3x4, 6x2, 12x1) | ☐ Yes ☐ No |  |
|  | Printer should work with standard thermal paper(should be available in Local Market) | ☐ Yes ☐ No |  |
|  | Integrated high resolution thermal printer for waves, patient data, date time, hospital, interpretation | ☐ Yes ☐ No |  |
|  | Basic memory storage of exams | ☐ Yes ☐ No |  |
|  | Standard settings for filtering, patient data type, units selection, speed, waves gain | ☐ Yes ☐ No |  |
|  | Complete with trolley with castors with brakes and an integrated basket for accessories. | ☐ Yes ☐ No |  |
|  | Equipment compatible with patients with pacemakers and defibrillation protection. |  | ☐ Yes ☐ No |  |
|  | **Supplied with accessories** |  |  |
| ECG patient cable, with preferably detachable 12 leads electrodes extension | ☐ Yes ☐ No |  |
| 2 sets of 4 limbs clamps | ☐ Yes ☐ No |  |
| 2 sets of 6 section-cup type electrodes | ☐ Yes ☐ No |  |
| Set of 6 clips for disposable electrodes connection |  | ☐ Yes ☐ No |  |
| Set of 100 disposable adhesive electrodes | ☐ Yes ☐ No |  |
| 2 bottles of conductivity enhancing gel for adhesive electrodes | ☐ Yes ☐ No |  |
| Paper | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |  |
| A 220-240V, 50Hz single-phase electrical source  Compliant with IEC 60601 or equivalent |  | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage, over-current line conditions and defibrillator discharge. | ☐ Yes ☐ No |  |
| Integrated rechargeable battery | ☐ Yes ☐ No |  |
| Automatic switch from electric-line to battery operating mode and vice versa. | ☐ Yes ☐ No |  |
| Continuous monitoring working time in battery operating mode for not less than 1 hour. | ☐ Yes ☐ No |  |
| Frequency response 0.05Hz to 129 Hz.  Should have a digital filter for AC and EMG. |  | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.9** | **Sphygmomanometer , Mercury** | | | |
|  | **Name of Manufacturer** | **80** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Sphygmomanometers measure blood pressure, and reliable devices are essential for healthcare. Devices which register pressure using a mercury column |  | ☐ Yes ☐ No |  |
|  | Should have lock for mercury reservoir. | ☐ Yes ☐ No |  |
|  | Should have a measuring range from 0 to 300 mmHg. | ☐ Yes ☐ No |  |
|  | Should be provided with adult arm cuffs of size medium & large and paediatric cuff. | ☐ Yes ☐ No |  |
|  | The control valve should have a knurled thumb control device. The leak rate should not exceed 10 mm of mercury per minute. | ☐ Yes ☐ No |  |
|  | The manometer scale markings and graduations should be permanent and clearly visible and filled with pigments. | ☐ Yes ☐ No |  |
|  | The internal diameter of the manometer glass tube should be 4.1 ± 0.1 mm and the thickness not less than 2 mm. | ☐ Yes ☐ No |  |
|  | All plastic parts, if any used should not crack, flake, peel or disintegrate in normal use. | ☐ Yes ☐ No |  |
|  | The inflating rubber bag should be capable of withstanding an internal pressure of 450 mmHg without leaking. |  | ☐ Yes ☐ No |  |
|  | The inflating bulb should be soft and should not have any joints or ridges. | ☐ Yes ☐ No |  |
|  | The mercury used should be clean, double distilled and of 99.9% purity. | ☐ Yes ☐ No |  |
|  | The fastening arrangements of the cuff should be of hook and loop type (Velcro). |  | ☐ Yes ☐ No |  |
|  | The threading and fastening arrangement of the cuff should show no sign of slip or failure when subjected to the maximum test conditions. | ☐ Yes ☐ No |  |
|  | The rubber tubes used should have an internal diameter of 3 ± 0.5 mm and the external diameter should not be less than 8mm. | ☐ Yes ☐ No |  |
|  | The tubes should be fitted with male and female leur connectors. |  | ☐ Yes ☐ No |  |
|  | The housing case should be of robust design. It should have press to release lock. It should have metal hinges. The tube should be secured with metal screws and clamps. It should have mechanism to hold the lid in right angles and should prevent accidental dropping. All parts should be replaceable in case of breakage. | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.10** | **Stethoscope, Binaural (Adult & children)** | | | |
