**Section III: Returnable Bidding Forms**

**eSourcing reference:** ITB/2023/49547- **Rev 3**

**All changes made in Rev 3 will be in RED**

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
* Form B: Bid Submission Form
* Form C: Price Schedule Form
* Form D: Technical Bid Form (Lot 1, Lot 2, Lot 3 ~~& Lot 4~~)
* Form E: Manufacturer’s authorization form
* Form F: Performance Statement Form
* Form G: No Adverse Action Confirmation Form
* Form H: Representation in Tunisia Information Form
* Form I: Bid Securing Declaration 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: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

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

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

**Signatures of all partners of the JV:**

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

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

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

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

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

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

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

**Form B: Bid Submission Form**

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

Date: [Insert submission date]

**Subject: Bid for the supply of** [***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 judgment 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 authorized by [***insert full name of bidder***] to sign this bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

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

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

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

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

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

**Form C: Price Schedule Form**

ITB reference no: ITB/2023/49547

Name of Bidder: [insert name of bidder]

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

**Lot 1: Radio Protection Equipment**

| Item/ lot | Description | Qty | Currency | |
| --- | --- | --- | --- | --- |
| Unit price (FCA) | Total Price (FCA) |
| 1. | Radioprotection Set | 3 | [insert amount] | [insert amount] |
| **Total Price of Goods at FCA point (Excluding all services) (a)** | | | | [insert amount] |

**Prices for related services - for LOT 1**

| Item/ lot | Description of the services | Quantity and physical unit (a) if applicable | Unit price  (b) if applicable | Total price per service  (a)x(b) |
| --- | --- | --- | --- | --- |
| 1. | Sea Freight of all lot 1 items, from FCA point to DPU Tunisia (As per distribution list from section II) | 3 | [insert amount] | [insert amount] |
| 2. | Installation, Testing and Commissioning | [insert amount] | [insert amount] |
| 3. | Training - Basic Start up training for end users[[1]](#footnote-0) | [insert amount] | [insert amount] |
| 4. | Preventive Maintenance, Corrective/Repair and technical assistance contract for users for 1 year | [insert amount] | [insert amount] |
| Total Price of Related Services **(b)** | | | | [insert amount] |

**Bid Summary**

| Item/ lot | Description | Qty | Currency (USD) | |
| --- | --- | --- | --- | --- |
| Unit price **(ALL SERVICE INCLUSIVE)** | Total Price **(ALL SERVICE INCLUSIVE)** |
| 1. | Radioprotection Set | 3 | [insert amount] | [insert amount] |

**Lot 2: General surgery Equipment**

| Item/ lot | Description | Qty | Currency | |
| --- | --- | --- | --- | --- |
| Unit price (FCA) | Total Price (FCA) |
| 1. | ULTRAPORTABLE, INTELLIGENT ECHOCARDIOGRAPHY DEVICE | 3 | [insert amount] | [insert amount] |
| 2. | COLOR DOPPLER ULTRASOUND | 2 | [insert amount] | [insert amount] |
| 3. | INTRAOPERATIVE ULTRASOUND | 1 | [insert amount] | [insert amount] |
| 4. | VIDEO-ENDOSCOPY COLUMN | 1 | [insert amount] | [insert amount] |
| 5. | LINEAR DIGESTIVE ECHOENDOSCOPE | 1 | [insert amount] | [insert amount] |
| 6. | ELECTRO-SURGICAL MACHINE | 9 | [insert amount] | [insert amount] |
| 7. | STATION OF 10 ELECTRIC SYRINGE PUMPS | 16 | [insert amount] | [insert amount] |
| 8. | BLOOD PRODUCTS WARMER | 7 | [insert amount] | [insert amount] |
| 9. | AIR WARMER | 12 | [insert amount] | [insert amount] |
| **Total Price of Goods at FCA point (Excluding all services) (a)** | | | | [insert amount] |

**Prices for related services - for LOT 2**

| Item/ lot | Description of the services | Quantity and physical unit if applicable | Total price per service |
| --- | --- | --- | --- |
| 1. | Sea Freight of all lot 2 items, from FCA point to DPU Tunisia (As per distribution list from section II) | All items from Lot 2 | [insert amount] |
| 2. | Installation, Testing and Commissioning | [insert amount] |
| 3. | Training Group 1: Technical Training [[2]](#footnote-1) | [insert amount] |
| 4. | Training Group 2: Medical users on the use and operation of equipment[[3]](#footnote-2) |  |
| 5. | Preventive Maintenance, Corrective/Repair and technical assistance contract for users for 1 year | [insert amount] |
| Total Price of Related Services **(b)** | | | [insert amount] |

**Bid Summary**

| **Bid Total (a) + (b) of Lot 2** | [insert amount] |
| --- | --- |

**Lot 3: Patient Monitoring Equipment**

| Item/ lot | Description | Qty | Currency | |
| --- | --- | --- | --- | --- |
| Unit price (FCA) | Total Price (FCA) |
| 1. | NeuroMuscular Transmission Monitor | 6 | [insert amount] | [insert amount] |
| 2. | Monitoring system with 8 patients monitors | 2 | [insert amount] | [insert amount] |
| 3. | Non-invasive cardiac output monitor | 3 | [insert amount] | [insert amount] |
| 4. | Monitor for the Depth of anesthesia | 6 | [insert amount] | [insert amount] |
| 5. | Transport monitor with invasive blood pressure module | 5 | [insert amount] | [insert amount] |
| 6. | NIRS Monitor | 3 | [insert amount] | [insert amount] |
| **Total Price of Goods at FCA point (Excluding all services) (a)** | | | | [insert amount] |

**Prices for related services - for LOT 3**

| Item/ lot | Description of the services | Quantity and physical unit if applicable | Total price per service |
| --- | --- | --- | --- |
| 1. | Sea Freight of all lot 3 items, from FCA point to DPU Tunisia (As per distribution list from section II) | All items from Lot 3 | [insert amount] |
| 2. | Installation, Testing and Commissioning | [insert amount] |
| 3. | Training Group 1: Technical Training [[4]](#footnote-3) | [insert amount] |
| 4. | Training Group 2: Medical users on the use and operation of equipment[[5]](#footnote-4) |  |
| 5. | Preventive Maintenance, Corrective/Repair and technical assistance contract for users for 1 year | [insert amount] |
| Total Price of Related Services **(b)** | | | [insert amount] |

**Bid Summary**

| **Bid Total (a) + (b) of Lot 3** | [insert amount] |
| --- | --- |

**Bidder’s delivery data**

| **Country of origin of offered products** | Item 1 | insert more rows in each section if necessary or delete if too many | | | |
| --- | --- | --- | --- | --- | --- |
| Item 2 |  | | | |
| Item 3 |  | | | |
| Item 4 |  | | | |
| Item 5 |  | | | |
| **FCA point(s) of delivery for offered products** | Item 1 |  | | | |
| Item 2 |  | | | |
| Item 3 |  | | | |
| Item 4 |  | | | |
| Item 5 |  | | | |
| **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 |  |  |  |  |
| 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**

ITB reference no: ITB/2023/49547

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.

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

**Lot 1- Radio Protection Equipment**

**Item 1- Radioprotection set**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 1 | **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Quantity 3 Sets** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **Radiation Protection Items** | ☐ Yes ☐ No |  |
| **Qty 2: Mobile shield**  The shield shall be mounted on 4 swivel wheels with brakes  Unit provides full body shielding. Shield to be made of durable, easy-to-clean materials with liquid impermeable coating. The shield shall have an unbreakable, distortion-free and optically transparent top section made of leaded glass. The Leaded glass section have a height of at least 60 cm and 0.7 - 1.0 m width The Leaded glass section have an adjustable height indicatively From H 1.30 to H 2.00 m total height  2 mm lead thickness for bottom section and equivalent 2 mm lead thickness for leaded glass top section | ☐ Yes ☐ No |  |
| **Qty 2: Leaded glasses / goggles**  Protection of the central zones (front of the eyes) and lateral zones of the eyes. Lead equivalent: lenses 0.75 mm / lateral protections: 0.35 mm | ☐ Yes ☐ No |  |
| **Qty 4: Direct-read programmable dosimeters for operators**  - For regular monitoring of X-ray and γ-ray radiation levels. - Indicative dose range: 0.5 µSv - 9.99 Sv  - Indicative dose rate range: 0.5 µSv/h - 3 Sv/h - Instantaneous digital display of cumulative dose and dose rate - Easily programmable by user: dose, dose rate, on / off, reset, alarm threshold setting - Adjustable dose and dose rate alarm thresholds - Power supply: batteries, over 50hrs autonomy - No calibration or maintenance required - 2-year warranty | ☐ Yes ☐ No |  |
| Indicative measurements for lead aprons: Width : 60 cm, Length/height: 100 cm, washable. | ☐ Yes ☐ No |  |
| **Qty. 4 : Large X-ray protective apron (Gown type)**, including shoulder cover with Velcro straps or solid clips. Lead equivalent of at least 0.5 mm Pb on front and at least 0.25 mm Pb on back at 100 kV. | ☐ Yes ☐ No |  |
| **Qty 2 : Medium X-ray protective apron (Gown type)**, including shoulder cover with Velcro straps or solid clips. Lead equivalent of at least 0.5 mm Pb on front and at least 0.25 mm Pb on back at 100 kV. | ☐ Yes ☐ No |  |
| **Qty 4 : Thyroid protection collars (2 medium; 2 large)** Lead equivalent of 0.5 mm Pb at 100 kV. | ☐ Yes ☐ No |  |
| **Qty 2 : Gonad belt (for patients)** Lead equivalent of 0.5 mm Pb at 100 kV. Width ≥ 40 cm , length ≥ 40 cm. | ☐ Yes ☐ No |  |
| **Qty 1: Mobile hanging cart** for transporting aprons. At least 8 aprons holder positions | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 1 year warranty , technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |

**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 20 weeks after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Tunisia  Incoterm 2020 DPU (Consignee-wise quantity distribution list)  UNOPS and/or the consignee will submit all tax exemption documentation to the selected supplier- The bidder must submit all shipment documents to UNOPS before departure of the shipment from the FCA point. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Ministry of Health in Tunisia | ☐ 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 |

**Related services requirements**

| **Service** | **UNOPS minimum requirements for services** | **Place where services will be performed** | **Final completion date(s) of services** | **Is bid compliant? Bidder to complete** | **Details**  **Bidder to complete** |
| --- | --- | --- | --- | --- | --- |
| 1. | Delivery as per Distribution list | Tunisia (As per the distribution list) | Delivery should be made in fully as follows:  -        The Bidder shall deliver all the equipment no later than **18 weeks** after contract signature. | ☐ Yes ☐ No | Insert details |
| 2. | Installation | -        The Bidder shall complete the installation for the units no later than **2 weeks** after the delivery (**20 weeks after the contract signature**). | ☐ Yes ☐ No | Insert details |
| 3. | Testing and Commissioning | Should be done at the end of the installation | ☐ Yes ☐ No | Insert details |
| 4. | Preventive Maintenance, Corrective/Repair and technical assistance for users 1 year | Must be valid for 1 year (Warranty period) | ☐ Yes ☐ No | Insert details |
| 5. | Training- Basic Start up training for end users | Should be done at the end of each installation (- Section E: TRAINING  REQUIREMENTS) | ☐ Yes ☐ No | Insert details |

