**Section III: Returnable Bidding Forms**eSourcing reference: ITB/2023/48352

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: Bidder Information Form
* Form B: Bid Submission Form
* Form C: Price Schedule Form
* Form D: Technical Bid Form
* Form E: Performance Statement Form
* Form F: Manufacturer’s authorization form

**Form A: Bidder Information Form**

The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

1. **Background and Expertise of Organization:**

| **Full legal name of Bidder** | [complete] |
| --- | --- |
| **What year was your firm/organisation established?** | [complete] |
| **Address of registered office** | [complete] |
| **Name of bidder Representative** | complete] |
| **Has your firm/organisation ever filed or petitioned for bankruptcy?** (If YES, explain in detail the reasons why, filing date, and current status.) | [complete] |
| **Does your firm have an actual or potential conflict of interest in this procurement process?** (Refer to Section II: Instructions to Bidders, Article 4, for details on conflict of interest) | [Insert either “No”, or “Yes” in which case please provide details on your actual or potential conflict of interest here] |

1. **UNGM Registration and UNOPS Vendors**

As part of the bid, it is desired that the Bidder goes to the United Nations Global Marketplace (UNGM) registration website: <https://www.ungm.org/Account/Registration> and fills out the registration.

If the Bidder is already registered with UNGM, please provide your UNGM registration number in the table below and please ensure that your firm’s information on UNGM is current.

The Bidder may still bid even if not registered with the UNGM. However, if the Bidder is selected for Contract award, the Bidder must register on the UNGM prior to Contract signature.

| **Are you a UNGM registered vendor?** | ☐ Yes ☐ No If yes, [insert UGNM vendor number] |
| --- | --- |
| **Are you a UNOPS vendor?** | ☐ Yes ☐ No |

1. **Contact details of persons that UNOPS may contact for requests for clarification during bid evaluation:**

| **Name/Surname** | [complete] |
| --- | --- |
| **Title** | [complete] |
| **Tel Number (direct)** | [complete] |
| **Email address (direct):** | [complete] |

PS: This person must be available during the next two weeks following receipt of bid

**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/2023/48352

Name of Bidder: [insert name of bidder]

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

**Lot 1 - Diagnostic equipment**

**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] |

**Prices for Goods**

| Item | Description | Qty | Currency XOF | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit price FCA | Unit price CPT | Total price FCA | Total price  CPT |
| 1 | Fetal doppler | 100 | [insert] | [insert] | [insert] | [insert] |
| 2 | Glucometer | 100 | [insert] | [insert] | [insert] | [insert] |
| 3 | Hemoglobinometer | 100 | [insert] | [insert] | [insert] | [insert] |
| 4 | Differential Blood Cell Counter 8 keys | 100 | [insert] | [insert] | [insert] | [insert] |
| 5 | Medical examination light | 400 | [insert] | [insert] | [insert] | [insert] |
| 6 | Medical Penlight/Flashlight | 200 | [insert] | [insert] | [insert] | [insert] |
| 7 | Baby scale + stadiometer | 100 | [insert] | [insert] | [insert] | [insert] |
| 8 | Pinard horn | 100 | [insert] | [insert] | [insert] | [insert] |
| 9 | Sphygmomanometer aneroid + stethoscope | 300 | [insert] | [insert] | [insert] | [insert] |
| 10 | Sphygmomanometer aneroid + stethoscope(neonatal) | 100 | [insert] | [insert] | [insert] | [insert] |
| 11 | Vein illumination device (Portable vascular access imaging device) | 100 | [insert] | [insert] | [insert] | [insert] |

**Bidder’s delivery data**

| Country of origin of offered products | Item 1 |  | | | |
| --- | --- | --- | --- | --- | --- |
| Country of origin of offered products | Item 2 |  | | | |
| Country of origin of offered products | Item 3 |  | | | |
| Country of origin of offered products | Item 4 |  | | | |
|  | Item 5 |  | | | |
|  | Item 6 |  | | | |
|  | Item 7 |  | | | |
|  | Item 8 |  | | | |
|  | Item 9 |  | | | |
|  | Item 10 |  | | | |
|  | Item 11 |  | | | |
| Shipment dimensions of offered products (Including package) |  | Gross weight | Total volume | Containers (if applicable) | |
| Number | Size |
| Item 1 |  |  |  |  |
| Item 2 |  |  |  |  |
| Item 3 |  |  |  |  |
| Item 4 |  |  |  |  |
| Item 5 |  |  |  |  |
|  | Item 6 |  |  |  |  |
|  | Item 7 |  |  |  |  |
|  | Item 8 |  |  |  |  |
|  | Item 9 |  |  |  |  |
|  | Item 10 |  |  |  |  |
|  | Item 11 |  |  |  |  |
|  | 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lot 2 - Sterilisation equipment**