|  | **Name of Manufacturer** | **80** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Stethoscope, Binaural , , dual-use (adult and pediatric) |  | ☐ Yes ☐ No |  |
|  | Double cup, dual-use (adult and pediatric auscultation) chest piece in stainless steel or chrome plated brass. | ☐ Yes ☐ No |  |
|  | Adult diaphragm 43-47mm; pediatric diaphragm 28-36mm. | ☐ Yes ☐ No |  |
|  | Y tube treated rubber or PVC with 8-11mm diameter. | ☐ Yes ☐ No |  |
|  | Sensitivity from 3.2dB to 26dB in a range from 50 to 1000Hz for cardiology. | ☐ Yes ☐ No |  |
|  | Sensitivity 8.1dB in a range from 600 Hz to 1,500Hz for pneumology. | ☐ Yes ☐ No |  |
|  | Arms: stainless steel, or chrome brass |  | ☐ Yes ☐ No |  |
|  | Removable plastic ear-pieces. | ☐ Yes ☐ No |  |
|  | Latex-free. | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |
| **3.11** | **Ultrasonic Nebulizer** | | | |
|  | **Name of Manufacturer** | **22** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable.  **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | **Model/ catalogue number** |  | ☐ Yes ☐ No |  |
|  | **Country of Origin for the offered model** |  | ☐ Yes ☐ No |  |
|  | **Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance** |  | ☐ Yes ☐ No |  |
|  | **CE Or/& FDA Certificate** |  | ☐ Yes ☐ No |  |
|  | Ultrasonic Nebulizer with Mobile Stand On Castors or portable . |  | ☐ Yes ☐ No |  |
|  | Medication container at least 100 ml | ☐ Yes ☐ No |  |
|  | Nebulizing Rate: 20L / Min at Least. | ☐ Yes ☐ No |  |
|  | Nebulizing Timer: 0 - 30 Minutes & Continuous. | ☐ Yes ☐ No |  |
|  | Medical Fluid Chamber Capacity = 1.7MHz. Door Open, Occlusion, Low Voltage | ☐ Yes ☐ No |  |
|  | Treatment times are 50% less than a motor driven nebulizer |  | ☐ Yes ☐ No |  |
|  | Safe – Low battery indicator | ☐ Yes ☐ No |  |
|  | Overheat protection | ☐ Yes ☐ No |  |
|  | Distilled water or drinking water can be used |  | ☐ Yes ☐ No |  |
|  | **Accessories** |  | ☐ Yes ☐ No |  |
| portable battery pack | ☐ Yes ☐ No |  |
| pediatric mask | ☐ Yes ☐ No |  |
| adult mask |  | ☐ Yes ☐ No |  |
| nozzle |  | ☐ Yes ☐ No |  |
| air filter and mouthpiece | ☐ Yes ☐ No |  |
|  | **Electrical characteristics** |  |  |
| A 220-240V, 50Hz single-phase  compliant with IEC 60601 or equivalent | ☐ Yes ☐ No |  |
| Built-in protections against over-voltage, over-current line conditions | ☐ Yes ☐ No |  |
|  | **Safety and standards** |  |  |
| CE marked Or/& FDA approved for medical use. | ☐ Yes ☐ No |  |
| ISO 9001, ISO 13485 or equivalent | ☐ Yes ☐ No |  |
| **Copy of the above mentioned certificates shall be included in the offer** | ☐ Yes ☐ No |  |
|  | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. |  | ☐ Yes ☐ No |  |
|  | Transport, handle and store all products and materials in accordance with the manufacturer’s recommendations and in a manner that prevents damage or deterioration or excessive distortion. |  | ☐ Yes ☐ No |  |
|  | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. |  | ☐ Yes ☐ No |  |
|  | Technical offers must include brochures, data sheets and technical complete technical specifications. |  | ☐ Yes ☐ No |  |
|  | Upon delivery of the system, the supplier should show official documents showing the country of origin and the date of manufacturing the system as stated by the manufacturer, associated with the serial number. |  | ☐ Yes ☐ No |  |
|  | All equipment to be brand new, and latest in design and technology. |  | ☐ Yes ☐ No |  |
|  | Supplier must include full installation, acceptance testing, safety checks and commissioning of the system for clinical use as per the manufacturer’s recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. The installation engineer/technician as well as the enduser should be trained and authorized by manufacturer to do the installation. |  | ☐ Yes ☐ No |  |
|  | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines |  | ☐ Yes ☐ No |  |
|  | To submitt a spare part pricelist valid for 7 years starting date after the warranty completition |  | ☐ Yes ☐ No |  |

