**Section III: Returnable Bidding Forms**

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

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

This Section comprises the following Returnable Bidding Forms:

* Form B: Price Schedule Form
* Form C: Technical Quotation Form
* Form I: Manufacturer’s authorization form

# Form B: Price Schedule Form

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

RFQ reference no: [Insert UNOPS tender reference number]

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

| **No.** | **Item** | **Unit** | **Qty** | **Unit Price DAP** | **Total Price DAP** |
| --- | --- | --- | --- | --- | --- |
| **1.** | **CT scanner 128 Slice** | Each | **17** | insert | insert |
|  | **Total** | | | | insert |

Payment terms 30 days accepted: ☐ Yes

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

**List of subcontractors or suppliers**

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

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

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

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

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

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

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

**Form C: Technical Quotation Form**

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of Bidder]

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

[Supplying, Installing and Commissioning of 18 x **CT scanner 128 Slice**/ Civil/Mechanical/Electrical works and site Requirement in the designated accounts]

| **Item No** | **UNOPS minimum technical requirements** | | **Qty** | **Is bid compliant?** Bidder to complete  ☐ Yes ☐ No | **Details of goods offered.** Bidder to complete  Insert details of goods offered, including specifications and brand/model offered if applicable. |
| --- | --- | --- | --- | --- | --- |
|  | **CT scanner 128 Slice** |  | **17** |  |  |
|  | Name of Manufacturer |  |  |  | **It is mandatory to send the brochures / data sheet of the product and identify the page number in that brochures to conform to the required specs.**  **Fill all required details as mentioned above for all the cells below** |
|  | Model/ catalogue number |  |  | Insert |  |
|  | Country of Origin for the offered model |  |  | Insert |  |
|  | CE or FDA approval |  |  | Insert |  |
|  | ISO 13485 |  |  |  |  |
| 1 | **Clinical application**  Procedure thin cross-sectional images of the human body for a wide variety of diagnostic procedures |  |  |  |  |
| 2 | **Type**  -Number of slices  -Number of channel (Analog to digital converter | ≥ 128  ≥ 64 |  |  |  |
| 3 | **Detector**  -Field of view (standard), cm  -Minimum Reconstructed slice width, mm  -Standard rotation times, sec, 360 | ≥ 50  ≤ 0.625  All times should be stated by the manufacturer, the rotation time for cardiac test should be stated also |  |  |  |
| 4 | **Gantry**  -Gantry aperture,cm  -Scan localizer | *≥ 70*  *Laser* |  |  |  |
| 5 | **X-Ray Tube**  -Heat storage MHU  -Heat dissipation rate, KHU/min  -Tube cooling  -Tube focal spots , mm  -MAX mA  -Max scan time at max mA, Sec | *To be specified*  *≥ 700*  *According to manufacturer*  *To be specified*  *≥500*  *To be specified* |  |  |  |
| 6 | **X-Ray Generator**  KW output | *High frequency generator*  *≥70* |  |  |  |
| 7 | **Patient Table**  -Max Load capacity without restrictions, kg  -Scannable range, cm | *≥200*  *≥160* |  |  |  |
| 8 | **Clinical Application and functionality**  -Coronary artery calcification scoring  -Auto vessel mapping  -Ventricular output  -Myocardial evaluation  -Lung nodule CAD  -Lung nodule assisted reading  -Lung function analysis  -Virtual colonoscopy  -Vessel analysis(non Cardiac)  -Auto bone removal  -Metal artifact reduction  -Cardiac application  -Oncology application  -Other |  |  |  |  |
| 9 | **Image reconstruction**  -Computer CPU  -Scan FOVs , cm  -Reconstruction matrices  -Reconstruction rate (512\*512)  Archival storage & Image sharing  Dose reduction iterative reconstruction | *According to manufacturer*  *≥ 50*  *≥(512\*512)*  *Should be specified in details*  *Should be specified by the manufacturer(DICOM 3 Preferred)*  *to be specified* |  |  |  |
| 10 | System Integration  -DICOM |  |  |  |  |
| 11 | **Image processing**  -Recommended post processing workstation  DICOM 3-D image export | *According to manufacturer* |  |  |  |
| 12 | High contrast spatial | *≥ 13 lp/cm* |  |  |  |
| 13 | **Workstation**  -Coronary artery calcification scoring  -Auto vessel mapping  -Quantification  -Ventricular output  -Myocardial evaluation  -Lung nodule CAD  -Lung nodule assisted reading  -Lung function analysis  -Virtual colonoscopy  -Vessel analysis (non cardiac)  -Auto bone removal  -Body perfusion  -Multi- modality  -Multi- vendor  -Monitor  -Calcium scoring  -Advanced vessels analysis  -Lung nodules assessment  -Cardiac application  -Oncology application  -Other | (Dual)≥ 19 Inch  Should be specified |  |  |  |
| 14 | Training | *Local training for one week (Doctor , Operators, engineers)* |  |  | *,* |
| 15 | Printer | *Dry film printer with CD writer DVD, (Specification should be specified), Starting kit 1000 film* |  |  |  |
| 16 | Injector | *Dual head (Specification should be mentioned) with starting kits: 100 Syringes and preferably having a local agent to supply the consumable of the injector* |  |  |  |
| 17 | Environmental requirements | *The equipment is suitable for working in the climate conditions in Iraq in terms of temperature and humidity.* |  |  |  |
| 18 | Site preparation | *Civil Work such as demolition, Partition , concrete base or any needed work as mentioned in the BOQ with submitting full set of drawings, Electrical work and Mechanical Work as per the requirement mentioned in BOQ*  *• Lead Shielding (walls, floor, ceiling, doors, etc. lead, The supplier to provide full details X-ray glass window between the gantry room and control room or any needed windows, shielded access doors (gantry room and control room) and connecting door between gantry and control rooms.*  *• Installation of a warning light outside the gantry room.*  *• Floor Levelling this may include tiles replacement where needed, and finishing anti-static floor, Wall Paint of both gantry room and control room as per BOQ description*  *• Ceiling suspension (the supplier to submit drawings)*  *• Lighting*  *• Installation of power outlets & network outlets*  *Electrical works including*  *power cabling and termination , cable tray works, conducting*  *• Provide air conditioning split system heat dissipation 16.50 KW/56300 BTU* |  |  |  |
| 19 | Power Supply  Supply UPS with voltage stabiliser | *The device Should be able to work with 380/480 VAC ,3 Phase.*  *50/60 HZ to serve control room workstation*  *≥ 10 minutes at full load continuous power supplying technique* |  |  |  |
| 20 | 1-year Warranty starting from the date of Completion of the Project including labour & spare parts, and to price separately five years service contracts including (labour and free spare parts) starting from the completion of the free of charge warranty. The supplier signs a contract with the Ministry of Health in which all warranty and maintenance provisions are within 5 years. The supplier will issue a bank guarantee in favour of the Ministry of Health as a guarantee of the fulfilment of all maintenance and warranty requirements. |  |  |  |  |
| 21 | Based on site assessment findings for each facility. The Vendor must submit a full set of drawings for each site that includes:  1. Master Site Plan,  2. Full set of workshop drawings and details for Architectural, Civil, Electrical, Medical and Mechanical.  3. Any needed calculations for electrical, civil , and mechanical works to support the provided configuration plans.  4. Any needed civil, electrical , mechanical and medical Tests. |  |  |  |  |