**Bid Summary**

| **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**

| Item | Description | Qty | Currency XOF | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit price FCA | Unit price CPT | Total price FCA | Total price  CPT |
| 1 | Benchtop autoclave (50L) | 100 | [insert] | [insert] | [insert] | [insert] |

**Bidder’s delivery data**

| Country of origin of offered products | Item 1 |  | | | |
| --- | --- | --- | --- | --- | --- |
| Shipment dimensions of offered products (Including package) |  | Gross weight | Total volume | Containers (if applicable) | |
| Number | Size |
| Item 1 |  |  |  |  |
|  | Total |  |  |  |  |

**Prix des services connexes**

| Item/Service | | **Description** | **Quantity**  **Physical Unit**  **(a) if applicable** | **Unit Price**  **(b)if applicable** | **Prix total pour chaque service**  **(a)x(b)** |
| --- | --- | --- | --- | --- | --- |
| 1. | **Installation and training** on commissioning and use of equipment in 5 sample sites in Lomé | | 1 | [insert] | [insert] |
| **Prix total des services connexes** | | | | | [insert] |

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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lot 3 - Divers medical devices**

**Bid Summary**

| **Lot 3** | |
| --- | --- |
| 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**

| Item | Description | Qty | Currency XOF | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Unit price FCA | Unit price CPT | Total price FCA | Total price  CPT |
| 1 | Suction pump | 100 | [insert] | [insert] | [insert] | [insert] |
| 2 | Splints (lower limb) | 200 | [insert] | [insert] | [insert] | [insert] |
| 3 | Enema bucket kit (2 l) | 200 | [insert] | [insert] | [insert] | [insert] |
| 4 | Blood transport box | 200 | [insert] | [insert] | [insert] | [insert] |
| 5 | Neonatal reusable resuscitator | 100 | [insert] | [insert] | [insert] | [insert] |
| 6 | Manual vacuum aspirators (MVA) kit | 200 | [insert] | [insert] | [insert] | [insert] |
| 7 | Intrauterine Device Insertion kit | 200 | [insert] | [insert] | [insert] | [insert] |
| 8 | Implant kit | 200 | [insert] | [insert] | [insert] | [insert] |
| 9 | Gynecological skills trainer (gynecologic examination simulator) | 200 | [insert] | [insert] | [insert] | [insert] |
| 10 | Vaccine carrier/cold box | 400 | [insert] | [insert] | [insert] | [insert] |

**Bidder’s delivery data**

| Country of origin of offered products | Item 1 |  | | | |
| --- | --- | --- | --- | --- | --- |
| Country of origin of offered products | Item 2 |  | | | |
| Country of origin of offered products | Item 3 |  | | | |
| Country of origin of offered products | Item 4 |  | | | |
|  | Item 5 |  | | | |
|  | Item 6 |  | | | |
|  | Item 7 |  | | | |
|  | Item 8 |  | | | |
|  | Item 9 |  | | | |
|  | Item 10 |  | | | |
| Shipment dimensions of offered products (Including package) |  | Gross weight | Total volume | Containers (if applicable) | |
| Number | Size |
| Item 1 |  |  |  |  |
| Item 2 |  |  |  |  |
| Item 3 |  |  |  |  |
| Item 4 |  |  |  |  |
| Item 5 |  |  |  |  |
|  | Item 6 |  |  |  |  |
|  | Item 7 |  |  |  |  |
|  | Item 8 |  |  |  |  |
|  | Item 9 |  |  |  |  |
|  | Item 10 |  |  |  |  |
|  | 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/2023/48352

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.