| **General Requirement** | | | |
| --- | --- | --- | --- |
|  | The authorization of manufacturer included in your offer | ☐ Yes ☐ No | Insert details |
|  | For devices manufactured in China, the supplier shall provide an FDA certificate/approval | ☐ Yes ☐ No | Insert details |
|  | Must be the manufacturer still produces equipment of offer when the offer submitted | ☐ Yes ☐ No | Insert details |
|  | The equipment shall include a non-removable label that state the country of manufacture (i.e. **Made in**…). | ☐ Yes ☐ No | Insert details |
|  | If the manufacturer plans to stop production of the awarded equipment referenced herein and/or to produce improved models before the delivery date, the Supplier shall notify UNOPS of this fact and provide the option of upgrading its purchase. It will be UNOPS decision to upgrade the equipment or to keep the originally ordered one. | ☐ Yes ☐ No | Insert details |
|  | **Quality Assurance and Standards conformity** |  |  |
| 6 | All medical equipment must be CE, FDA, and/or TUV certified (or equivalent). | ☐ Yes ☐ No | Insert details |
| 7 | Quality assurance tests shall be performed at the manufacturer site, prior to shipment. It shall insure high quality, proper and reliable functionality, and applicable standards conformity.. | ☐ Yes ☐ No | Insert details |
| 8 | Quality assurance test certificates shall indicate the serial number of the medical equipment tested, date of the test, types of tests, and acceptance criteria. | ☐ Yes ☐ No | Insert details |
| 9 | All equipment shall pass the Quality assurance tests successfully, and the test certificates shall be duly stamped by the manufacturer. Quality assurance test certificates shall be submitted to UNOPS, whenever requested. | ☐ Yes ☐ No | Insert details |
|  | **Full functionality** |  |  |
| 10 | The offered medical equipment shall include a full set of compatible parts, components, accessories, software, hardware, hardware/software interfaces, start-up consumables and howsoever required to put the medical equipment into fully operational condition. | ☐ Yes ☐ No | Insert details |
| 11 | Any parts, components, adapters, software, hardware etc, that are not mentioned in the detailed technical offer or purchase order, but required to put the product into fully operational condition shall be deemed part of the awarded medical equipment and must be provided by the Supplier at no additional cost. | ☐ Yes ☐ No | Insert details |
| 12 | All medical equipment shall contain the latest software version at the time of shipment, wherever applicable. | ☐ Yes ☐ No | Insert details |
| 13 | All medical equipment, or its component, that will be permanently built-in or mounted on floor, wall or ceiling shall include all needed fixtures, supports, arms, mounting parts/interfaces, finishing seals, and howsoever required to mount the unit and complete the installation, as per the manufacturer recommendation, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 14 | The Supplier shall be responsible to coordinate and liaise with UNOPS, the Consultant, Contractor, sub-contractors and suppliers of other medical equipment, to provide complete, integrated and fully functional and coordinated solutions wherever applicable. | ☐ Yes ☐ No | Insert details |
| 15 | The Supplier shall provide fully functional batteries for all equipment with internal batteries to the end-user at the time of taking over. | ☐ Yes ☐ No | Insert details |
| 16 | For equipment that requires water for its operation, the Supplier must stipulate the minimum and recommended acceptable water quality requirements. Hoses, adapters, filters etc shall be provided (wherever applicable). | ☐ Yes ☐ No | Insert details |
| 17 | All electrically operated equipment must be designed to run on the Yemeni standard AC power (voltages and frequencies) | ☐ Yes ☐ No | Insert details |
| 18 | Equipment operated at 110V (with and without transformers) shall NOT be acceptable. | ☐ Yes ☐ No | Insert details |
| 19 | All Electrically operated equipment should comply with IEC 60601 or equivalent | ☐ Yes ☐ No | Insert details |
|  | **Packaging, Shipping, Storage and Delivery** |  |  |
| 20 | The equipment package shall be well labeled, with instructions for handling, lifting, etc. | ☐ Yes ☐ No | Insert details |
| 21 | The equipment package shall be labeled with the Supplier name, Manufacturer, model number, and date of manufacture. | ☐ Yes ☐ No | Insert details |
| 22 | The equipment shall be packaged in a way to withstand handling, loading, unloading, temperature, humidity and other extremes likely to be encountered during shipping and transport. | ☐ Yes ☐ No | Insert details |
| 23 | The Supplier shall be responsible for shipping and delivery and installing of the equipment to the specified location as in the tender invitation and within the time frame stipulated in the tender invitation. | ☐ Yes ☐ No | Insert details |
| 24 | The Supplier shall be responsible to provide appropriate store for the medical equipment until the site is ready for immediate assembling and start up. The equipment shall be stored in supplier’s stores and delivered on demand to UNOPS projects’ sites. | ☐ Yes ☐ No | Insert details |