**Lot 2- General surgery Equipment**

**Item 1. ULTRAPORTABLE, INTELLIGENT ECHOCARDIOGRAPHY DEVICE**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 1. ULTRAPORTABLE, INTELLIGENT ECHOCARDIOGRAPHY DEVICE | *High-level portable point of care ultrasound equipment use for real time general diagnostics imaging or monitoring during intervention* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 3* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| Battery autonomy of at least 120min of continuous operation | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand and Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provided detailed datasheets for Ultrasound device and transducers | ☐ Yes ☐ No |  |
| Weight of device with battery below 2 Kg | ☐ Yes ☐ No |  |
| Ultra portable ultrasound unit and transducers used for general Point of Care exploration of the tissues or organs, providing interactive and timely information/ imaging; supports noninvasive Cardiac, Thoracic/Lung, Abdominal, Vascular/Peripheral Vascular, Musculoskeletal and interventional guidance (includes needle/catheter placement, fluid drainage, and nerve block). | ☐ Yes ☐ No |  |
| DICOM 3.0 full licensed connectivity with at least the following services: Send, Print, Storage, Query, Retrieve | ☐ Yes ☐ No |  |
| The equipment must allow software and hardware updates. | ☐ Yes ☐ No |  |
| Back-up softwares to be supplied. | ☐ Yes ☐ No |  |
| Image verification and adjustment | ☐ Yes ☐ No |  |
| On-screen measurements | ☐ Yes ☐ No |  |
| Multifrequency (fundamental, harmonic) | ☐ Yes ☐ No |  |
| Image presets and parameter programming (patient data, examination types, imaging modes, annotations, measurements, calculations) | ☐ Yes ☐ No |  |
| Freezed image and real time dynamic zoom | ☐ Yes ☐ No |  |
| Zoom area control, with automatic image optimization. | ☐ Yes ☐ No |  |
| 256 grayscales and more | ☐ Yes ☐ No |  |
| Predefined and programmable reports | ☐ Yes ☐ No |  |
| **Operating modes** | ☐ Yes ☐ No |  |
| 2D mode | ☐ Yes ☐ No |  |
| 3D mode | ☐ Yes ☐ No |  |
| TM mode | ☐ Yes ☐ No |  |
| Color Doppler mode (Pulsed, Continuous, Power ) | ☐ Yes ☐ No |  |
| **Features** | ☐ Yes ☐ No |  |
| Automated examination protocolization | ☐ Yes ☐ No |  |
| Automated measurements and calculations | ☐ Yes ☐ No |  |
| AI-assisted measurements | ☐ Yes ☐ No |  |
| AI-assisted interpretation | ☐ Yes ☐ No |  |
| **The equipment must at least be able to make the below General measurements:** | ☐ Yes ☐ No |  |
| Distances. | ☐ Yes ☐ No |  |
| Area. | ☐ Yes ☐ No |  |
| Volumes. | ☐ Yes ☐ No |  |
| Time interval. | ☐ Yes ☐ No |  |
| Depth differences. | ☐ Yes ☐ No |  |
| Speeds. | ☐ Yes ☐ No |  |
| Stenosis percentage. | ☐ Yes ☐ No |  |
| Angles. | ☐ Yes ☐ No |  |
| Systolic/Diastolic ratio. | ☐ Yes ☐ No |  |
| Heart rate. | ☐ Yes ☐ No |  |
| Peak and average pressure gradient. | ☐ Yes ☐ No |  |
| **Monitor/Screen:** | ☐ Yes ☐ No |  |
| Built-in Wi-Fi and bluetooth | ☐ Yes ☐ No |  |
| At least 5'' full HD Monitor, 4K or better | ☐ Yes ☐ No |  |
| Touchscreen | ☐ Yes ☐ No |  |
| Menus, messages on screen. | ☐ Yes ☐ No |  |
| Text annotations. | ☐ Yes ☐ No |  |
| Body markers. | ☐ Yes ☐ No |  |
| Image orientation indicator. | ☐ Yes ☐ No |  |
| **Storage and archiving:** | ☐ Yes ☐ No |  |
| Storage of patient data and images on an internal hard drive of at least 100 Gigabytes (GB). | ☐ Yes ☐ No |  |
| It must allow video storage in commonly used formats such as: AVI, MPEG, MP4. | ☐ Yes ☐ No |  |
| It must allow the storage of images in commonly used formats such as: BMP, JPEG, TIF. | ☐ Yes ☐ No |  |
| Post-processing capacity for image and video files. | ☐ Yes ☐ No |  |
| **Communication, storage and transfer interface:** | ☐ Yes ☐ No |  |
| At least one (1) port for connecting peripheral devices. | ☐ Yes ☐ No |  |
| **Transducers:** | ☐ Yes ☐ No |  |
| 1 or 2 if applicable broadband Doppler probes for: abdominal explorations and cardiac, thoraxic, muscular, vascular explorations | ☐ Yes ☐ No |  |
| **CONSUMABLES AND ACCESSORIES INCLUDED** | | |
| Supply of complete overhaul kit / preventive maintenance for the warranty year | ☐ Yes ☐ No |  |
| Includes cleaning accessories / test tools for transducers | ☐ Yes ☐ No |  |
| One (1) ultrasonography gel dispensing reusable bottles, each holding at maximum 350 ml. | ☐ Yes ☐ No |  |
| One (1) genuine suitcase for transporting and protecting each transducer. | ☐ Yes ☐ No |  |
| One (1) genuine suitcase for transporting the ultrasound machine | ☐ Yes ☐ No |  |
| One or two broadband Doppler transducers | ☐ Yes ☐ No |  |
| Include the respective interconnection accessories and power accessories of the different components. | ☐ Yes ☐ No |  |
| Protective covers with the Ultrasonography Equipment and its accessory equipment. | ☐ Yes ☐ No |  |
| **WARRANTY** | | |
| Full Warranty 2 Years | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 2-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 2. COLOR DOPPLER ULTRASOUND**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 2. COLOR DOPPLER ULTRASOUND | Fully digital color Doppler multipurpose ultrasound scanner (digital beamformer) with the latest version of electronic scanning (sectorial, linear and convex), for visceral, vascular, obstetrical-gynecological and soft-tissue explorations. | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Quantity 2 | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** |  |  |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Ultrasound system made of Ultrasound machine, UPS, Thermal printer, Probes | ☐ Yes ☐ No |  |
| Ultrasound machine Brand and Model | ☐ Yes ☐ No |  |
| Provided detailed datasheets for Ultrasound machine, UPS, Thermal printer and Probes | ☐ Yes ☐ No |  |
| Central processing unit on mobile cart with adjustable, swiveling display monitor, minimum 21" flat screen. | ☐ Yes ☐ No |  |
| - Hard disk, minimum capacity 500 GB | ☐ Yes ☐ No |  |
| - DICOM 3.0 full licensed connectivity with at least the following services: Send, Print, Storage, Query, Retrieve, Structured Reporting, Modality Performed Procedure Step (MPPS),Modality Worklist. | ☐ Yes ☐ No |  |
| Standard ports, including USB, Ethernet, video output | ☐ Yes ☐ No |  |
| - DVD burner | ☐ Yes ☐ No |  |
| - Back-up softwares to be supplied. | ☐ Yes ☐ No |  |
| UPS for the entire ultrasound scanner and peripherals | ☐ Yes ☐ No |  |
| Reprographic printer on B&W thermal paper | ☐ Yes ☐ No |  |
| **Convex broadband Doppler probe** frequency including 4 - 7 MHz for adult abdominal exploration | ☐ Yes ☐ No |  |
| **Linear broadband Doppler probe** frequency including 10 - 14MHz for peripheral vascular, soft-tissue (breast, thyroid) and musculoskeletal examinations. | ☐ Yes ☐ No |  |
| **Pencil or CW Doppler probe**  frequency including 2 - 4 MHz  **The pencil or CW Doppler probe will be used for adult & paediatric cardiac and transcranial doppler applications.**  **However a pencil probe with frequency allowing both cardiac and vascular applications is the best option.**  **In case of mono frequency, the specific frequency will fall between 2 - 4mHz . In case of frequency band the expected range of 2- 4mhz.** | ☐ Yes ☐ No |  |
| **Sectorial / Cardiac Doppler probe** frequency including 3 - 7 MHz for cardiac examinations | ☐ Yes ☐ No |  |
| Indicate the recommended gel brands and accepted disinfectants | ☐ Yes ☐ No |  |
| Device using beamformers and digital signal summation: number of channels greater than 1 million | ☐ Yes ☐ No |  |
| Device Broadband Maximum frequency ≥ 18 MHz | ☐ Yes ☐ No |  |
| At least 18'' full HD Monitor 4K or better | ☐ Yes ☐ No |  |
| At least three active probe connectors in addition to the pencil probe | ☐ Yes ☐ No |  |
| B mode, TM mode | ☐ Yes ☐ No |  |
| Pulsed Doppler mode with orientable beam and optimized sounds. | ☐ Yes ☐ No |  |
| Color Energy Doppler mode | ☐ Yes ☐ No |  |
| Color mode: color associated with images (B; 2 B; B +D; D) | ☐ Yes ☐ No |  |
| Automatic image optimization | ☐ Yes ☐ No |  |
| Cineloop mode with continuous loop playback | ☐ Yes ☐ No |  |
| Composite imaging | ☐ Yes ☐ No |  |
| Harmonic imaging on both the requested probes | ☐ Yes ☐ No |  |
| Slow flow detection | ☐ Yes ☐ No |  |
| Variable depth scan fields > 30 cm | ☐ Yes ☐ No |  |
| 256 gray levels minimum | ☐ Yes ☐ No |  |
| 2D image acquisition rate ≥ 1500 fps | ☐ Yes ☐ No |  |
| Zoom in real time and on variable frozen image | ☐ Yes ☐ No |  |
| Electronic focusing on transmit and receive | ☐ Yes ☐ No |  |
| Network card: 10/100 BT (R J 45 socket) | ☐ Yes ☐ No |  |
| Dynamic gain >200 dB. | ☐ Yes ☐ No |  |
| Gain curve adjustment | ☐ Yes ☐ No |  |
| Reduction of artifacts generated by incidence angles and edge enhancement. | ☐ Yes ☐ No |  |
| **Pulsed Doppler and spectral analysis :** | ☐ Yes ☐ No |  |
| - Triplex mode (B + Color + Doppler) | ☐ Yes ☐ No |  |
| - Adjustable sample volume: ≤ 1 mm and ≥ 15 mm | ☐ Yes ☐ No |  |
| - Variable gain minimum 50 dB | ☐ Yes ☐ No |  |
| - Variable PRF and HPRF | ☐ Yes ☐ No |  |
| PRF min ≤ 1 kHz | ☐ Yes ☐ No |  |
| HPRF max ≥ 20 kHz | ☐ Yes ☐ No |  |
| - Automatic spectrum baseline adjustment | ☐ Yes ☐ No |  |
| **Color Doppler :** | ☐ Yes ☐ No |  |
| - Variable scan rate | ☐ Yes ☐ No |  |
| - PRF max ≥ 19 kHz | ☐ Yes ☐ No |  |
| **CONSUMABLES AND ACCESSORIES INCLUDED** | | |
| Supply of complete overhaul kit / preventive maintenance for the warranty year: - At least | ☐ Yes ☐ No |  |
| Qty 10: HD paper rolls | ☐ Yes ☐ No |  |
| Qty 1: Ultrasound gel bottle | ☐ Yes ☐ No |  |
| Qty 1: Genuine cart | ☐ Yes ☐ No |  |
| Qty 1: UPS for the entire ultrasound scanner and peripherals | ☐ Yes ☐ No |  |
| Qty 1: Reprographic printer on B&W thermal paper | ☐ Yes ☐ No |  |
| Qty 1: Convex broadband Doppler probe | ☐ Yes ☐ No |  |
| Qty 1: Linear broadband Doppler probe | ☐ Yes ☐ No |  |
| Qty 1: Pencil or CW Doppler probe | ☐ Yes ☐ No |  |
| Qty 1: Sectorial / Cardiac Doppler probe | ☐ Yes ☐ No |  |
| **WARRANTY** | | |
| Full Warranty 2 Years | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 2-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 3. INTRAOPERATIVE ULTRASOUND**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 3. INTRAOPERATIVE ULTRASOUND | *High-level intraoperative ultrasound equipment use for real time general diagnostics imaging or monitoring during surgery* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 1* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Ultrasound system made of Ultrasound machine, UPS, Thermal printer, Probes | ☐ Yes ☐ No |  |
| Ultrasound machine Brand and Model | ☐ Yes ☐ No |  |
