**Section III: Returnable Bidding Forms**eSourcing reference: ITB/2023/47723

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

This Section comprises the following Returnable Bidding Forms:

* Form A: Joint Venture Partner Information Form (if applicable)
* Form B: Bid Submission Form
* Form C: Price Schedule Form
* Form D: Technical Bid Form
* Form E: No Adverse Action Confirmation Form
* Form F: Manufacturer’s authorization form
* Form G: Performance Statement Form

**Form A: Joint Venture Partner Information Form**

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

ITB reference no: ITB/2023/47723

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

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

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

Signatures of all partners of the JV:

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

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Form B: Bid Submission Form**

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

Date: [Insert submission date]

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

We, the undersigned, declare that:

* 1. We have examined and have no reservations to the bidding documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
  3. The total price of our bid, excluding any discounts offered in item (d) below, is: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
  4. The discounts offered and the methodology for their application are:
* Discounts: If our bid is accepted, the following discounts shall apply. [Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]
* Methodology of application of the discounts: The discounts shall be applied using the following method: [Specify in detail the method that shall be used to apply the discounts];
  1. Our bid 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 Bids] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  2. If our bid is accepted, and if so requested in the Tender Particulars section, we commit to obtain a performance security in accordance with Instructions to Bidders Article 34 and the General Conditions of Contract;
  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;
  4. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgement or pending legal action against them that could impair their operations in the foreseeable future;
  5. Our firm confirms that the Bidder and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  6. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  7. Our firm, its affiliates or subsidiaries – including any subcontractors or suppliers for any part of the contract – has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 4, Eligibility;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded;
  9. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

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

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

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

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

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

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

**Form C: Price Schedule Form**

ITB reference no: ITB/2023/47723

Name of Bidder: [insert name of bidder]

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

**Bid Summary**

| **Lot 1** | |
| --- | --- |
| Bidder’s Total prices CPT/CFR (Price of goods CPT + Related Services if applicable) | [insert amount and currency] |
| Bidder’s Total prices CFA/CFR (Price of goods FCA + Related Services if applicable) | [insert amount and currency] |
| Total Price of Goods CPT | [insert amount and currency] |
| Total Price of Goods CFA | [insert amount and currency] |
| Total Price of Related Services | [insert amount and currency] |
| Freight Cost per 20/40 ft. container (if applicable) | [insert amount and currency] |
| Customs clearance costs (if applicable) | [insert amount and currency] |
| **Lot 2** | |
| Bidder’s Total prices CPT/CFR (Price of goods CPT + Related Services if applicable) | [insert amount and currency] |
| Bidder’s Total prices CFA/CFR (Price of goods FCA + Related Services if applicable) | [insert amount and currency] |
| Total Price of Goods CPT | [insert amount and currency] |
| Total Price of Goods CFA | [insert amount and currency] |
| Total Price of Related Services | [insert amount and currency] |
| Freight Cost per 20/40 ft. container (if applicable) | [insert amount and currency] |
| Customs clearance costs (if applicable) | [insert amount and currency] |