| 25 | All equipment shall be preserved and packaged in accordance with the manufacturer's standard practices, and to avoid damage to the system while in transport and shipment to its final destination. | ☐ Yes ☐ No | Insert details |
| 26 | The Supplier is responsible for loading, unloading, rigging and inside delivery of the medical equipment to its final destination room inside the building. | ☐ Yes ☐ No | Insert details |
| 27 | The Supplier shall be responsible for taking all appropriate actions to ensure that equipment can be brought safely into the facility and to the allocated locations. It shall be the responsibility of the Supplier to deliver all equipment in good condition. Any equipment damaged in shipping, transportation, or rigging shall be promptly replaced regardless of the status of any claims filed against the carrier. | ☐ Yes ☐ No | Insert details |
| 28 | During the warranty period, and if deemed necessary, the Supplier shall relocate the equipment to other locations at no additional cost. | ☐ Yes ☐ No | Insert details |
|  | **Assembling** |  |  |
| 29 | The Supplier shall assemble, mount, configure, calibrate, test and commission the medical equipment as per the published manufacturer’s instructions, applicable international & local standards, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 30 | Only experienced and qualified engineers shall assemble the medical systems and equipment. Competency and Training certificates for the installer, issued and letter headed by the manufacturer, shall be submitted whenever requested by UNOPS. | ☐ Yes ☐ No | Insert details |
| 31 | The Supplier’s work-in-progress activities (delivery, storage, rigging, assemble, inspection, etc) shall be subjected to verification, at any time by UNOPS. UNOPS will notify the Supplier of any observed deficiencies or non-conformity, which could cause suspension of acceptance of the proposed system until corrective action has been demonstrated | ☐ Yes ☐ No | Insert details |
|  | **Assembling, Testing & Commissioning inspection (ATCI)** |  |  |
| 32 | After assembling and prior to conducting the ‘Assembling, Testing & Commissioning Inspection (ATCI)’, the Supplier shall undertake its own pre-checks to verify that the equipment, its assembling and its performance conform to the published manufacturer’s specifications. All required parts, accessories and start-up consumables shall be included. | ☐ Yes ☐ No | Insert details |
| 33 | Only experienced and qualified engineers shall conduct the Assembling, Testing & Commissioning. Competency certificate, issued by the manufacturer, shall be submitted during the inspection, whenever requested. | ☐ Yes ☐ No | Insert details |
| 34 | Assembling, Testing & Commissioning Inspection shall demonstrate proper and safe Assembling and operation of the medical equipment as per the published manufacturer’s specifications and protocols, applicable standards, and to the satisfaction of UNOPS. | ☐ Yes ☐ No | Insert details |
| 35 | Whenever deemed necessary by UNOPS, the Supplier shall provide testing equipment, analyzers etc to verify proper function/performance of the equipment as per the published manufacturer’s specifications. All testing equipment, tools, analyzers, etc used for testing of medical equipment and systems shall be calibrated as per its manufacturer recommendation. Certificate of valid calibration shall be provided upon request. | ☐ Yes ☐ No | Insert details |
| 36 | The Supplier shall submit a printed list of Serial Numbers of all equipment assembled, and its location (room number). | ☐ Yes ☐ No | Insert details |
| 37 | Assembling, Testing & Commissioning Inspection forms/checklists shall be filled by the Supplier, and submitted to UNOPS. | ☐ Yes ☐ No | Insert details |
|  | **Training** |  |  |
| 38 | Following a successful Assembling, Testing & Commissioning inspection, the Supplier shall conduct training sessions for the clinical staff onsite. This training shall be scheduled at the convenience of the clinical staff. Training shall be for an appropriate period for the medical system. Training shall include, but not be limited to, training for( One BioMedical Engineer and Two users ) Following the completion of training, the Supplier shall, if requested, certify that trained personnel have completed the training program. | ☐ Yes ☐ No | Insert details |
| 39 | The Supplier shall submit a detailed description of the scheduled training for the clinical personnel and the technical training for biomedical engineers for all supplied equipment ( One BioMedical Engineer and Two users ) . This should include, but not limited to, detailed description of the training, location, scheduled time, duration, content, qualifications of instructor, and a list of who should attend the training. | ☐ Yes ☐ No | Insert details |
| 40 | The Supplier shall provide local service training for 2 biomedical engineers, unless otherwise instructed by UNOPS. | ☐ Yes ☐ No | Insert details |
|  | **Manuals** |  |  |
| 41 | The Supplier shall provide 1 original user manuals and 1 original technical service manuals. | ☐ Yes ☐ No | Insert details |
| 42 | Soft copy of user and service manuals (on CD) shall be also provided. | ☐ Yes ☐ No | Insert details |