| Provided detailed datasheets for Ultrasound machine, UPS, Thermal printer and Probes | ☐ Yes ☐ No |  |
| Mobile ultrasound unit for general intraoperative exploration of the tissues or organs, providing interactive and timely information during surgical procedures | ☐ Yes ☐ No |  |
| Central processing unit on mobile cart with adjustable, swiveling display monitor, minimum 18" flat screen. | ☐ Yes ☐ No |  |
| Standard ports, including USB, Ethernet, video output | ☐ Yes ☐ No |  |
| DICOM 3.0 full licensed connectivity with at least the following services: Send, Print, Storage, Query, Retrieve, Structured Reporting,ModalityWorklist. | ☐ Yes ☐ No |  |
| The equipment must allow software and hardware updates. | ☐ Yes ☐ No |  |
| Connectivity through Ethernet port to DICOM interface, enabling file transfering. | ☐ Yes ☐ No |  |
| DVD burner | ☐ Yes ☐ No |  |
| Back-up softwares to be supplied. | ☐ Yes ☐ No |  |
| UPS for the entire ultrasound scanner and peripherals , system autonomy at least 60min | ☐ Yes ☐ No |  |
| Reprographic printer on B&W thermal paper | ☐ Yes ☐ No |  |
| Hardware and software configuration for: linear; convex; endocavity; microconvex; phased array; pencil. | ☐ Yes ☐ No |  |
| Image verification and adjustment | ☐ Yes ☐ No |  |
| On-screen measurements | ☐ Yes ☐ No |  |
| Integrated illuminated keyboard and control buttons, scroll wheels, trackball/mouse pad (multilingual identification) | ☐ Yes ☐ No |  |
| 2D and 3D imaging | ☐ Yes ☐ No |  |
| Multifrequency (fundamental, harmonic) | ☐ Yes ☐ No |  |
| Image presets and parameter programming (patient data, examination types, imaging modes, annotations, measurements, calculations) | ☐ Yes ☐ No |  |
| Freeze image zoom of at least 10X. | ☐ Yes ☐ No |  |
| Real-time dynamic zoom of at least 4X. | ☐ Yes ☐ No |  |
| 256 grayscales and more | ☐ Yes ☐ No |  |
| Predefined and programmable reports | ☐ Yes ☐ No |  |
| **Minimum modes of operation:** | ☐ Yes ☐ No |  |
| 2D mode. | ☐ Yes ☐ No |  |
| M mode. | ☐ Yes ☐ No |  |
| B/M mode. | ☐ Yes ☐ No |  |
| Doppler modes: | ☐ Yes ☐ No |  |
| - Color Coded Doppler (Color Doppler). | ☐ Yes ☐ No |  |
| - Continuous Doppler (CW). | ☐ Yes ☐ No |  |
| - Pulsed Doppler (PW). | ☐ Yes ☐ No |  |
| - Power Doppler. | ☐ Yes ☐ No |  |
| - Spectral Doppler. | ☐ Yes ☐ No |  |
| Tissue harmonic images (THI) mode | ☐ Yes ☐ No |  |
| **General measures, at least:** | ☐ Yes ☐ No |  |
| Distances. | ☐ Yes ☐ No |  |
| Area. | ☐ Yes ☐ No |  |
| Volumes. | ☐ Yes ☐ No |  |
| Time interval. | ☐ Yes ☐ No |  |
| Depth differences. | ☐ Yes ☐ No |  |
| Speeds. | ☐ Yes ☐ No |  |
| Stenosis percentage. | ☐ Yes ☐ No |  |
| Angles. | ☐ Yes ☐ No |  |
| Systolic/Diastolic ratio. | ☐ Yes ☐ No |  |
| Heart rate. | ☐ Yes ☐ No |  |
| Resistivity index (RI). | ☐ Yes ☐ No |  |
| Pulsatility index (PI). | ☐ Yes ☐ No |  |
| Peak and average pressure gradient. | ☐ Yes ☐ No |  |
| **Monitor:** | ☐ Yes ☐ No |  |
| Monitor arm locking system | ☐ Yes ☐ No |  |
| At least 18'' full HD Monitor, 4K or better | ☐ Yes ☐ No |  |
| Floating arm for flexible monitor positioning according to intraoperative needs. | ☐ Yes ☐ No |  |
| Color | ☐ Yes ☐ No |  |
| **Control panel composed of:** | ☐ Yes ☐ No |  |
| Alphanumeric keyboard or touch-screen for data entry. | ☐ Yes ☐ No |  |
| Trackball or touchpad for movements. | ☐ Yes ☐ No |  |
| Configurable buttons. | ☐ Yes ☐ No |  |
| Backlit for easy reading and location. | ☐ Yes ☐ No |  |
| **Information display on screen:** | ☐ Yes ☐ No |  |
| Menus, messages on screen. | ☐ Yes ☐ No |  |
| Text annotations. | ☐ Yes ☐ No |  |
| Body markers. | ☐ Yes ☐ No |  |
| Image orientation indicator. | ☐ Yes ☐ No |  |
| **Storage and archiving:** | ☐ Yes ☐ No |  |
| Storage of patient data and images on an internal hard drive of at least 500 Gigabytes (GB). | ☐ Yes ☐ No |  |
| It must allow video storage in commonly used formats such as: AVI, MPEG, MP4. | ☐ Yes ☐ No |  |
| It must allow the storage of images in commonly used formats such as: BMP, JPEG, TIF. | ☐ Yes ☐ No |  |
| Zoom display, with zoom area control, with automatic image optimization. | ☐ Yes ☐ No |  |
| With the ability to review static and moving images, reports, measurements and prints. | ☐ Yes ☐ No |  |
| Post-processing capacity for image and video files. | ☐ Yes ☐ No |  |
| **Communication, storage and transfer interface:** | ☐ Yes ☐ No |  |
| At least two (2) USB ports for connecting peripheral devices. | ☐ Yes ☐ No |  |
| At least one (1) High Definition Multimedia Interface (HDMI) port. | ☐ Yes ☐ No |  |
| The system must have a maximum dynamic range of at least 160 dB. | ☐ Yes ☐ No |  |
| Capacity to use and availability of laparoscopic transducer. | ☐ Yes ☐ No |  |
| Protocols for nerves, small parts, vascular, | ☐ Yes ☐ No |  |
| **Mechanical features** | ☐ Yes ☐ No |  |
| Medical system mounted to allow safe assembly and transport of the main equipment and its accessories | ☐ Yes ☐ No |  |
| 4 Wheels with at least 2 brakes | ☐ Yes ☐ No |  |
| Multifrequency transducers of the same brand as the equipment offered with broadband technology must be included, with capacity for all the required studies. | ☐ Yes ☐ No |  |
| **Four (4) transducers:** | ☐ Yes ☐ No |  |
| One (1) T-shaped intraoperative transducer | ☐ Yes ☐ No |  |
| Bandwidth [MHz]: 5 to 10 or wider range. | ☐ Yes ☐ No |  |
| Application: Intraoperative, abdomen, pediatric. | ☐ Yes ☐ No |  |
| One (1) Microconvex Intraoperative transducer | ☐ Yes ☐ No |  |
| Bandwidth [MHz]: 5 to 9 or wider range. | ☐ Yes ☐ No |  |
| Application: Intraoperative. | ☐ Yes ☐ No |  |
| One (1) Hockey stick Intraoperative transducer | ☐ Yes ☐ No |  |
| Bandwidth [MHz]: 7 a 12 or wider range. | ☐ Yes ☐ No |  |
| Application: Musculo-skeletal, nerve, small parts, vascular. | ☐ Yes ☐ No |  |
| One (1) Laparoscopic unltrasound Transducer | ☐ Yes ☐ No |  |
| Bandwidth [MHz]: 4 a 10 or wider range. | ☐ Yes ☐ No |  |
| Application: Intra operative | ☐ Yes ☐ No |  |
| **WARRANTY** | | |
| Full Warranty 2 Years | ☐ Yes ☐ No |  |
| **ADDITIONNAL CONSUMABLES AND ACCESSORIES INCLUDED** | | |
| Supply of complete overhaul kit / preventive maintenance for the warranty year | ☐ Yes ☐ No |  |
| Includes cleaning accessories / test tools for probes | ☐ Yes ☐ No |  |
| Dedicated or integrated 4-wheel antistatic cart with brakes and accessory compartment (shelf/drawer). | ☐ Yes ☐ No |  |
| Including drawers/shelves for accessories and printer. | ☐ Yes ☐ No |  |
| Including holders for probes and gel bottle | ☐ Yes ☐ No |  |
| Two (2) ultrasonography gel dispensing reusable bottles, each holding at least 250 ml. | ☐ Yes ☐ No |  |
| One (1) genuine suitcase dedicated for transporting and protecting each specific transducer. | ☐ Yes ☐ No |  |
| One (1) Medical thermal printer: Resolution ≥ 300 dpi for high quality images. | ☐ Yes ☐ No |  |
| Ten (10) rolls of HD paper for thermal printer | ☐ Yes ☐ No |  |
| One (1) T-shaped intraoperative transducer | ☐ Yes ☐ No |  |
| One (1) Microconvex Intraoperative transducer | ☐ Yes ☐ No |  |
| One (1) Hockey stick Intraoperative transducer | ☐ Yes ☐ No |  |
| One (1) Laparoscopic unltrasound Transducer | ☐ Yes ☐ No |  |
| Twenty five (25): Sterile Cover for intraoperative use for each probe supplied if applicable | ☐ Yes ☐ No |  |
| Include the respective interconnection accessories of the different components. | ☐ Yes ☐ No |  |
| Protective covers with the Ultrasonography Equipment and its accessory equipment. | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 2-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 4. VIDEO-ENDOSCOPY COLUMN**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 4. VIDEO-ENDOSCOPY COLUMN | *A digestive video endoscopy column for examining the digestive tract.* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 1* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| *Brand & Model* | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| **Medical System consisting of at least : Video gastroscopy, Video colonoscopy, Video Duedonoscopy, Image processor, HD medical digital video recorder, Printer. The processor enables image control and distribution to peripheral devices (printer, video, monitor, etc.).** | ☐ Yes ☐ No |  |
| Provide detailed data sheet of each component of the medical system | ☐ Yes ☐ No |  |
| - Waterproof keyboard, protected against liquids. | ☐ Yes ☐ No |  |
| - Color and brightness control or adjustment feature | ☐ Yes ☐ No |  |
| - Electronic zoom, minimum 1.5X magnification or full-screen magnification | ☐ Yes ☐ No |  |
| - Real-time image capture | ☐ Yes ☐ No |  |
| - Ports for image and video transfer | ☐ Yes ☐ No |  |
| - High-definition image processing | ☐ Yes ☐ No |  |
| - HD output for high-definition image transfer | ☐ Yes ☐ No |  |
| - Electronic endoscopic coloration feature | ☐ Yes ☐ No |  |
| **2/ A cold light generator :** | ☐ Yes ☐ No |  |
| Brand and Model | ☐ Yes ☐ No |  |
| Minimum power 300w | ☐ Yes ☐ No |  |
| Xenon lamp with a service life above 500 hours **or LED lamp light** | ☐ Yes ☐ No |  |
| Emergency light with adjustable insufflation pump. | ☐ Yes ☐ No |  |
| **3/ A monitor :** | ☐ Yes ☐ No |  |
| Brand and Model | ☐ Yes ☐ No |  |
| A minimum 19" HD high-definition color LED monitor for medical use, mounted on the cart. | ☐ Yes ☐ No |  |
| **4/ Adult video gastroscope :** | ☐ Yes ☐ No |  |
| Brand and Model | ☐ Yes ☐ No |  |
| Equipped with a high-definition HD color CCD sensor **or equivalent** | ☐ Yes ☐ No |  |
| Distal tip diameter: ≥9 and ≤ 10mm | ☐ Yes ☐ No |  |
| Depth of field: from 4 to 100mm minimum. | ☐ Yes ☐ No |  |
| Operating channel diameter: ≥2.8mm. | ☐ Yes ☐ No |  |
| **Tip angulation** | ☐ Yes ☐ No |  |
| - Top ≥ 200° | ☐ Yes ☐ No |  |
| - Bottom ≥ 90° | ☐ Yes ☐ No |  |
| - Right / Left ≥ 100° | ☐ Yes ☐ No |  |
| Useful length ≥ 1000 mm | ☐ Yes ☐ No |  |
| Field of view angle ≥ 140° | ☐ Yes ☐ No |  |
| Processor, monitor, cable and endoscope must be compatible to produce a high-definition image. | ☐ Yes ☐ No |  |
| **5/ A video colonoscope :** | ☐ Yes ☐ No |  |
| Brand and Model | ☐ Yes ☐ No |  |
| Equipped with a high-definition HD color CCD sensor **or equivalent** | ☐ Yes ☐ No |  |
| Distal tip diameter: < 14 mm | ☐ Yes ☐ No |  |
| Depth of field: from 4 to 100 mm minimum. | ☐ Yes ☐ No |  |
| Operating channel diameter: ≥ 3.2 mm. | ☐ Yes ☐ No |  |
| **Tip angulation** | ☐ Yes ☐ No |  |
| - Up ≥ 180° | ☐ Yes ☐ No |  |
| - Bottom ≥ 180° | ☐ Yes ☐ No |  |
| - Right ≥ 160° | ☐ Yes ☐ No |  |
| - Left ≥ 160° | ☐ Yes ☐ No |  |
| Field of view ≥ 140° | ☐ Yes ☐ No |  |
| Useful length ≥ 1500 mm | ☐ Yes ☐ No |  |
| Water jet function | ☐ Yes ☐ No |  |