**Prices for Goods**

**Lot 1: Haemodialysis Machine & Water treatment equipment (Water filtration, water softener and reverse osmosis)**

| Item/ lot | Description | Qty | Currency | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit price FCA | Unit price CPT | Total price FCA | Total price  CPT |
| 1.1 | **Hemodialysis Machine**  *Each machine must be delivered with 250 Hemodialysis sessions kits and consumables.*  **Description of Function**  Haemodialysis is a method for removing waste products as well as free water from the blood when the Kidneys are incapable of this.  **Operational Requirement**  **1- Bicarbonate/Acetate Haemodialysis**. The blood pump should run even in the absence of water or dialysate flow. Single needle dialysis using one blood pump. Isolated ultrafiltration/Sequential dialysis should be possible.  **Technical Specification.**  **2-** Should have a facility for conventional & high flux dialysis. The Machine should have a color monitor display.  **3- Blood flow rate minimum range** should be 50 – 600ml/minute (Accuracy: ± 10% or better, Resolution: 10 mL/min or better) & adaptable to standard AV blood lines.  **4-** Dialysate flow rate ranges from 300 – 800 ml/minute (minimum range).  **5-** Heparin pump: Delivery range 0.5 ml/min – 10 ml/min, Bolus function: 1.0 to 10.0 mL (minimum range)  **6-** Syringe size: At least 20 mL and 30 mL.  **7-** Automatic set up and priming is preferred.  **8-** Positive and negative extracorporeal circuit pressure shall not affect the infusion rate.  **9-** Optical Detector should be there to sense light and dark (blood and saline) and should not be affected by ambient light.  **10**- Self-check test.  **11-** Built in NIBP monitoring (Systole: 60 mmHg to 240 mmHg, Diastole: 40 mmHg to 200 mmHg, MAP: 45 mmHg to 235 mmHg, Pulse: 40 to 200 1/min, Accuracy: ≤ ± 5 mmHg, Resolution: 1 mmHg).  **12-** Should have built in facilities of hot & chemical disinfection with both short & long disinfection and 2 nos of 5 liters pack of hot disinfectant competent with quoted model with each machine should be supplied (or better technology).  **13-** Should have Arterial Monitoring (Display range: –300 mmHg to +300 mmHg, Accuracy: ± 7 mmHg, Resolution: 5 mmHg)  **14-** Should have Venous pressure monitoring (Display range: –100 mmHg to +500 mmHg, Accuracy: ± 7 mmHg, Resolution: 5 mmHg)  **15-** Alarm should be activated for air bubbles and microbubbles over the entire blood flow.  **16-** Should have facility to change sodium range 130 – 150 mmol/l  **17-** Temperature control range should be 35.0 degree C to 39.0 degree C. The dialysate conductivity shall be adjusted by setting the sodium concentration.  **18-** Machine should have inbuilt sodium & ultrafiltration profiling.  **19-** Machine should have a blood leak detector alarm with a Sensitivity of : ≤ 0.35 mL blood/min (or better).  **20-** Ultrafiltration rate should be 0 to 4L/ hr given by the set values of UF volume and treatment time.  **21-** Treatment Time adjustable up to 9 hr 59 min. in 1 min increment.  **22-** TMP Monitoring should be displayed.  **23-** Built-in device for measurement and monitor of effective urea clearance (K) dialysis dose (Kt/V), and plasma sodium (Na) automatically during treatment.  **24-** The measurement of effective urea clearance (K), dialysis dose (kt/V and plasma sodium (Na) shall be performed in noninvasive, real-time mode without additional disposable required during treatment.  **25-** Facility for heat, chemical disinfection and auto-switch off.  **26-** Should have inbuilt Dry Bicarbonate powder module to provide hygiene online mixing to avoid precipitation and it should be supplied with each machine (10 nos) and should be competent with quoted model.  **27-** Machine should have a built-in facility of endotoxin retention filter and should have an automatic programme and guidance message for changing the filter.  **System Configuration Accessories, Spares and consumables**  **28**- System application software to be in at least French and English while in Portuguese (if possible)  **29-** All consumables required for installation and standardization of the system to be given free of cost.  **30- Company must supply Bacterial filters-6 sets extra and 100 dialyzers with tubings free of cost.**  **31- Environmental Factors** Machine should operate & being stored under extreme temperature conditions of lowest 2 degrees C and highest 48 degree C and humidity of > 80%. Power supply:Power input to be 200-240VAC, 50Hz fitted with Guinee- Bissau plug. Machine should have battery backup for at least 15 min in case of AC power failure. One online UPS (minimum 3KVA) with at least 30 min power backup must be supplied with each machine.  **32- Standard, Safety and Training**  **The machine should be:**  **- ISO13485,**  **-ISO 9001 or Manufacturer’s QMS certificate,**  **-US FDA/European CE certified.**  **-Shall comply with IEC 60601-2-16 SAFETY requirements of medical electric equipment Part-2 All certificate copies should be provided.**  **33- Comprehensive users' and service training and support services till familiarity with the system must be included in the offer.**  **34- Documentation** User/Technical/Maintenance manuals to be supplied in French and English (Portuguese if possible). Certificate of calibration and inspection.  **35-** List of Equipment available for providing calibration and routine Preventive Maintenance Support. As per manufacturer documentation in service/technical manual.  **36-** List of important spare parts and accessories with their part number and costing.  **37 -**Log book with instruction for daily, weekly, monthly and quarterly maintenance checklist.  **38-** Web site of the parent company to be mentioned, for verification of the detail and specification, if required.  **39-** Machine at the time of supply will be of the same year of manufacture.  **40-** Companies must ensure uninterrupted supply of consumables for at least five years after installation and commissioning date.  **41-** The job description of the hospital technician and company service engineer should be clearly spelt out.  **42-** Demonstration Is Must As And When Required.  **43-** Each machine must be delivered with 250 Hemodialysis sessions kits and consumables.  Comprehensive users' and service training and support services till familiarity with the system must be included in the offer. | 10 |  |  |  |  |
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| 1.2 | ***Water treatment equipment (Water filtration, water softener and reverse osmosis)*** *must be sized, delivered, installed, commissioned along with the hemodialysis delivered and have capacity to supply treated water to at least 20 Hemodialysis units.*  ***45- Incorporated monitoring instruments to the water treatment plant for continuous water quality control monitoring.***  ***46- Must be ISO9001 certified or Manufacturer’s QMS certificate***  ***47- Must be ISO 23500-2:2019 certified.***  ***48- All certificate copies must be provided.***  ***49- The below reference list must be used to provide a water quality control report during system installation with the maximum concentration expected.***   | ***Contaminant*** | ***Max Concentration (mg/L)*** | | --- | --- |   *Selenium 0.09****1-Contaminants with documented toxicity to haemodialysis***  *Aluminum 0.01*  *Total chlorine 0.1*  *Copper 0.1*  *Fluoride 0.2*  *Lead 0.005*  *Nitrate (as N) 2*  *Sulfate 100*  *Zinc 0.1*  ***2-Electrolytes normally included in dialysis fluid***  *Calcium 2 (0.05 mmol/L)*  *Magnesium 4 (0.15 mmol/L)*  *Potassium 8 (0.2 mmol/L)*  *Sodium 70 (3.0 mmol/L)*  ***3-race elements***  *Antimony 0.006*  *Arsenic 0.005*  *Barium 0.1*  *Beryllium 0.0004*  *Cadmium 0.001*  *Chromium 0.014*  *Mercury 0.0002*  *Silver 0.005*  *Thallium 0.002* | 01 |  |  |  |  |