| 43 | Technical service manuals shall include spare parts lists, electronic circuits schematic diagrams, and detailed troubleshooting guides (where applicable). | ☐ Yes ☐ No | Insert details |
|  | **Infection control** |  |  |
| 44 | Cleaning, disinfecting and/or sterilization of all medical equipment must comply with the Disease Control (CDC) guidelines or equivalent international standards. | ☐ Yes ☐ No | Insert details |
| 45 | The Supplier must provide the published manufacturer’s method statement for cleaning for all medical equipment. | ☐ Yes ☐ No | Insert details |
| 46 | The Supplier shall specify appropriate cleaning methods, procedures, and agents. | ☐ Yes ☐ No | Insert details |
|  | **Warranty and Maintenance:** |  |  |
| 47 | The Supplier shall provide full warranty for 2 year, as stipulated in the Invitation to Bid. The warranty shall cover free maintenance/labor and free spare parts throughout the warranty period. The warranty period shall include manufacturer defects. | ☐ Yes ☐ No | Insert details |
| 48 | The Supplier shall provide stickers/labels on each equipment, stating the name of local agent, email, phone and fax numbers, as well as the dates for scheduled preventive maintenance during the free warranty period, as well as the expiration date of the warranty period. | ☐ Yes ☐ No | Insert details |
| 49 | The Supplier shall conduct scheduled Preventive Maintenance (PM) according to the manufacturer recommendations, applicable standards, and accrediting agencies. | ☐ Yes ☐ No | Insert details |
| 50 | Documented PM reports shall be submitted, and signed by the biomedical engineers/technicians onsite. | ☐ Yes ☐ No | Insert details |
| 51 | Response to service calls by factory-trained service engineers shall be within 1 day. If the Supplier fails to adhere to this requirement, then the free warranty period for the affected equipment shall be extended 1 week per each incident. | ☐ Yes ☐ No | Insert details |
| 52 | The Supplier shall fix malfunctioning equipment within a maximum of 1 week from the date of notification. | ☐ Yes ☐ No | Insert details |
| 53 | The Supplier shall replace or repair all defective equipment and software, and shall correct any defects -without charges for parts or labor- both during and after regular working hours, during the warranty period. | ☐ Yes ☐ No | Insert details |
| 54 | The following effectiveness level provisions shall apply to the medical equipment during the warranty and subsequent support periods. Uptime is defined as the state when the system is working and/or available for use, to UNOPS/MOH satisfaction. Downtime is defined as the state when the system is NOT operable due to breakdown, performance of repairs, or failure to perform according to specifications. The period of downtime shall be from notification of the manufacturer's service representative until the equipment is returned/presented to the designated UNOPS/MOH representative properly functioning and ready for use. | ☐ Yes ☐ No | Insert details |
| 55 | Scheduled routine preventive maintenance, scheduled upgrades of equipment or software, and external failures (i.e., due to power loss etc) shall not be considered downtime. | ☐ Yes ☐ No | Insert details |
| 56 | Preventive maintenance work, software upgrades and other non-urgent services shall be performed at predetermined times convenient to UNOPS/MOH. These times may include off-hours. | ☐ Yes ☐ No | Insert details |
| 57 | Scheduled routine preventive maintenance, scheduled upgrades of equipment or software, and external failures (i.e., due to power loss etc) shall not be considered downtime. | ☐ Yes ☐ No | Insert details |
| 58 | Preventive maintenance work, software upgrades and other non-urgent services shall be performed at predetermined times convenient to UNOPS/MOH. These times may include off-hours. | ☐ Yes ☐ No | Insert details |
| 59 | Supplier shall provide a replacement of any defective equipment or components that cannot be repaired or corrected to the satisfaction of UNOPS/MOH during the warranty or service contract period. The replacement/substituted equipment shall be technically equivalent and with similar quality of the defective equipment. Replacement shall be limited to 3 months, as the original defective equipment must be fixed within this period. | ☐ Yes ☐ No | Insert details |
| 60 | All warranties and rights shall be transferable from UNOPS to the Ministry Of Health (MOH) upon transfer of ownership, the date of which shall be agreed between UNOPS and the MOH. | ☐ Yes ☐ No | Insert details |
| 61 | The Supplier should submit a confirmation letter that spare parts are available at least 7 years after the expiration of the warranty period. | ☐ Yes ☐ No | Insert details |
| 62 | The Supplier shall submit a complete priced spare parts list, and priced consumables/reagents list where applicable, (prices in USD and include customs fees, sales tax and any other fees, taxes or governmental or non-governmental charges). In case any spare part is needed during this period and is not included in the list submitted in the tender, it will be supplied to MOH free of charge.. | ☐ Yes ☐ No | Insert details |