**Lot 1: - Diagnostic equipment**

1. **Technical specifications for goods and comparative data table**

| **Nº** | **UNOPS minimum technical requirements** | **Quantity** | **Is the bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **Fetal doppler**  for maternity services for the detection of FHR (fetal heart rate) in health centers, ergonomic, light, compact and robust .  Display of parameters on LCD or OLED screen  Compatible with 2Mhz, 3Mhz, 8Mhz probes mandatory minimum 4 and 5 MHz optional  Continuous operation > 3 hours  Automatic shutdown in 1-3 minutes without any signal.  Battery status and low power indicator  Preferable fetal abnormality detection alarm  Non-Lithium based battery  Power supply: 220V, 50Hz.  Accessories and Consumables  - 2 Mhz waterproof obstetric probe  - 3 Mhz waterproof obstetrical probe  -Cover  -Charger | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 2 | **Glucometer**  to be used for pediatric and adult patients by healthcare professionals in a health center for the diagnosis of altered blood sugar levels  Test failure, low battery, test strip issues and malfunction messages should be clearly presented on the screen along with quantitative values ​​which should be expressed in mmol/L or mg/dL (or both).  Measuring range from 20 to 500 mg/dL (1.1 to 27.8 mmol/L) and Detection limit not higher than 20 mg/dL or 1.1 mmol/L  Repeatability (intra-run variability) CV <5.0%.  Measurement Accuracy: Typically <15% of target or less than 0.83 mmol/L for lower BG ranges  Sample volume at least < 15µl  Results available in less than 1 minute  Runs on internal battery with no memory loss if batteries are removed. Button batteries  Compliant with **ISO 15197:2013**.  Accessories and Consumables  -Test strips, cartridges or cuvettes, according to the manufacturer's instructions for use (For 100 tests) All strips must have an expiry date of at least 18 months from the date of production (better: from the date of supply). The shelf life of the reagents must in any case be clearly indicated by the manufacturer. The strips should have a minimum shelf life of 3 months after opening. Transport and storage stability of kit reagents (temperature and humidity): at least within the range of 5°C to 35°C (better if up to at least 40°C), protected from strong humidity and direct sunlight. Manufacturers instructions should indicate specific details and limitations.  - Preloaded pressure-activated safety lancets for single use, sterile and non-reusable; the needle is fully shielded before and after use; automatically retracts the needle into the housing after sampling; high quality ultra sharp needle, which can quickly penetrate the skin to reduce patient pain; protect the user from the risk of blood-borne infection. (For 100 tests)  -Set of control solutions (at least: low, medium and high), if necessary for calibration. Alternatively and based on the manufacturer's instructions, calibration materials should be provided.  -Transport bag | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 3 | **Hemoglobinometer**  Device used for measuring hemoglobin levels from whole blood taken from a patient, to be used in pediatrics and adult patients by health professionals in a health center. -  Measuring range: 0 to 25.6 g/dL, - Results: ≤3 seconds, - Sample volume: ~ 10 μL  With dual wavelength to measure hemoglobin and compensate for turbidity or similar technology.  Works on batteries and with an external AC battery charger and allows possible operation while charging.  Power supply: 220V, 50Hz.  Accessories and Consumables  -Adapted batteries  - Mains charger  -Box of 50 microcuvettes, test strips or cartridges according to the manufacturer's instructions for use (For 50 tests) that must have an expiry date of at least 18 months from the date of supply. The shelf life of the reagents must in any case be clearly indicated by the manufacturer. Cuvettes or strips should have a minimum shelf life of 3 months after opening . Transport and storage stability of kit reagents (temperature and humidity): at least within the range of 5°C to 35°C (better if up to at least 40°C), protected from strong humidity and direct sunlight. Manufacturers instructions should indicate specific details and limitations, if any.  - Preloaded pressure-activated safety lancets for single use, sterile and non-reusable; the needle is fully shielded before and after use; automatically retracts the needle into the housing after sampling; high quality ultra sharp needle, which can quickly penetrate the skin to reduce patient pain; protect the user from the risk of blood-borne infection. (For 50 tests)  -Set of control solutions (at least: low, medium and high), if necessary for calibration. Alternatively and based on the manufacturer's instructions, calibration materials should be provided.  -Transport bag | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 4 | **Differential Blood Cell Counter 8 keys**  Mechanical differential Blood Cell Counter 8 keys with alternating red and white keys and totalizer. The name of the group of cells is recalled above each counter. With audible alarm indicating the passage to 100 of one of the counters | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 5 | **Medical examination light**  Mobile LED examination light on wheels, flexible for general examination with flexible arm swiveling in all directions  Color temperature: 5,500 ºK  LED Lifespan: 50,000 Hours  Light intensity @ Typical Working distance: 12” distance: 30,000 lux, 20” distance: 15,000 lux  Power supply: 220V, 50Hz  Accessories and Consumables  Mains cable | 400 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 6 | **Medical Penlight/Flashlight**  Diagnostic headlamp for general consultation.  The lamp must be adjustable and must have a rigid adjustable headband.  LED lighting that provides shadow-free illumination with 15,000 lux white illumination,  Impact resistant plastic  Battery powered, On/Off switch with indicator light.  Accessories and Consumables  -Transport bag  -Batteries | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 7 | **Baby scale + stadiometer**  Digital baby scale to be used in a health center  Capacity: 20 Kg minimum  Accuracy: 5g < 10 kg > 10g  Special functions: TARE, auto-HOLD, auto-CLEAR or equivalent according to brand  Power supply: Power supply required and batteries  Ergonomically shaped tray, made of hygienic material, easy to clean and safe for children  Batteries and AC power supply required: 220V, 50Hz  Accessories and Consumables  Telescopic measuring rod suitable for baby scales with a measuring range of 30 to 80 cm +-20 cm, graduation 1 mm  -Head and footrests  -Battery  -AC/power adapter | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 8 | **Pinard horn**  Pinard obstetrical stethoscope intended for the detection of the heartbeat of the fetus, 15 cm minimum in aluminum | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 9 | **Sphygmomanometer aneroid + stethoscope** Sphygmomanometer aneroid for measuring blood pressure on the upper arm at the request of the clinician suitable to be used for adults and children + Biaural stethoscope adult/children  Auscultatory, non-invasive oscillometric device which consists of an inflatable rubber cuff surrounded by a durable material, flexible cover which can be easily tied around the upper arm + Aneroid manometer displaying cuff pressure to allow pressure reading with an accuracy of minimum 2 mm Hg, Measurement range: 0 – ≥ 300 mm Hg, Decompression speed minimum: 2 mm Hg/second + Pumping bulb and valve for adjusting the pressure of the cuff  Cuff arm fixing method to allow easy operation, easy cleaning and low attraction of dirt;washable cuff material  The rubber tubes must be detachable from other parts. The length of the tube must be > 30 cm  The gauge body shall include a clip for mounting on the cuff.  +Biauricular stethoscope for both high and low frequency sounds for use in adults and in children"  Accessories and Consumables  -Reusable armbands in the following sizes: Pediatric (14–22 cm), Adult (25–36 cm), Large Adult (34–43 cm). Arm band sizes may vary by manufacturer but should not deviate ±5cm from the sizes listed.  - Rubber tube (length > 30 cm)  -Protective box  - Pair of replacement tips and replacement membrane for the stethoscope | 300 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 10 | **Sphygmomanometer aneroid + stethoscope(neonatal)**  Sphygmomanometer aneroid for measuring blood pressure on the upper arm at the request of the clinician suitable for use for newborns + Biauricular stethoscope for newborns  Auscultatory, non-invasive oscillometric device which consists of an inflatable rubber cuff surrounded by a durable material, flexible cover which can be easily tied around the upper arm + Aneroid manometer displaying cuff pressure to allow pressure reading with an accuracy of minimum 2 mm Hg, Measurement range: 0 – ≥ 300 mm Hg, Decompression speed minimum: 2 mm Hg/second + Pumping bulb and valve for adjusting the pressure of the cuff  Cuff arm fixing method to allow easy operation, easy cleaning and low attraction of dirt;washable cuff material  The rubber tubes must be detachable from other parts. The length of the tube must be > 30 cm  The gauge body shall include a clip for mounting on the cuff.  +  Biauricular stethoscope for both high and low frequency sounds for use in neonates  Accessories and Consumables  -Reusable cuffs in the following sizes: Neonatal (10–15 cm), Pediatric (14–22 cm). Armband sizes may vary by manufacturer but should not deviate ±5 cm from the sizes listed.  - Rubber tube (length > 30 cm)  -Protective box  - Pair of replacement tips and replacement membrane for the stethoscope | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 11 | **Vein illumination device (Portable vascular access imaging device**)  Vein illumination device (Portable vascular access imaging device) to provide an accurate real-time image of the vascular system. It helps clinicians to check vein status and reduce the risk of venipuncture. Designed for adult, pediatric and neonatal patients  Suitable for different skin types.  Adjustable light source output intensity, variable zoom  With LCD, OLED or equivalent screen  No maintenance or consumables required  A battery that charges directly in the device (not lithium)  Alimentation : 220V, 50Hz  Accessories and Consumables  -Movable floor stand  -AC adapter | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |

1. **Durability, quality, standards and warranty requirements (manufacturer & product) for ALL items of lot 1**

| **N°** | **UNOPS minimum technical requirements** | **Is the bid compliant?**  Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Quality standards and certificates (manufacturer & product) for ALL ITEMS in this lot** | The bidder must provide:  -Marketing authorization issued by Australia, Canada, Japan, the European Union and/or the United States regulatory authority. If EU authorization is presented, please provide EU Declaration of Conformity with all items as Class I medical device for Class II medical device provide Valid ET/Certificate according to MDD/MDR/IVDR for medical devices issued by CAB, Notified or Accredited Body recognized by at least one regulatory authority Australia, Canada, Japan, European Union and/or United States (FDA) or for IAF.  (for items that do not have this authorization, please provide an explanatory letter)  -Proof of the manufacturer's valid and certified quality management system that includes the scope as well as the locations and facilities where the relevant activities are performed in accordance with the latest versions of ISO 13485, issued by CABs, notified bodies or accredited bodies recognized by at least one regulatory authority in Australia, Canada, Japan, the European Union and/or the United States (FDA) or for IAF.  -Proof of primary and secondary packaging and labelling in accordance with regulatory approval and available marketing authorization.  -If the bidder is the manufacturer, it must provide a manufacturing approval for the equipment (valid licence from the competent authority) or If the bidder is not the manufacturer, it must provide the manufacturer's authorization to market the items. | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| **Warranty** | Period: The minimum warranty period is 12 months.  Service: the warranty covers preventive maintenance services and repair/replacement of defective equipment during the warranty period.  The bidder must provide the coordinates/profile of the partner/representative (name, focal point, legal status, services provided and experience in the field) to be contacted in case of need. | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| **Operating and/or equipment manual in French** | The bidder will provide the equipment operating and/or user manual in French and the maintenance/ troubleshooting manual in French. | ☐ Yes ☐ No | Confirmation that the user manual will be provided in the required language |
| **Gender issues (e.g. gender mainstreaming, women-owned businesses)** | The bidder shall provide documentation that details their approach to ensuring equal opportunity, diversity, and inclusion within their organisation (e.g. equal pay policy, parental leave, the ratio of female to male employees, % of females in management positions, grievances disaggregated by gender, transparency of promotion criteria, sexual harassment policies). Bidders are encouraged to take the WEPs Gender Gap Analysis Tool to identify strengths, gaps, and opportunities to improve their performance on gender equality. | ☐ Yes ☐ No | Attach the internal policy or describe here the applicable measures/actions |
| Sustainability Requirements - Environment Management System / Health & Safety | Bidders must include evidence of the manufacturer being in possession of a current ISO 14001 EMS or ISO 45001 or equivalent certification for each of the production sites where offered products originate from. If this certification is not yet in place, the bidder must submit an approval internal procedure or the applicable measures in relation to Environment Management System | ☐ Yes ☐ No | Attach the ISO certificate or the internal policy or describe here the applicable measures/actions |

**Lot 2 - Sterilization equipment**

1. **Technical specifications for goods and comparative data table**

| **Nº** | **UNOPS minimum technical requirements** | **Quantity** | **Is the bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **Benchtop autoclave (50L)**  Steam sterilizer designed to be used in medical centers for the sterilization of (medical instruments, clothing, glassware, and liquids), benchtop format with a minimum capacity of **50 liters.**  With programmable automatic cycles  Working temperature: 121 to 134°C with electronic control.  Compliant with **EN 285-2006** standard.  With a digital microprocessor control unit ensuring fully automatic operation of the sterilization cycle, control and monitoring of physical parameters and clear documentation of the sterilization cycle controls the autoclave.  Electromechanical control for closing and opening the door and Program interruption safety.  Digital display in LCD screen or similar of temperature and pressure, vacuum, temperature and cycle phases  Timer to program the sterilization time.  Interior Chamber material: AISI 316L  Manometer to visualize pressure and vacuum  On/off switch  Secure door closing activated by pressure  Water level control and protection  Code-secured access rights for changing settings and  Internal memory to save sterilization cycles  Visual and audible signal at the end of the program  Stability/homogeneity: +/- 2 C°  RS232 port or similar for connectivity  Integrated steam generator  Single-phase power supply 220V, 50Hz  **Quality norms and standards**  EN 13060 for small Autoclaves OU EN 285 for Large Autoclaves according to the size or equivalent  ISO 17665-1:2006 or equivalent  EN 61010-1 or equivalent  EN 61010-2-040 or equivalent  Accessories and Consumables  -Voltage stabilizer with recovery dela and Surge Protector  - A softening or filtration device for the autoclave feed water  - Forceps to take out the material  - 2 door seals  - 1 Air filter  -10 Bowie-Dick test  - 50 sterilization witnesses | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |

1. **Durability, quality, standards and warranty requirements (manufacturer & product) for ALL items of lot 2**