**Lot 2: External** ***Quality control monitoring instruments for hemodialysis water***

| Item/ lot | Description | Qty | Currency | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit price FCA | Unit price CPT | Total price FCA | Total price  CPT |
| 2.1 | **Handheld Digital conductivity & Resistivity meter**   * Meter Type : Portable * Display type : LCD * Min Conductivity : 0 - 2000 uS (minimum range) * Max Conductivity0 - 200 mS (minimum range) * Conductivity Resolution: 0.01 , 0.1, or 1 μS; 0.01, or 0.1 mS (or better) * Cell Constant K = 0.1, 1.0, or 10 (or better) * Temperature : 10 (° C) to 110 (° C) (minimum range) * Temperature compensation : both Automatic and manual * Resistivity: 2 to 20 MΩ•cm (minimum range) * Total Dissolved Solids (TDS) : 0 to 35.0 g/L (minimum range) * Salinity: 0 to 25.0 ppt (minimum range) * Waterproof * **ISO 9001 certified or Manufacturer’s QMS certificate, or Equivalent** | 02 |  |  |  |  |
| 2.2 | **Handheld PH meter specifications**   * Measuring Range: 0 to 14.0 * pH Resolution: 0.01 (or better) * pH Accuracy: +/-0.01 (or better) * pH Operation Temperature: 0 to 60℃ * Waterproof * **ISO 9001 certified or Manufacturer’s QMS certificate, or Equivalent** | 02 |  |  |  |  |
| 2.3 | **Handheld Digital Chlorine Meter specifications**   * Total Chlorine minimum Range: 0.01 to 10 ppm (10 to 50 ppm using dilution method) * Accuracy : ±10% rdg. ±0.01 ppm (or better) * Waterproof * **ISO 9001 certified or Manufacturer’s QMS certificate, or Equivalent** | 02 |  |  |  |  |

Note: Equipment installation and commissioning price must be all-inclusive (include all applicable costs e.g travel, accommodation, etc.)