**Delivery requirements and Comparative Data Table:**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods **3 months** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Delivery at Place **DAP** to **Several Hospitals – Multi Cities in Yemen.**  **Unloaded, customs cleared**  Incoterms rules as per Incoterms 2020. | ☐ Yes ☐ No | Insert details |
| **Consignee 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 +/- [20%] , without any change in the unit prices or other terms and conditions of the RFQ. | ☐ Yes ☐ No | Insert details |

**00ax: +45 45 33 75 01**

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section II: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Form D: Previous Experience Form

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

**In the table below bidder should fill their previous experience showing that the bidder is in continuous business of supplying same goods for the last (2) Years, please make sure to fill all requested cells**

| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form E: Joint Venture Partner Information Form**

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

RFQ reference no: [Insert UNOPS tender reference number]

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) |  |
| **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 F: Manufacturer’s Authorization Form**

A letter issued by the manufacturer authorizing the applicant to participate in this particular RFQ must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: **[bidder to insert]**

**WHEREAS**

We ***[insert complete name of manufacturer***], who are official manufacturers of [***insert type of goods manufactured],*** having factories at ***[insert full address of manufacturer’s factories***], do hereby authorize ***[insert complete name of bidder]*** to submit a bid the purpose of which is to provide the following goods, manufactured by us ***[insert name and or brief description of the goods]***, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 13 of the General Conditions for Goods, with respect to the goods offered by the above firm.