| Processor, monitor, cable and endoscope must be compatible to produce a high-definition image. | ☐ Yes ☐ No |  |
| **6/ A video duodenoscope :** | ☐ Yes ☐ No |  |
| Brand and Model | ☐ Yes ☐ No |  |
| Equipped with a color CCD sensor with minimum resolution 400,000 pixels or equivalent | ☐ Yes ☐ No |  |
| Distal tip diameter: ≤14 mm | ☐ Yes ☐ No |  |
| Depth of field: 5 to 60 mm minimum. | ☐ Yes ☐ No |  |
| Operating channel diameter: ≥ 4.2 mm. | ☐ Yes ☐ No |  |
| **Tip angulation** | ☐ Yes ☐ No |  |
| - Top ≥ 120° | ☐ Yes ☐ No |  |
| - Bottom / Right / Left ≥ 90° | ☐ Yes ☐ No |  |
| Field of view ≥ 90° | ☐ Yes ☐ No |  |
| Useful length ≥ 1200 mm | ☐ Yes ☐ No |  |
| Processor, monitor, cable and endoscope must be compatible to produce a high-definition image. | ☐ Yes ☐ No |  |
| **7/ Laser Color printer: high photographic quality** | ☐ Yes ☐ No |  |
| Brand and Model | ☐ Yes ☐ No |  |
| Resolution image: ≥ 1200 dpi | ☐ Yes ☐ No |  |
| **8/Original mobile cart** | ☐ Yes ☐ No |  |
| Brand and Model | ☐ Yes ☐ No |  |
| Cart with a minimum of 03 levels. | ☐ Yes ☐ No |  |
| Integrated multiple socket including power cable. | ☐ Yes ☐ No |  |
| Antistatic wheels with braking system. | ☐ Yes ☐ No |  |
| **ADDITIONNAL CONSUMABLES AND ACCESSORIES INCLUDED** | | |
| Supply of complete overhaul kit / preventive maintenance for the warranty year | ☐ Yes ☐ No |  |
| - Qty 20 disposable biopsy forceps | ☐ Yes ☐ No |  |
| - Qty 01 leak tester. | ☐ Yes ☐ No |  |
| - Qty 02 cleaning brushes. | ☐ Yes ☐ No |  |
| - Protective cases for scopes/probes transport | ☐ Yes ☐ No |  |
| **WARRANTY** | | |
| Full Warranty 2 Years | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 2-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 5. LINEAR DIGESTIVE ECHOENDOSCOPE**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 5. LINEAR DIGESTIVE ECHOENDOSCOPE | *A digestive echo-endoscopy system for examining the digestive tract and visualizing the structures of the digestive tract (esophagus; stomach; duodenum; sigmoid colon; rectum, as well as certain organs adjacent to the digestive tract such as pancreas; biliary tract; mediastinum; pelvic cavity.) using high-definition endoscopic & ultrasound images.* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 1* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| *Brand & Model* | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| **I- Echography Features** | ☐ Yes ☐ No |  |
| Brand & Model; Provide detailed datasheet | ☐ Yes ☐ No |  |
| - Digital beamforming and signal summation technology | ☐ Yes ☐ No |  |
| - Mode B, Mode Time Motion | ☐ Yes ☐ No |  |
| - Pulsed Doppler mode | ☐ Yes ☐ No |  |
| - Color Doppler mode | ☐ Yes ☐ No |  |
| - Energy Doppler mode | ☐ Yes ☐ No |  |
| - Elastography mode | ☐ Yes ☐ No |  |
| - Cineloop mode with continuous loop review | ☐ Yes ☐ No |  |
| - Harmonic imaging | ☐ Yes ☐ No |  |
| - Network 10/100 BT ; R J 45 socket | ☐ Yes ☐ No |  |
| - Variable depth scan fields | ☐ Yes ☐ No |  |
| - Zoom in real time image | ☐ Yes ☐ No |  |
| - Zoom in frozen image | ☐ Yes ☐ No |  |
| - Electronic focus | ☐ Yes ☐ No |  |
| **I.a - Image pre-processing :** | ☐ Yes ☐ No |  |
| - Variable dynamic gain | ☐ Yes ☐ No |  |
| - Gain curve adjustment | ☐ Yes ☐ No |  |
| - Edge enhancement | ☐ Yes ☐ No |  |
| **Doppler characteristics :** | ☐ Yes ☐ No |  |
| **a) Pulsed Doppler and Spectral Analysis :** | ☐ Yes ☐ No |  |
| - Steerable Doppler: | ☐ Yes ☐ No |  |
| - Specify adjustable sample volume in mm | ☐ Yes ☐ No |  |
| - Variable Gain in dB | ☐ Yes ☐ No |  |
| - PRF and HPRF variable in KHz: | ☐ Yes ☐ No |  |
| - Spectrum baseline setting: | ☐ Yes ☐ No |  |
| **b) Color Doppler :** | ☐ Yes ☐ No |  |
| - Variable scan rate in i/s: | ☐ Yes ☐ No |  |
| - Variable PRFin kHz: | ☐ Yes ☐ No |  |
| **I.b - Image storage and management systems :** | ☐ Yes ☐ No |  |
| - Image storage on hard disk and flash disk or flash card: | ☐ Yes ☐ No |  |
| - DICOM 3.0 full licensed connectivity with at least the following services: Send, Print, Storage, Query, | ☐ Yes ☐ No |  |
| - DVD burner | ☐ Yes ☐ No |  |
| **II- ENDOSCOPIC FUNCTION :** | ☐ Yes ☐ No |  |
| **II.a - Optical system :** | ☐ Yes ☐ No |  |
| **Linear probe :** | ☐ Yes ☐ No |  |
| Brand & Model; Provide detailed datasheet | ☐ Yes ☐ No |  |
| - Erector for therapy probe | ☐ Yes ☐ No |  |
| - Operating channel diameter ≥3.7 mm | ☐ Yes ☐ No |  |
| - US Maximum Frequency ≥ 10MHz | ☐ Yes ☐ No |  |
| - Field of view ≥ 100° | ☐ Yes ☐ No |  |
| - US Exploration field ≥ 150° | ☐ Yes ☐ No |  |
| - Oblique direction of vision ≥ 40° | ☐ Yes ☐ No |  |
| - Depth of vision ≥ 5 to 100 mm | ☐ Yes ☐ No |  |
| - Tip angulation | ☐ Yes ☐ No |  |
| Up / Down ≥ 120° / 90° | ☐ Yes ☐ No |  |
| Right / Left ≥ 90° / 90° | ☐ Yes ☐ No |  |
| - Fitting length (insertion tube) L ≥ 1250 mm | ☐ Yes ☐ No |  |
| - Total length L ≥ 1550 mm | ☐ Yes ☐ No |  |
| **Radial probe :** | ☐ Yes ☐ No |  |
| Brand & Model; Provide detailed datasheet | ☐ Yes ☐ No |  |
| - Operating channel diameter ≥2.2 mm | ☐ Yes ☐ No |  |
| - US Maximum Frequency ≥ 10MHz | ☐ Yes ☐ No |  |
| - Field of view ≥ 100° | ☐ Yes ☐ No |  |
| - US Exploration field 360° | ☐ Yes ☐ No |  |
| - Depth of vision ≥ 5 to 100 mm | ☐ Yes ☐ No |  |
| - Tip angulation | ☐ Yes ☐ No |  |
| Up / Down ≥ 130° / 90° | ☐ Yes ☐ No |  |
| Right / Left ≥ 90° / 90° | ☐ Yes ☐ No |  |
| - Fitting length (insertion tube) L ≥ 1250 mm | ☐ Yes ☐ No |  |
| - Total length L ≥ 1550 mm | ☐ Yes ☐ No |  |
| **II.b - Video processor:** | ☐ Yes ☐ No |  |
| Brand & Model; Provide detailed datasheet | ☐ Yes ☐ No |  |
| - A digital processor for image control, processing, freezing... distribution to peripherals such as printer, monitor, computer | ☐ Yes ☐ No |  |
| - Waterproof keyboard, protected against liquids | ☐ Yes ☐ No |  |
| - Color and brightness adjustment system | ☐ Yes ☐ No |  |
| - Electronic zoom, minimum 1.5x magnification or full-screen display | ☐ Yes ☐ No |  |
| - Digital output for image and video transfer | ☐ Yes ☐ No |  |
| - Image processing | ☐ Yes ☐ No |  |
| - Chromo endoscopy | ☐ Yes ☐ No |  |
| **II.c - Cold light generator :** | ☐ Yes ☐ No |  |
| Brand & Model; Provide detailed datasheet | ☐ Yes ☐ No |  |
| - Compatible with video echo-endoscope system | ☐ Yes ☐ No |  |
| - Xenon lamp illumination, minimum power 300 W, **or LED lamp light** | ☐ Yes ☐ No |  |
| - back-up lamp included | ☐ Yes ☐ No |  |
| **II.d - Monitor :** | ☐ Yes ☐ No |  |
| Brand & Model | ☐ Yes ☐ No |  |
| ≥ 18" HD high-definition color monitor for medical use, 4K or better | ☐ Yes ☐ No |  |
| - Mounted on the mobile cart | ☐ Yes ☐ No |  |
| - Allow simultaneous display of the endoscopic and ultrasound images | ☐ Yes ☐ No |  |
| **EXPECTED CONFIGURATION AND ACCESSORIES** | | |
| - Ultrasound unit: | ☐ Yes ☐ No |  |
| - Pulsed Doppler module: | ☐ Yes ☐ No |  |
| - Color Doppler module: | ☐ Yes ☐ No |  |
| - Memory loop (cineloop): | ☐ Yes ☐ No |  |
| - Color Energy Doppler Module: | ☐ Yes ☐ No |  |
| - Harmonic Imaging Module: | ☐ Yes ☐ No |  |
| - Linear and Radial Probes | ☐ Yes ☐ No |  |
| - On-line inverter for the entire echo-endoscope and peripherals Brand & Model; Provide detailled datasheet | ☐ Yes ☐ No |  |
| - Digital video processor: | ☐ Yes ☐ No |  |
| - Light generator: | ☐ Yes ☐ No |  |
| - HD- monitor | ☐ Yes ☐ No |  |
| - Laser printer (B&W and color) | ☐ Yes ☐ No |  |
| - Linear echo-endoscopic Doppler probe for digestive tract exploration and therapy. | ☐ Yes ☐ No |  |
| - Radial echo-endoscopic Doppler probe for digestive tract investigations. | ☐ Yes ☐ No |  |
| - Leakage tester for both echo-endoscopic probes | ☐ Yes ☐ No |  |
| - Dedicated genuine mobile cart for all echo-endoscope system components, Antistatic wheels with braking system ; containing a minimum of 4 shelves, 1 keyboard holder and supports for the echo-endoscope probe . | ☐ Yes ☐ No |  |
| - CO2 insufflator: Brand & Model; Provide detailled datasheet | ☐ Yes ☐ No |  |
| - Disposable biopsy forceps Qty 40 | ☐ Yes ☐ No |  |
| - Cleaning brushes Qty 4 | ☐ Yes ☐ No |  |
| - Protective case (for transport) for each probe | ☐ Yes ☐ No |  |
| - Supply of complete overhaul / Preventive maintenance kits for the whole system for the warranty year | ☐ Yes ☐ No |  |
| **WARRANTY** | | |
| Full Warranty 2 Years | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 2 years Preventive, corrective/repair and technical assistance maintenance for users during the warranty period, See Associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 6. ELECTRO-SURGICAL MACHINE**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 6. ELECTRO-SURGICAL MACHINE | *Medical Equipment used for monopolar and bipolar cutting, as well as monopolar and bipolar coagulation, designed for all surgical procedures including under water interventions.* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 9* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| Applications for: Abdominal surgery, Thoracic surgery, Neurosurgery, Gynecology, ENT surgery | ☐ Yes ☐ No |  |
| Digital power display | ☐ Yes ☐ No |  |
| Adjustable power output up to 400 Watts | ☐ Yes ☐ No |  |
| Intuitive power control with different levels and mode selection from the main panel | ☐ Yes ☐ No |  |
| Connectors for extension cables must be protected against water ingress IPX 4 | ☐ Yes ☐ No |  |
| Four modes: cut/coagmonopolar and cut/coag bipolar | ☐ Yes ☐ No |  |
| Neutral plate monitoring system for continuity and patient contact control | ☐ Yes ☐ No |  |
| Microprocessor-controlled, with self-test and automatic current monitoring | ☐ Yes ☐ No |  |
| Acoustic and visual indications or indicators of functions, alarms and errors | ☐ Yes ☐ No |  |
| Presetted Cut and coagulation programs; | ☐ Yes ☐ No |  |
| Manual and foot pedal activation | ☐ Yes ☐ No |  |
| Automatic cut-off of the delivered power in the event of a fault | ☐ Yes ☐ No |  |
| Minimum of 4 sound volume levels. | ☐ Yes ☐ No |  |
| Alarm in the event of scalpel overheating | ☐ Yes ☐ No |  |
| Capacity to connect two independent pedals | ☐ Yes ☐ No |  |
| Capacity to select between pedal or hand button operation | ☐ Yes ☐ No |  |
| Self-test on generator power-up | ☐ Yes ☐ No |  |
| **Monopolar cut with at least 4 levels of adjustable hemostasis:** | ☐ Yes ☐ No |  |
| Adjustable hemostasis levels: | ☐ Yes ☐ No |  |
| Max pure cut mode up to 400 Watts | ☐ Yes ☐ No |  |
| 3 mixed cut modes with different hemostasis levels up to 180 Watts. | ☐ Yes ☐ No |  |
| Endoscopic cutting mode for polypectomies | ☐ Yes ☐ No |  |
| Monopolar cutting mode for underwater Urology/Hysteroscopy/ Hydro cut | ☐ Yes ☐ No |  |
| **Monopolar coagulation :** | ☐ Yes ☐ No |  |