**Bidder’s delivery data**

**Lot 1**

| Country of origin of offered products | Item 1.1 |  | | | |
| --- | --- | --- | --- | --- | --- |
| Country of origin of offered products | Item 1.1 |  | | | |
| Country of origin of offered products | Item 1.2 |  | | | |
| Country of origin of offered products | Item 1.2 |  | | | |
| Shipment dimensions of offered products (Including package) |  | Gross weight | Total volume | Containers (if applicable) | |
| Number | Size |
| Item 1.1 |  |  |  |  |
| Item 1.2 |  |  |  |  |
| Total |  |  |  |  |

**Lot 2**

| Country of origin of offered products | Item 2.1 |  | | | |
| --- | --- | --- | --- | --- | --- |
| Country of origin of offered products | Item 2.1 |  | | | |
| Country of origin of offered products | Item 2.2 |  | | | |
| Country of origin of offered products | Item 2.2 |  | | | |
| Country of origin of offered products | Item 2.3 |  | | | |
| Country of origin of offered products | Item 2.3 |  | | | |
| Shipment dimensions of offered products (Including package) |  | Gross weight | Total volume | Containers (if applicable) | |
| Number | Size |
| Item 2.1 |  |  |  |  |
| Item 2.2 |  |  |  |  |
| Item 2.3 |  |  |  |  |
| Total |  |  |  |  |

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

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

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

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

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

**Form D: Technical Bid Form**

(Please fill in properly the form indicating your proposed offer for each parameter. Otherwise your bid may be rejected)

ITB reference no: ITB/2023/47723

Name of Bidder: [insert name of bidder]

Bidders are required to complete the Comparative Data Tables included in Section II: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your bid.