Signed: [***insert signature(s) of authorized representative(s) of the manufacturer]***

Name***: [insert complete name(s) of authorized representative(s) of the manufacturer]***

Title: ***[insert title]***

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ ***[insert date of signing]***

**Form G: Bid Securing Declaration**

Date: [Insert date]

Tender reference number: [Insert UNOPS tender reference number]

We, the undersigned, declare that:

1. We understand that, according to your conditions, offers must be supported by a bid securing declaration.
2. We accept that we could be declared ineligible to participate in future UNOPS tenders in accordance with the regulations stipulated in the Procurement Manual section 3.3 Vendor Ineligibility if we violate our obligation (s) under the conditions of the offer if:
3. we withdraw our offer during the period of the offer validity specified by us in the offer submission form; or
4. we do not accept the correction of errors in accordance with the Instructions to Bidders in the bidding documents; or
5. after having been notified of the acceptance of our offer during the period of bid validity thereof, (i) we do not execute or refuse to execute the Contract form, if required; or (ii) we do not supply or refuse to provide the performance security.
6. We understand that this bid securing declaration will expire if we are not the successful bidders, and when one of the following events occurs first: (i) we receive a copy of your notification with the name of the successful bidder; or (ii) twenty-eight days have elapsed after the expiration of our offer.

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 H: INDEPENDENT BID DECLARATION**

**This document does not require notarization.**

Bid for the supply of *[*[……….]*]* in *[*……….]*]*, invitation to bid no.: [……….], dated [……….]

The undersigned, on submission of a bid for the competitive procurement process or invitation to bid (hereinafter referred to as “the bid”) for the *[insert brief description of the goods and/or services]* in *[name of country/city] –* invitation to bid no.: [insert invitation to bid ref. no.], in response to the call for bids made by the United Nations Office for Project Services (UNOPS), I hereby make the following statements, which I declare to be true and complete in all respects.

On behalf of [name of bidder or joint venture], hereinafter “the Bidder”, **I declare** that:

1. I understand that the bid submitted shall be disqualified if this statement is found not to be true and complete in all respects.
2. I am authorized by the Bidder to sign this declaration and to submit the attached bid on behalf of the Bidder.
3. Each person whose signature appears on the submitted bid has been authorized by the Bidder to establish its terms and to sign it on behalf of the Bidder.
4. For the purposes of this statement and the bid submitted, I understand that the word “competitor” shall include any natural or legal person, other than the Bidder, whether affiliated with the Bidder or not, who:
5. has been asked to submit a bid in response to this invitation to bid
6. might potentially submit a bid in response to this invitation to bid, based on their qualifications, skills or experience.
7. The Bidder discloses that (select the appropriate option from the following subsections, 5 (a) or 5 (b)):
8. The Bidder has submitted the bid independently and without consultation, communication, agreement or arrangement with any competitor: YES ☐ NO ☐
9. The Bidder has entered into consultation, communication, agreement or arrangement with one or more competitors with respect to this invitation to bid, full details of which the Bidder discloses in the accompanying documents, including the names of the competitors and the nature of and reasons for such consultation, communication, agreement or arrangement: YES ☐ NO ☐
10. In particular, and without limiting the generality of paragraphs 5 (a) or 5 (b) above, there has been no consultation, communication, agreement or arrangement with any competitor with respect to:
11. prices
12. methods, factors or formulas used to calculate prices
13. the intention or decision to submit a bid or not, or
14. the submission of a bid that does not meet the specifications of the invitation to bid, except as specifically disclosed under paragraph 5 (b) above.
15. In addition, there has been no consultation, communication, agreement or arrangement with any competitor as to the quality, quantity, specifications or delivery details for the products or services to which this invitation to bid relates as specifically disclosed under paragraph 5 (b) above.
16. The terms of the bid submitted have not been and shall not be knowingly disclosed by the Bidder, whether directly or indirectly, to any competitor prior to the date and time of the official bid-opening ceremony, or contract-awarding ceremony, whichever comes first.
17. I declare that the company I represent has commercial links with the following
18. corporations: [indicate the corporations that may or may not submit a bid for the purpose of this invitation to bid, detailing their commercial names and the type of links that exist with them.[[1]](#footnote-0) If there are no commercial links with any corporations, please enter “None”].