| **N°** | **UNOPS minimum technical requirements** | **Is the bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Quality standards and certificates (manufacturer & product) for ALL ITEMS in this lot** | The bidder must provide:  -Marketing authorization issued by Australia, Canada, Japan, the European Union and/or the United States regulatory authority. If EU authorization is presented, please provide EU declaration of conformity with all elements.  -Proof of the manufacturer's valid and certified quality management system that includes the scope as well as the locations and facilities where the relevant activities are performed in accordance with the latest versions of ISO 13485 , issued by CABs, notified bodies or accredited bodies recognized by at least one regulatory authority Australia, Canada, Japan, the European Union and/or the United States (FDA) or for IAF.  -If the bidder is the manufacturer, it must provide a manufacturing approval for the equipment (valid license from the competent authority) or If the bidder is not the manufacturer, it must provide the manufacturer's authorization to market the items. | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| **Warranty** | Period: The minimum warranty period is 12 months.  Service: The warranty covers services Preventive maintenance of equipment according to the manufacturer's maintenance plan (technician, spare parts, etc.) during the warranty period and repair/replacement of defective equipment during the warranty period.    The bidder must provide the coordinates/profile of the partner/representative (name, focal point, legal status, services provided and experience in the field) to be contacted in case of need. | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| **Operating and/or equipment manual in French** | The bidder will provide the equipment operating and/or user manual in French and the maintenance/ troubleshooting manual in French. | ☐ Yes ☐ No | Confirmation that the user manual will be provided in the required language |
| **Gender issues (e.g. gender mainstreaming, women-owned businesses)** | The bidder shall provide documentation that details their approach to ensuring equal opportunity, diversity, and inclusion within their organisation (e.g. equal pay policy, parental leave, the ratio of female to male employees, % of females in management positions, grievances disaggregated by gender, transparency of promotion criteria, sexual harassment policies). Bidders are encouraged to take the WEPs Gender Gap Analysis Tool to identify strengths, gaps, and opportunities to improve their performance on gender equality. | ☐ Yes ☐ No | Attach the internal policy or describe here the applicable measures/actions |
| Sustainability Requirements - Environment Management System / Health & Safety | Bidders must include evidence of the manufacturer being in possession of a current ISO 14001 EMS or ISO 45001 or equivalent certification for each of the production sites where offered products originate from. If this certification is not yet in place, the bidder must submit an approval internal procedure or the applicable measures in relation to Environment Management System | ☐ Yes ☐ No | Attach the ISO certificate or the internal policy or describe here the applicable measures/actions |

1. **Need for related services**

| **Service** | **UNOPS minimum technical requirements** | **Quantity** | **Physical Unit** | **Place of performance** | **Service end date(s)** |
| --- | --- | --- | --- | --- | --- |
|
| 1 | **Installation and training** on commissioning and use of equipment in 5 sample sites in Lomé | 1 | EA | DAF/MINISTÈRE DE LA SANTÉ, DE L'HYGIÈNE PUBLIQUE ET DE L'ACCÈS UNIVERSEL AUX SOINS  NOUVEAU CENTRE ADMINISTRATIF DES SERVICES BP: 336: Lomé Togo | On receipt of the equipment on site, the supplier will be contacted for installation within 2 weeks. |