1. **Technical specifications for Goods – Comparative Data Table**

**Lot 1: Haemodialysis Machine & *Water treatment equipment (Water filtration, water softener and reverse osmosis)***

| Item No | UNOPS minimum technical requirements | Quantity | ? Bidder to complete | Details of goods offered. |
| --- | --- | --- | --- | --- |
| 1.1 | **Hemodialysis Machine**  *Each machine must be delivered with 250 Hemodialysis sessions kits and consumables.*  **Description of Function**  Haemodialysis is a method for removing waste products as well as free water from the blood when the Kidneys are incapable of this.  **Operational Requirement**  **1- Bicarbonate/Acetate Haemodialysis**. The blood pump should run even in the absence of water or dialysate flow. Single needle dialysis using one blood pump. Isolated ultrafiltration/Sequential dialysis should be possible.  **Technical Specification.**  **2-** Should have a facility for conventional & high flux dialysis. The Machine should have a color monitor display.  **3- Blood flow rate minimum range** should be 50 – 600ml/minute (Accuracy: ± 10% or better, Resolution: 10 mL/min or better) & adaptable to standard AV blood lines.  **4-** Dialysate flow rate ranges from 300 – 800 ml/minute (minimum range).  **5-** Heparin pump: Delivery range 0.5 ml/min – 10 ml/min, Bolus function: 1.0 to 10.0 mL (minimum range)  **6-** Syringe size: At least 20 mL and 30 mL.  **7-** Automatic set up and priming is preferred.  **8-** Positive and negative extracorporeal circuit pressure shall not affect the infusion rate.  **9-** Optical Detector should be there to sense light and dark (blood and saline) and should not be affected by ambient light.  **10**- Self-check test.  **11-** Built in NIBP monitoring (Systole: 60 mmHg to 240 mmHg, Diastole: 40 mmHg to 200 mmHg, MAP: 45 mmHg to 235 mmHg, Pulse: 40 to 200 1/min, Accuracy: ≤ ± 5 mmHg, Resolution: 1 mmHg).  **12-** Should have built in facilities of hot & chemical disinfection with both short & long disinfection and 2 nos of 5 liters pack of hot disinfectant competent with quoted model with each machine should be supplied (or better technology).  **13-** Should have Arterial Monitoring (Display range: –300 mmHg to +300 mmHg, Accuracy: ± 7 mmHg, Resolution: 5 mmHg)  **14-** Should have Venous pressure monitoring (Display range: –100 mmHg to +500 mmHg, Accuracy: ± 7 mmHg, Resolution: 5 mmHg)  **15-** Alarm should be activated for air bubbles and microbubbles over the entire blood flow.  **16-** Should have facility to change sodium range 130 – 150 mmol/l  **17-** Temperature control range should be 35.0 degree C to 39.0 degree C. The dialysate conductivity shall be adjusted by setting the sodium concentration.  **18-** Machine should have inbuilt sodium & ultrafiltration profiling.  **19-** Machine should have a blood leak detector alarm with a Sensitivity of : ≤ 0.35 mL blood/min (or better).  **20-** Ultrafiltration rate should be 0 to 4L/ hr given by the set values of UF volume and treatment time.  **21-** Treatment Time adjustable up to 9 hr 59 min. in 1 min increment.  **22-** TMP Monitoring should be displayed.  **23-** Built-in device for measurement and monitor of effective urea clearance (K) dialysis dose (Kt/V), and plasma sodium (Na) automatically during treatment.  **24-** The measurement of effective urea clearance (K), dialysis dose (kt/V and plasma sodium (Na) shall be performed in noninvasive, real-time mode without additional disposable required during treatment.  **25-** Facility for heat, chemical disinfection and auto-switch off.  **26-** Should have inbuilt Dry Bicarbonate powder module to provide hygiene online mixing to avoid precipitation and it should be supplied with each machine (10 nos) and should be competent with quoted model.  **27-** Machine should have a built-in facility of endotoxin retention filter and should have an automatic programme and guidance message for changing the filter.  **System Configuration Accessories, Spares and consumables**  **28**- System application software to be in at least French and English while in Portuguese (if possible)  **29-** All consumables required for installation and standardization of the system to be given free of cost.  **30- Company must supply Bacterial filters-6 sets extra and 100 dialyzers with tubings free of cost.**  **31- Environmental Factors** Machine should operate & being stored under extreme temperature conditions of lowest 2 degrees C and highest 48 degree C and humidity of > 80%. Power supply:Power input to be 200-240VAC, 50Hz fitted with Guinee- Bissau plug. Machine should have battery backup for at least 15 min in case of AC power failure. One online UPS (minimum 3KVA) with at least 30 min power backup must be supplied with each machine.  **32- Standard, Safety and Training**  **The machine should be:**  **- ISO13485,**  **-ISO 9001 or Manufacturer’s QMS certificate,**  **-US FDA/European CE certified.**  **-Shall comply with IEC 60601-2-16 SAFETY requirements of medical electric equipment Part-2**  **All certificate copies should be provided.**  **33- Comprehensive users' and service training and support services till familiarity with the system must be included in the offer.**  **34- Documentation** User/Technical/Maintenance manuals to be supplied in French and English (Portuguese if possible). Certificate of calibration and inspection.  **35-** List of Equipment available for providing calibration and routine Preventive Maintenance Support. As per manufacturer documentation in service/technical manual.  **36-** List of important spare parts and accessories with their part number and costing.  **37 -**Log book with instructions for daily, weekly, monthly and quarterly maintenance checklist.  **38-** Web site of the parent company to be mentioned, for verification of the detail and specification, if required.  **39-** Machine at the time of supply will be of the same year of manufacture.  **40-** Companies must ensure uninterrupted supply of consumables for at least five years after installation and commissioning date.  **41-** The job description of the hospital technician and company service engineer should be clearly spelt out.  **42-** Demonstration Is Must As And When Required.  **43-** Each machine must be delivered with 250 Hemodialysis sessions kits and consumables.  Comprehensive users' and service training and support services till familiarity with the system must be included in the offer. | 10 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications). |
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| 1.2 | ***Water treatment equipment (Water filtration, water softener and reverse osmosis)*** *must be sized, delivered, installed, commissioned along with the hemodialysis delivered and have capacity to supply treated water to at least 20 Hemodialysis units.*  ***45- Incorporated monitoring instruments to the water treatment plant for continuous water quality control monitoring.***  ***46- Must be ISO9001 certified or Manufacturer’s QMS certificate***  ***47- Must be ISO 23500-2:2019 certified.***  ***48- All certificate copies must be provided.***  ***49- The below reference list must be used to provide a water quality control report during system installation with the maximum concentration expected.***   | ***Contaminant*** | ***Max Concentration (mg/L)*** | | --- | --- |   *Selenium 0.09****1-Contaminants with documented toxicity to haemodialysis***  *Aluminum 0.01*  *Total chlorine 0.1*  *Copper 0.1*  *Fluoride 0.2*  *Lead 0.005*  *Nitrate (as N) 2*  *Sulfate 100*  *Zinc 0.1*  ***2-Electrolytes normally included in dialysis fluid***  *Calcium 2 (0.05 mmol/L)*  *Magnesium 4 (0.15 mmol/L)*  *Potassium 8 (0.2 mmol/L)*  *Sodium 70 (3.0 mmol/L)*  ***3-race elements***  *Antimony 0.006*  *Arsenic 0.005*  *Barium 0.1*  *Beryllium 0.0004*  *Cadmium 0.001*  *Chromium 0.014*  *Mercury 0.0002*  *Silver 0.005*  *Thallium 0.002* | 01 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications). |