The above statements are also true and complete for the members of the joint venture: YES ☐ NO ☐ [If the answer is NO, details must be included of the members for whom any of the above statements are not met. This paragraph may be deleted if the Bidder is not a joint venture].

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM I: UNITED NATIONS SUPPLIER CODE OF CONDUCT DECLARATION OF ELIGIBILITY**

**UNOPS expects all bidders to act in accordance with the highest ethical standards throughout the competitive procurement process, as well as during the validity of any contract that may be awarded to them through the process. Therefore, all bidders must declare and ensure the following.**

**If the bidder’s status in relation to this declaration changes, it must inform UNOPS immediately. Failure to comply with this requirement shall automatically render the bidder ineligible. This document does not require notarization.**

Bid for the supply of *[…………]* in *[……………….]*, invitation to bid no.: [……….], dated [……….].

The undersigned, on submission of a bid for the competitive procurement process or invitation to bid (hereinafter referred to as “the bid”) for the *[insert brief description of the goods and/or services]* in *[name of country/city] –* invitation to bid no.: Invitation to bid no.: [insert invitation to bid ref. no.], in response to the call for bids made by the United Nations Office for Project Services (UNOPS), I hereby make the following statements:

1. We have not and shall not engage in proscribed practices in connection with the UNOPS competitive procurement processes. For the purposes of this provision, a “proscribed practice” means any of those listed on the UNOPS website under “Vendor Sanctions”, including those listed below:

* Corrupt practice: the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence improperly the actions of another party.
* Fraudulent practice: any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation.
* Coercive practice: any act or omission that impairs or harms, or threatens to impair or harm, directly or indirectly, any party or the property of the party to improperly influence the actions of a party.
* Collusive practice: an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party.
* Unethical practice: conduct or behaviour that is contrary to the conflict of interest, gifts and hospitality, post-employment provisions or other published requirements of doing business with UNOPS.
* Obstruction: acts or omissions by a vendor that prevent or hinder UNOPS from investigating instances of possible proscribed practices.

1. We understand that in the event of any breach of these declarations or guarantees, UNOPS shall have the right to reject any bid submitted by us and may terminate any contract awarded to us as a result of any competitive procurement process, giving immediate notice thereof, and that UNOPS shall not be liable for termination charges or any other charges. In addition, UNOPS may exclude us from future work with the organization or other entities within the United Nations system.
2. We commit to adhering to the highest ethical standards during the execution of any contract, in accordance with point *40. Ethics and corrupt practices* of *Section II: instructions to bidders* of the bidding document.
3. We understand that UNOPS may cancel or terminate the contract, without penalty and without notice, if we are found to have engaged in collusion, corrupt practices or unethical behaviour, and may also declare us – both our organization and its board of directors and/or individual staff – ineligible indefinitely or for a limited period of time. We understand that UNOPS may also cancel or rescind contracts for the same reason.
4. We shall not employ, nor do we plan to employ, any person who has been a United Nations official in the past year. If an employee has been a United Nations official, they shall have had no professional relationship with us in the last three (3) years of their service with the United Nations.

The above statements are also true and complete for the members of the joint venture: YES ☐ NO ☐ [If the answer is NO, details must be included of the members for whom any of the above statements are not met. This paragraph may be deleted if the Bidder is not a joint venture].

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Bidders with commercial links are **required** to clearly state such links. Failure to do so may be interpreted as a proscribed practice as set out in Section 1.5.3.2 of the UNOPS Procurement Manual. [↑](#footnote-ref-0)