| Soft coagulation mode | ☐ Yes ☐ No |  |
| Forced coagulation mode with maximum power | ☐ Yes ☐ No |  |
| Spray mode | ☐ Yes ☐ No |  |
| Hybrid mode | ☐ Yes ☐ No |  |
| **Bipolar :** | ☐ Yes ☐ No |  |
| Bipolar underwater cutting / Hydro cut with 4 adjustable hemostasis levels and automatic power adjustment according to tissue type. | ☐ Yes ☐ No |  |
| Bipolar coagulation, maximum power 120 Watts with delayed AutoStart option | ☐ Yes ☐ No |  |
| **INCLUDED ACCESSORIES AND CONSUMABLES** | | |
| Supply of complete overhaul / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| Dedicated genuine 4-wheel antistatic cart with brakes and space for accessories (shelf/drawer). | ☐ Yes ☐ No |  |
| Qty 1: dual-control pedal | ☐ Yes ☐ No |  |
| Qty 2: boxes for sterilizing the accessories | ☐ Yes ☐ No |  |
| Connexion Adaptor of universal single-use scalpel cables if applicable | ☐ Yes ☐ No |  |
| Connexion Adaptor of universal multiple-use scalpel cables if applicable | ☐ Yes ☐ No |  |
| Qty 2: reusable cables for single-use neutral plate, | ☐ Yes ☐ No |  |
| Qty 2: Multiple-use neutral plate | ☐ Yes ☐ No |  |
| Qty 10: single-use neutral plates, incl. cable | ☐ Yes ☐ No |  |
| Qty 2: multiple-use monopolar handles with cable | ☐ Yes ☐ No |  |
| Qty 4: multiple-use monopolar spatula electrodes | ☐ Yes ☐ No |  |
| Qty 1: multi-use bipolar cable, | ☐ Yes ☐ No |  |
| Qty 2: multi-purpose bipolar forceps: (1 bayonet type with straight tip; 1 bayonet type with curved tip) | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 1-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 7. STATION OF 10 ELECTRIC SYRINGE PUMPS**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 7. STATION OF 10 ELECTRIC SYRINGE PUMPS | Infusion pumps system organized vertically and linearly; installed on a modular column enabling functional assembly of all infusion lines. | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| Quantity 16 | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| Rechargeable batteries with autonomy of at least 2 hours | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Modular infusion column consisting of : | ☐ Yes ☐ No |  |
| - Docking Station for 10 single-channel syringe pumps (1 docking station of 10 positions) | ☐ Yes ☐ No |  |
| - 10 single-channel syringe pumps | ☐ Yes ☐ No |  |
| Brand & Model | ☐ Yes ☐ No |  |
| Provide detailed data sheets | ☐ Yes ☐ No |  |
| **1 - Syringe pumps used for intravenous anaesthesia with concentration target (IVAC) ; Target Controlled Infusion (TCI) and Total Intravenous Venous Anesthesia (TIVA).** | ☐ Yes ☐ No |  |
| LCD screen | ☐ Yes ☐ No |  |
| Flow rate range 0.1 - 1200 ml/h minimum (in 0.1 ml/h increments). | ☐ Yes ☐ No |  |
| Flow rate accuracy +/- 2%. | ☐ Yes ☐ No |  |
| Syringe volumes: 5, 10, 20, 30, 50, 60 CC | ☐ Yes ☐ No |  |
| Syringe type: automatic recognition of syringe type and capacity | ☐ Yes ☐ No |  |
| **Programming modes :** | ☐ Yes ☐ No |  |
| Without drug name: infusion without drug name display | ☐ Yes ☐ No |  |
| With drug names: infusion with display of drug names used | ☐ Yes ☐ No |  |
| TIVA mode or equivalent : Total intravenous anesthesia; secure intravenous administration with drug library | ☐ Yes ☐ No |  |
| AIVOC mode or equilvalent : Concentration Targeted Intravenous Anesthesia; mode includes pharmacokinetic models | ☐ Yes ☐ No |  |
| Drug libraries: minimum 100 storable drugs | ☐ Yes ☐ No |  |
| **Infusion mode :** | ☐ Yes ☐ No |  |
| ml/h | ☐ Yes ☐ No |  |
| Mass flow rate | ☐ Yes ☐ No |  |
| IVAC drugs: includes pharmacokinetic models for Propofol, sufentanil and Remifentanil in TIVA and IVAC modes | ☐ Yes ☐ No |  |
| **Dilution in AIVOC:** | ☐ Yes ☐ No |  |
| Propofol: 1 and 2% | ☐ Yes ☐ No |  |
| Sufentanil: max. 5 µg/ml | ☐ Yes ☐ No |  |
| Remifentanil: 50 µg /ml max | ☐ Yes ☐ No |  |
| **Target concentration :** | ☐ Yes ☐ No |  |
| Propofol:0.1 to 15µg/ml | ☐ Yes ☐ No |  |
| Sufentanil: 0.01 to 3ng/ml | ☐ Yes ☐ No |  |
| Remifentanil:0.1 to 20ng/ml | ☐ Yes ☐ No |  |
| Programmable parameters in AIVOC : | ☐ Yes ☐ No |  |
| Programming modes: possibility of plasma target and sites target modes | ☐ Yes ☐ No |  |
| Time to plasma target (in plasma mode): Flash or programmable from 1 to 60min | ☐ Yes ☐ No |  |
| Volume/infused dose Volume: 0.1 - 999 ml | ☐ Yes ☐ No |  |
| Purge function | ☐ Yes ☐ No |  |
| Bolus: manual and programmed | ☐ Yes ☐ No |  |
| Induction Dose or volume/time: 0.1 - 99 units / 00 min 01 - 59 min 59; automatic flow calculation. | ☐ Yes ☐ No |  |
| Programmable pause from 1 min to 24h, increments per minute. | ☐ Yes ☐ No |  |
| Real-time, time-stamped event history | ☐ Yes ☐ No |  |
| History curves: infused volume/dose, pressure/flow, target/concentration | ☐ Yes ☐ No |  |
| Real-time monitoring of occlusion or leak pressure in the infusion line, represented by pictograms or equivalent. | ☐ Yes ☐ No |  |
| Real-time monitoring and display Infusion data | ☐ Yes ☐ No |  |
| Anti-bolus system to prevent over-infusion of drugs / reduce the bolus upon release of occlusion | ☐ Yes ☐ No |  |
| Keypad lock | ☐ Yes ☐ No |  |
| **Safety options, Alarm in at least the following cases:** | ☐ Yes ☐ No |  |
| -power failure; | ☐ Yes ☐ No |  |
| -low battery | ☐ Yes ☐ No |  |
| -syringe disengagement | ☐ Yes ☐ No |  |
| -Syringe positioning | ☐ Yes ☐ No |  |
| -Infusion control | ☐ Yes ☐ No |  |
| -Pre-alarm and occlusion | ☐ Yes ☐ No |  |
| -Pre-alarm and end-of-infusion | ☐ Yes ☐ No |  |
| - Volume limit pre-alarm | ☐ Yes ☐ No |  |
| -Keypad lock | ☐ Yes ☐ No |  |
| -Flow rate limits | ☐ Yes ☐ No |  |
| **2-Docking station** | ☐ Yes ☐ No |  |
| A stable mobile original docking station on castors with braking system | ☐ Yes ☐ No |  |
| Suitable docking station of 10 single-channel syringe pumps with their integrated power | ☐ Yes ☐ No |  |
| Integrated IV stand of at least 4 hooks. | ☐ Yes ☐ No |  |
| **ADDITIONAL CONSUMABLES AND ACCESSORIES INCLUDED** | | |
| Supply of complete overhaul kit / preventive maintenance for the warranty year | ☐ Yes ☐ No |  |
| Starting kit: 50 syringes of various volumes 50cc, 30cc, 20 cc, 10 cc. | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 1-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 8. BLOOD PRODUCTS WARMER**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 8. BLOOD PRODUCTS WARMER | *Heating system used for treating (heating and thawing) fresh frozen plasma (FFP), erythrocyte concentrate (EC) and blood derived cryopreserved preparations in general.* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 7* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand and Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| Dry heat bath used for thawing fresh frozen plasma and/or heating (warming) blood components. | ☐ Yes ☐ No |  |
| Thawing temperature: +37°C. | ☐ Yes ☐ No |  |
| Plasma defrosting surface ensures uniform heat transfer throughout the bag. | ☐ Yes ☐ No |  |
| Tray or design for waste collection in case of damage to the bags and spills. | ☐ Yes ☐ No |  |
| Capacity for 2 to 4 bags. | ☐ Yes ☐ No |  |
| Microprocessed/Microcontrolled. | ☐ Yes ☐ No |  |
| Capacity to ensure blood product homogeneity through agitation or shaking during treatment | ☐ Yes ☐ No |  |
| Visual inspection of blood products possible during processing (transparent lids, etc.) preferred | ☐ Yes ☐ No |  |
| Preset programs for blood, plasma | ☐ Yes ☐ No |  |
| Blood products Treatment data storage | ☐ Yes ☐ No |  |
| Data transfert via USB or WLAN, or LAN ports | ☐ Yes ☐ No |  |
| **With control panel that integrates:** | ☐ Yes ☐ No |  |
| Digital display/Screen to display temperature values, treatment time or error messages, blood products treatment parameters | ☐ Yes ☐ No |  |
| Temperature and time control. | ☐ Yes ☐ No |  |
| Programmed cycle. | ☐ Yes ☐ No |  |
| **Audiovisual alarms:** | ☐ Yes ☐ No |  |
| End of thawing cycle. | ☐ Yes ☐ No |  |
| Error conditions. | ☐ Yes ☐ No |  |
| Overtemperature condition. | ☐ Yes ☐ No |  |
| **INCLUDED ACCESSORIES AND CONSUMABLES** | | |
| Supply of complete overhaul kit / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| Supply of all accessories required for proper operation, including bar code reader if applicable | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 1-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 9. AIR WARMER**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 9. AIR WARMER | *The air warming system is an active warming therapy device that transfers heat to a large area of skin and warms the patient in the operating room and recovery room. This forced-air warming device is intended for the prevention and treatment of hypothermia. to be used in Operating theater and intensive care unit* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 12* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Provide a Regulatory approval and marketing authorization (FDA, CE); CE Certification as per MDR 745/2017 or MDD93/42 | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| Mobile equipment, castors with brake or central brake system | ☐ Yes ☐ No |  |
| Thermal protection of the system: safety thermostat | ☐ Yes ☐ No |  |
| Automatic shutdown to prevent overheating | ☐ Yes ☐ No |  |
| Low-pressure technology | ☐ Yes ☐ No |  |
| Uniform distribution of hot air throughout the cover | ☐ Yes ☐ No |  |
| Protection against liquid infiltration | ☐ Yes ☐ No |  |
| Adjustable heating temperature | ☐ Yes ☐ No |  |
| Automatic temperature adjustment | ☐ Yes ☐ No |  |
| Audible and visual temperature alarms (high, low ) | ☐ Yes ☐ No |  |
| High air temperature alarm stops the unit | ☐ Yes ☐ No |  |
| Disconnection alarm stops the unit | ☐ Yes ☐ No |  |
| Digital parameter display | ☐ Yes ☐ No |  |
| Real-time display of delivered air temperature. | ☐ Yes ☐ No |  |
| Equipped with HEPA filter | ☐ Yes ☐ No |  |
| Equipped with hour meter | ☐ Yes ☐ No |  |
| Smooth, resistant shell for easy cleaning. | ☐ Yes ☐ No |  |
| Dedicated cart mounted on 5 swivel wheels with brakes. | ☐ Yes ☐ No |  |
| **CONSUMABLES AND ACCESSORIES INCLUDED** | | |
| Supply of complete overhaul kit / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| Qty 10 - complete adult covers | ☐ Yes ☐ No |  |
| Qty 10 - adult upper body covers | ☐ Yes ☐ No |  |
| Qty 10 - adult lower body covers | ☐ Yes ☐ No |  |
| Qty 10 - complete pediatric covers | ☐ Yes ☐ No |  |
| Supply of all minor accessories required for proper operation. | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| 1-year preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Delivery requirements and Comparative Data Table**