| **Item No** | **UNOPS general requirements** | **Is bid compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- |
| 1. | The Product should be provided with an original, unused, non-remanufactured and non-counterfeit equipment. It should be provided with the original certificate of origin authenticated with the bill of lading, and holding a quality certificate (FDA) or (CE), and providing the original (declaration letter) from the manufacturer that shows that the device to be purchased has obtained and presented these certificates. | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |

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

| **UNOPS Requirements** | | **Is bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods and finalized all construction works by **30 November 2024** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | DAP- as the below distribution list | ☐ Yes ☐ No | Insert details |
| **Consignee details** | TBD | ☐ 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. | ☐ Yes ☐ No | Insert details |

**Distribution list:**

| Baghdad / Al Resafa | Dhari Al Fayadh Hospital |
| --- | --- |
| Baghdad / Al Karkh | Al Furat Hospital |
| Baghdad | Al-Karama Hospital |
| Baghdad / Medical City | Medical City / Baghdad Teaching Hospital |
| Diyala | Baquba Teaching Hospital |
| Salah Al Din | Tikreet Teaching Hospital |
| Al Diwaniyah | Al Hamza Hospital |
| Al Muthana | Al Hussain Teaching Hospital |
| Kirkuk | MATERNITY &PEDIATRICS HOSPITAL |
| Al Basrah | Al Basrah Specialized Hospital for Cardiovascular Disease |
| Al Basrah | Al Basrah Hospital for Gastrointestinal and liver Diseases |
| Ninawa | Al Salam Hospital |
| Babil | Imam Sadiq Hospital |
| Missan | Al Zahrawi Surgical Hospital |
| Thi Qar | Al Nasiriya Hospital - Thi Qar |
| Kerbala | Al Emam Al Hassan Hospital |
| Al Anbar | Al Shifaa Hospital |

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

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

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

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

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

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

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

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

**Form I: Manufacturer’s Authorization Form**

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

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

RFQ reference no: [Insert UNOPS tender reference number]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: **[bidder to insert]**

**WHEREAS**

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

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

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

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

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

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