**Lot 3 - Divers medical devices**

1. **Technical specifications for goods and comparative data table**

| **Nº** | **UNOPS minimum technical requirements** | **Quantity** | **Is the bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **Suction pump**  Electric suction pump intended for nasal, oral or tracheal aspiration of body fluids in adults and children.  With on/off switch and a vacuum gauge/manometer in mm Hg displaying the suction generated and with indicator for the battery status. Oil-free mechanism  Maximum vacuum not less than 450 mmHg (adjustable by control) and Maximum suction capacity not less than 15 L/min.  Minimum vacuum 0 mm Hg -20 mm Hg - low flow vacuum for use with neonates  With collection jar in autoclavable polycarbonate with a capacity of at least 1 L with overflow valve and filter incorporated with systems to avoid cross-contamination  Autoclavable silicone tube of at least 1.5 meters with a non-collapsible type reusable bacterial filter.  All parts must be made from durable, high-strength materials that do not require specific maintenance or storage conditions, completely removable, easy to clean, disinfect and sterilize.  Material: silicone or any material conforming to ISO 10993-4:2002 and USP Class V or equivalent, latex free  System-integrated holder for suction cannulas/tubes Easy and safe positioning.  Sound noise level less than 50 dB.  Power supply: 220V single phase, 50Hz.  Internal rechargeable battery and can be plugged in.  Accessories and Consumables  - Spare antibacterial filters (5 at least)  -Spare jar  - Foot switch.  -Mains cable | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 2 | **Splints (lower limb)**  Splints used in case of emergency for the lower limbs + Boppe splint included which allows a setting up of the traction of the lower limb.  Recommended for short-term immobilization (2 to 3 days)  Material: foamed fabric with pre-shaped stays, with patellar windows. Size XL and L or equivalent. | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 3 | **Enema bucket kit (2 l)**  Enema bucket kit complete with Hose and Cannulas, autoclavable  Capacity: 2 liters  Material: Made of 18/10 stainless steel and Rubber-free, latex-free and bisphenol A-free Tube and Cannulas. | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 4 | **Blood transport box**  Insulated transport box used for long-term transport of blood bags and other blood products bags.  Capacity approximately 25 bags of 500 ml minimum;  Minimal autonomy requested: Must maintain a temperature between +2 and + 10°C for approximately 72 hours  Two ergonomic handles  Material: Polyethylene and CFC/HCFC-free polyurethane foam insulation.  Accessories and Consumables  - Frozen water blocks or additional cooling elements required. | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 5 | **Neonatal reusable resuscitator**  Neonatal reusable resuscitator intended for emergency ventilation and resuscitation of term babies, premature babies and low birth weight infants under  Easy to disassemble and reassemble, Easy to clean and disinfect. All parts should be made from high-strength, long-life materials that do not require special maintenance or storage conditions.  Ventilation can be done with ambient air and with oxygen.  The resuscitator must be supplied as a complete set with:  • Self-inflating envelope balloon in silicone or other materials specified in ISO 10651-4 or equivalent, capacity approximately 200–320 ml  • One-way valve in polycarbonate/polysulfone or any other material complying with ISO 10651-4 or equivalent without leakage at low flow rate with pressure limiter with pressure limitation system: the elasticity of the bag's outer envelope limits the airway pressure when pressed normally with one hand.  • Inlet valve with connection for oxygen tubing.  • Capacity of the oxygen reservoir bag according to the size of the patient (child and neonate)  Accessories and Consumables  -2 Masks of size 0 and 1 translucent in silicone rubber conforming to ISO 10993-1:2009; ISO 10993-5:2009; ISO 10993-10:2010 or USP Class V (or equivalents)  -1 oxygen tubing  -3 Guedel cannulas size 00/1 and 3 | 100 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 6 | **Manual vacuum aspirators (MVA) kit**  Manual Intra Uterine Vacuum Aspiration Kit (MVA kit) used for inevitable abortion before 16 weeks, incomplete abortion, melar pregnancy or late postpartum hemorrhage due to partial retained placenta, containing:  - a 60cc polypropylene syringe with a double valve system to create a vacuum and play its role of suction  - a bottle of lubricating oil  - six syringe connectors  - cannulas of different colors and six sterile cannulas of 5, 6, 7, 8, 9 and 10 mm | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 7 | **Intrauterine Device Insertion kit (10 units package)**  IUD kit is a sterile, ready-to-use blister that allows you to perform the entire operation of introduction, insertion and successive removal of the IUD.  The set should include:  - 1 long forceps for correct insertion and placement of the IUD – length 23-27 cm  - 1 Pozzi forceps to widen the cervix – length 23-27 cm  - 1 Long thread-cutting scissor with notch to block the IUD thread between the 2 metal blades - blade length 23-27 cm  - 1 Evolution double hysterometer to determine the depth of the uterus length 28-32 cm | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 8 | **Implant kit**  Implant kit in compartmentalized sterile blister that allows implants to be performed.  The set should include:  -1 perforated adhesive drape 50 x 60 cm,or equivalent  -1 No. 11 scalpel, or equivalent  -5 compresses 7.5 x7.5 non-woven,  -1 strip of 3 skin adhesive sutures, or equivalent  -1 compression bandage, or equivalent  -1 syringe 2ml, or equivalent  -1 hypodermic needle  -1 Forceps Halstead (mosquito) courbed or equivalent | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 9 | **Gynecological skills trainer (gynecologic examination simulator)**  Anatomical model that allows the demonstration of multiple gynecological procedures to train in various pelvic examinations such as: Vaginal examination with speculum, Bi-manual pelvic examination, Palpation of the normal uterus and of the uterus of the pregnant woman, Probing of the uterus , Evaluation of normal and pathological cervix and uterus in pregnant women, Insertion and removal of an IUD, Insertion and adjustment of a diaphragm, Demonstration of the use of other chemical and mechanical methods of contraception, Laparoscopy and mini-laparotomy and occlusion of the fallopian tubes.  The model represents the lower portion of an adult female body which features relevant internal anatomical landmarks such as realistic female genitalia, fimbria, uterus, and ovaries among others and should be delivered with: a normal anteverted uterus , a retroverted uterus, a uterus from a woman in early pregnancy, one from a woman at 6-8 weeks pregnant and the other from a woman at 10-12 weeks pregnant, a uterus after delivery, five healthy cervixes (5 cervixes with internal opening), four cervixes with pathological alterations, 10 fallopian tubes and others necessary for the procedures mentioned above.  Skin tone: Dark skin  Accessories and Consumables  -Transport bag | 200 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |
| 10 | **Vaccine carrier/cold box**  Vaccine carrier used for the storage of vaccines,  Meets WHO prequalification, quality and safety (PQS) standards  Vaccine storage capacity: 2.5-3.5 litres  Retention of the cold without opening approximately 40 hours at + 43°C  Accessories and Consumables  -Frozen Water Blocks | 400 | ☐ Yes ☐ No  Deviations / Gaps: | Please provide details of the required product supplied, including make/model/proposed specifications, and attach a copy of brochures and/or any other documents/technical sheets certificates of analysis, system/technology, etc.  (If this is not completed correctly, UNOPS reserves the right to reject the offer without further clarification). |