| **UNOPS Requirements** | | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods **24 weeks** after Contract signature. | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| **Delivery place and Incoterms rules** | Tunisia  Incoterm 2020 DPU (Consignee-wise quantity distribution list)  UNOPS and/or the consignee will submit all tax exemption documentation to the selected supplier- The bidder must submit all shipment documents to UNOPS before departure of the shipment from the FCA point. |  |  |
| **Consignee details** | Ministry of Health in Tunisia |  |  |
| **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. |  |  |

**Related services requirements**

| **Service** | **UNOPS minimum requirements for services** | **Place where services will be performed** | **Final completion date(s) of services** | **Is bid compliant? Bidder to complete** | **Details**  **Bidder to complete** |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |
| 1. | Delivery as per Distribution list | Tunisia (As per the distribution list) | Delivery should be made in fully as follows:  -        The Bidder shall deliver all the equipment no later than **24 weeks** after contract signature. | ☐ Yes ☐ No | Insert details |  |
| 2. | Installation | -        The Bidder shall complete the installation for the units no later than **4 weeks** after the delivery (**28 weeks after the contract signature**). | ☐ Yes ☐ No | Insert details |  |
| 3. | Testing and Commissioning | Should be done at the end of the installation | ☐ Yes ☐ No | Insert details |  |
| 4. | Preventive Maintenance, Corrective/Repair and technical assistance contract for users, IEC 62353 | Must be valid for the warranty period of each item | ☐ Yes ☐ No | Insert details |  |
| 5. | Training Group 1: Technical Training | No later than 1 month after installation (Section E: TRAINING  REQUIREMENTS) | ☐ Yes ☐ No | Insert details |  |
| 6. | Training Group 2: Medical users on the use and operation of equipment. | Should be done at the end of each installation (Section E: TRAINING  REQUIREMENTS) | ☐ Yes ☐ No | Insert details |  |