**Lot 2: External** ***Quality control monitoring instruments for hemodialysis water***

| Item No | UNOPS minimum technical requirements | Quantity | ? Bidder to complete | Details of goods offered. |
| --- | --- | --- | --- | --- |
| 2.1 | **Handheld Digital conductivity & Resistivity meter**   * Meter Type : Portable * Display type : LCD * Min Conductivity : 0 - 2000 uS (minimum range) * Max Conductivity0 - 200 mS (minimum range) * Conductivity Resolution: 0.01 , 0.1, or 1 μS; 0.01, or 0.1 mS (or better) * Cell Constant K = 0.1, 1.0, or 10 (or better) * Temperature : 10 (° C) to 110 (° C) (minimum range) * Temperature compensation : both Automatic and manual * Resistivity: 2 to 20 MΩ•cm (minimum range) * Total Dissolved Solids (TDS) : 0 to 35.0 g/L (minimum range) * Salinity: 0 to 25.0 ppt (minimum range) * Waterproof * **ISO 9001 certified or Manufacturer’s QMS certificate, or Equivalent.** | 02 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications). |
| 2.2 | **Handheld PH meter specifications**   * Measuring Range: 0 to 14.0 * pH Resolution: 0.01 (or better) * pH Accuracy: +/-0.01 (or better) * pH Operation Temperature: 0 to 60℃ * Waterproof * **ISO 9001 certified or Manufacturer’s QMS certificate, or Equivalent.** | 02 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications). |
| 2.3 | **Handheld Digital Chlorine Meter specifications**   * Total Chlorine minimum Range: 0.01 to 10 ppm (10 to 50 ppm using dilution method) * Accuracy : ±10% rdg. ±0.01 ppm (or better) * Waterproof * **ISO 9001 certified or Manufacturer’s QMS certificate, or Equivalent.** | 02 | ☐ Yes ☐ No | Please carefully insert the details of your proposed equipment, including specifications and brand/model offered (If this is not properly filled out, UNOPS reserves itself the right to reject the bid with no further clarifications). |