**B. Durability, quality, standards and warranty requirements (manufacturer & product) for ALL items of lot 3**

| **N°** | **UNOPS Requirements** | **Is the bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Quality standards and certificates (manufacturer & product) for ALL ITEMS in this lot** | The bidder must provide:  -Marketing authorization issued by Australia, Canada, Japan, the European Union and/or the United States regulatory authority. If EU authorization is presented, please provide EU declaration of conformity with all elements as class I medical device + For sterile medical devices provide relevant CE attestation. For class II medical devices provide valid ET/Certificate according to MDD/MDR/IVDR for medical devices issued by CAB, notified or accredited bodies recognized by at least one regulatory authority Australia, Canada, Japan, EU and/or USA (FDA) or for IAF. exempt for gynecological procedures demonstration material  -Proof of the manufacturer's valid and certified quality management system that includes the scope as well as the locations and facilities where the relevant activities are performed in accordance with the latest versions of ISO 13485, issued by CABs, notified or accredited bodies recognized by at least one regulatory authority Australia, Canada, Japan, the European Union and/or the United States (FDA) or for IAF. For gynecological procedures demonstration material ISO 9001 is accepted.  -Proof of primary and secondary packaging and labelling in accordance with regulatory approval and marketing authorization available.  -If the bidder is the manufacturer, it must provide a manufacturing approval for the equipment (valid license from the competent authority) or If the bidder is not the manufacturer, it must provide the manufacturer's authorization to market the items. | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| **Warranty** | Period: The minimum warranty period is 12 months.  Service: the warranty covers preventive maintenance services and repair/replacement of defective equipment during the warranty period.  The bidder must provide the coordinates/profile of the partner/representative (name, focal point, legal status, services provided and experience in the field) to be contacted in case of need. | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| **Operating and/or equipment manual in French** | The bidder will provide the equipment operating and/or user manual in French and the maintenance/ troubleshooting manual in French. | ☐ Yes ☐ No | Confirmation that the user manual will be provided in the required language |
| **Gender issues (e.g. gender mainstreaming, women-owned businesses)** | The bidder shall provide documentation that details their approach to ensuring equal opportunity, diversity, and inclusion within their organisation (e.g. equal pay policy, parental leave, the ratio of female to male employees, % of females in management positions, grievances disaggregated by gender, transparency of promotion criteria, sexual harassment policies). Bidders are encouraged to take the WEPs Gender Gap Analysis Tool to identify strengths, gaps, and opportunities to improve their performance on gender equality. | ☐ Yes ☐ No | Attach the internal policy or describe here the applicable measures/actions |
| Sustainability Requirements - Environment Management System / Health & Safety | Bidders must include evidence of the manufacturer being in possession of a current ISO 14001 EMS or ISO 45001 or equivalent certification for each of the production sites where offered products originate from. If this certification is not yet in place, the bidder must submit an approval internal procedure or the applicable measures in relation to Environment Management System | ☐ Yes ☐ No | Attach the ISO certificate or the internal policy or describe here the applicable measures/actions |

**Delivery requirements and Comparative Data Table for all 3 lots**

| **UNOPS Requirements** | | **Is the bid compliant?**  Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| Delivery time | The bidder shall deliver the goods within a maximum period of 4 months broken down as follows:  **FCA: 2 months**  **CPT: 2 months**  following contract signature. | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| Delivery place and Incoterms rules | According to Incoterms 2020:  FCA: Port to define  CPT: Port de Lomé, Togo | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| Consignee details | DAF/MINISTÈRE DE LA SANTÉ, DE L'HYGIÈNE PUBLIQUE ET DE L'ACCÈS UNIVERSEL AUX SOINS  NOUVEAU CENTRE ADMINISTRATIF DES SERVICES BP: 336: Lomé Togo | ☐ Yes ☐ No | Give details and attach the documents requested for each item in your offer |
| 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 | Give details and attach the documents requested for each item in your offer |

**Inspections et tests**

UNOPS reserves the right to inspect prior to shipment and/or upon arrival and if the equipment does not meet the established specifications, the supplier shall take immediate action to remedy the defects or replace the defective equipment to the purchaser's satisfaction.

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: 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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]*