1. **Delivery requirements and Comparative Data Table**

| UNOPS Requirements | | Is the bid compliant? Bidder to complete | Details  Bidder to complete |
| --- | --- | --- | --- |
| Delivery time | Bidder shall deliver the goods 70 Days FCA after Contract signature.  UNOPS plans to award contract/s based on FCA incoterm basis and arrange its own freight, but reserves the right to award on CPT (90 days) basis if it finds the proposed costs and delivery time more advantageous. The readiness of the goods should be 70 days after contract signature in case of FCA award.  Bidders must quote FCA (Port to be defined), indicating both FCA and CPT prices. | ☐ Yes ☐ No | Insert details |
| Delivery place and Incoterms rules | Incoterms 2020:   * FCA - Port to define (70 days) * CPT Bissau Port - Guinea Bissau (90 days) | ☐ Yes ☐ No | Insert details |
| Consignee details | Hospital Nacional Simão Mendes, Bissau - Guinea Bissau (to be confirmed at time of order) | ☐ Yes ☐ No | Insert details |
| UNOPS Right to vary requirements | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20%, without any change in the unit prices or other terms and conditions of the ITB; if applicable for the item | ☐ Yes ☐ No | Insert details |

1. **Sustainability requirements (all lots)**

| Item number | Description of the services | Is the bid compliant? Bidder to complete | Details  Bidder to complete |
| --- | --- | --- | --- |
| 1. | Each product offered by the bidder must be CE or FDA certified as described in the above technical requirements. | ☐ Yes ☐ No | Please indicate certificate number, certifying entity and validity end date |
| 2. | Manufacturer ISO13485 certified when applicable as described above.  ISO 9001 certified or Manufacturer’s QMS certificate, or Equivalent. | ☐ Yes ☐ No | Please indicate certificate number, certifying entity and validity end date |
| 3. | Bidders shall demonstrate that they **promote, encourage and apply equal opportunity, diversity and inclusion within their organisation** (this will be evaluated as per qualification criteria listed in the section “qualification criteria”). | ☐ Yes ☐ No | Please describe your approach/Provide a internal policy or declaration  in applying those aspects in your operations |
| 4. | Warranty: one year warranty including spare parts and labour for preventive maintenance services | ☐ Yes ☐ No | Please insert the details of your warranty (period and services) |

1. **Related services requirements (all lots)**

| Lot number | Description of the services if Applicable | Is the bid compliant? Bidder to complete | Details  Bidder to complete |
| --- | --- | --- | --- |
| All lots, as applicable | * Bidder to provide equipment installation and commissioning at delivery destination. * Bidder to provide training on site after installation * The Bidder to highlight any specific pre-installation conditions. * The bidder to indicate: The complete details (name, address, email and telephone) of a local company or representative that may provide technical assistance, as applicable. | ☐ Yes ☐ No | Insert details |

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:

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

List of subcontractors or suppliers

Bidders must identify the names of all subcontractors/suppliers who will be providing goods/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 bid and bind [*insert full name of bidder*] should UNOPS accept this bid:

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

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

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

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

**Form E: No Adverse Action Confirmation Form**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

This is to certify that [delete unwanted option]:

* 1. No adverse action has been taken against the Bidder [insert Bidder’s name] and the manufacturers [insert manufacturer’s names] whose products are being offered by the Bidder against this Invitation to Bid, in the last 5 (Five) years.
  2. The following instances of previous past performance have resulted in adverse actions taken against the Bidder [insert Bidder’s name] and the manufacturers [insert manufacturer’s names] whose products are being offered by the Bidder, in the last 5 (Five) years. Such adverse actions included:

[Indicate date and reasons for adverse actions and result of adverse actions; i.e. suspension or cancellation of manufacturing license by regulatory authorities, product recalls, blacklisting, debarment from bidding etc.]

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

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

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

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

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

A letter issued by the manufacturer authorising the applicant to participate in this particular ITB 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.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

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 4.5 of the General Conditions of Contract for the provision of 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: Performance Statement Form**

Indicate here previous experiences supplying medical equipment

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

| Order placed by (Full address of purchaser) | Order no & date | Description & quantity of ordered items | Value of Order | Date of completion of Delivery | | Remarks indicating reasons of late delivery, if any | Was the supply of goods satisfactory? |
| --- | --- | --- | --- | --- | --- | --- | --- |
| As per Contract | Actual |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

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

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

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