**Lot 3- Patient Monitoring Equipment**

**Item 1- NeuroMuscular Transmission Monitor**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 1. NeuroMuscular Transmission Monitor | *NeuroMuscular Transmission Monitor using either thumb adductor contractions data following ulnar nerve stimulation and eyebrow muscle contraction data following facial nerve stimulation* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 6* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Each device shall be CE marked, conforms to the requirements as per MDR 745/2017 or MDD 93/42 or Provide a Regulatory approval and marketing authorization issued by FDA | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| Battery autonomy at least 1h | ☐ Yes ☐ No |  |
| Type Electrical Class 2 (Double Insulated) | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with: User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with: Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| A triaxial accelerometer that provides feedback from the curars and enables different stimulation patterns to be tracked. | ☐ Yes ☐ No |  |
| 3D - acceleromyography Techonology | ☐ Yes ☐ No |  |
| 3D curar monitoring on the display. | ☐ Yes ☐ No |  |
| Multiple functions: Localization and control of curares. | ☐ Yes ☐ No |  |
| Current stimulation up to 60 mA | ☐ Yes ☐ No |  |
| On-screen digital and graphic display. | ☐ Yes ☐ No |  |
| Automatic self-test. | ☐ Yes ☐ No |  |
| Automatic cable detection. | ☐ Yes ☐ No |  |
| Battery indicators | ☐ Yes ☐ No |  |
| Low battery alarm. | ☐ Yes ☐ No |  |
| **Neuromuscular stimulation model :** | ☐ Yes ☐ No |  |
| -Double burst (DBS) | ☐ Yes ☐ No |  |
| -Train of four TOF | ☐ Yes ☐ No |  |
| -Automatic TOF | ☐ Yes ☐ No |  |
| -Post Titanic count (PTC) | ☐ Yes ☐ No |  |
| -Single Twitch (TWI) ; 0.1 Hz and 1 Hz or equivalent | ☐ Yes ☐ No |  |
| -Tetanus (TET) 50 Hz or equivalent | ☐ Yes ☐ No |  |
| **Production of 3D accelerometer measurements from induced muscle responses:** | ☐ Yes ☐ No |  |
| TOF % : T4/T1 or equivalent | ☐ Yes ☐ No |  |
| TOF % : T4/TRef or equivalent | ☐ Yes ☐ No |  |
| TOF Count : Number of responses detected | ☐ Yes ☐ No |  |
| Post Titanic count (PTC) : Number of responses detected | ☐ Yes ☐ No |  |
| **INCLUDED ACCESSORIES AND CONSUMABLES** | | |
| Supply of complete overhaul / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| Qty 1: Sensor Extension Cable | ☐ Yes ☐ No |  |
| Qty 2: Thumb Sensor / Hand Sensor reusable | ☐ Yes ☐ No |  |
| Qty 2: Eyebrow Sensor reusable | ☐ Yes ☐ No |  |
| Qty 5: Single-use 3D-AMG hand sensor with stimulation electrodes | ☐ Yes ☐ No |  |
| Clamps for mounting the device to a pole or bedrail | ☐ Yes ☐ No |  |
| To be delivered with all accessories required for proper operation | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| Preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 2- Monitoring system with 8 patients monitors**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 2. Monitoring system with 8 patients monitors | *The medical system is made of a monitoring central screen and 8 multiparametrics patients monitors. It enables you to centrally monitor the vital signs of a minimum of 8 patients monitors connected to the central unit. This medical system streamlines workflow for clinicians, while dramatically increasing patient safety.* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 2* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **Requirements: Electrical, Electromagnetic, Dimensions, documentation…** |  |  |
| Each device shall be CE marked, Conforms to the requirements as per MDR 745/2017 or MDD 93/42 or Provide a Regulatory approval and marketing authorization issued by FDA | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** |  |  |
| Central monitoring Station Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Multiparametric Monitors Brand and Model | ☐ Yes ☐ No |  |
| Provide detailed data sheets | ☐ Yes ☐ No |  |
| **A- The central monitoring station: Qty 1** | ☐ Yes ☐ No |  |
| CPU complete with all software and accessories (Mouse, Keyboard, dedicated UPS minimum 1000VA) | ☐ Yes ☐ No |  |
| Equipped with 1 medical screen, size 22'' or larger | ☐ Yes ☐ No |  |
| Print data or reports directly from the central unit to a network printer | ☐ Yes ☐ No |  |
| Downloading and storage of patient data | ☐ Yes ☐ No |  |
| High-speed network ports for access to PACS and networked devices | ☐ Yes ☐ No |  |
| Integrated WLAN for wireless data transfer | ☐ Yes ☐ No |  |
| LAN connectivity: HDMI; RJ45 | ☐ Yes ☐ No |  |
| DICOM 3.0 connectivity for the medical system (sending, archiving, retrieval, printing, importing...) all full licences included | ☐ Yes ☐ No |  |
| Simplified display for content management and intuitive system control | ☐ Yes ☐ No |  |
| View any number of monitors from the central unit. | ☐ Yes ☐ No |  |
| Display of all monitor events for all beds. | ☐ Yes ☐ No |  |
| Arrhythmia detection and review of arrhythmia events. | ☐ Yes ☐ No |  |
| Printout of various patient parameters and recording times. | ☐ Yes ☐ No |  |
| Bi-directional control: allows clinicians to configure and display alarm parameters for each patient monitor from the central station. | ☐ Yes ☐ No |  |
| Network security: the central station operates on a dedicated network and does not communicate with the external network | ☐ Yes ☐ No |  |
| Flexible report export: patient monitoring reports can be sent to network printers or saved as PDF documents for review | ☐ Yes ☐ No |  |
| Three levels of audible and visual alarms | ☐ Yes ☐ No |  |
| Presence of patient protocols | ☐ Yes ☐ No |  |
| Configuration of selected data reports | ☐ Yes ☐ No |  |
| Record and store patient monitoring parameters for a minimum of 72 hours | ☐ Yes ☐ No |  |
| Stores at least the last 100 alarm events per monitor | ☐ Yes ☐ No |  |
| **Physiological waveforms displayed on central screen: ECG, RESP, SPO2, IBP, TEMP, CO2, N2O, AA** | ☐ Yes ☐ No |  |
| **Values - Physiological parameters displayed HR, RESP, ST, NIBP** | ☐ Yes ☐ No |  |
| SpO2 and Pulse | ☐ Yes ☐ No |  |
| NIBP: SYS, MAP and DIA | ☐ Yes ☐ No |  |
| IBP: SYS, MAP and DIA | ☐ Yes ☐ No |  |
| Two temperatures | ☐ Yes ☐ No |  |
| **B- Multiparametric patient monitor: Qty 8** | ☐ Yes ☐ No |  |
| Downloading and storage of patient data | ☐ Yes ☐ No |  |
| High-speed network ports for access to PACS and networked devices | ☐ Yes ☐ No |  |
| Integrated WLAN for wireless data transfer | ☐ Yes ☐ No |  |
| LAN connectivity: HDMI; RJ45 | ☐ Yes ☐ No |  |
| DICOM 3.0 connectivity for the medical system (sending, archiving, retrieval, printing, importing...) all full licences included | ☐ Yes ☐ No |  |
| Modular design for trend management and physiological parameter monitoring for adults, children and newborns. | ☐ Yes ☐ No |  |
| Integrated protections against overvoltage and overcurrent line conditions. | ☐ Yes ☐ No |  |
| Built-in rechargeable back-up battery with at least 2 hours autonomy | ☐ Yes ☐ No |  |
| Type Electrical Class 2 (Double Insulated) | ☐ Yes ☐ No |  |
| Simultaneous visualization of a minimum of 8 traces and digital display of physiological data on screen | ☐ Yes ☐ No |  |
| Active-matrix color display (wide viewing angle) minimum size 15" | ☐ Yes ☐ No |  |
| Minimum screen resolution (in pixels) 1024 X 768 | ☐ Yes ☐ No |  |
| Trace freeze | ☐ Yes ☐ No |  |
| Selection of minimum scan speeds 12.5 , 25 and 50mm/s | ☐ Yes ☐ No |  |
| Minimum 24-hour trend display (for at least one value for all monitored parameters every 10 min or less) | ☐ Yes ☐ No |  |
| Numerical and graphical trend with scrolling cursor. | ☐ Yes ☐ No |  |
| Patient data transfer to other compatible monitors. | ☐ Yes ☐ No |  |
| **Monitoring parameters : IBP , Respiration, ECG , HR, Oxygen saturation, NIBP, Temperature , CO2, AA, N2O** | ☐ Yes ☐ No |  |
| Programmed adult and pediatric settings | ☐ Yes ☐ No |  |
| Touch screen and button controls | ☐ Yes ☐ No |  |
| Clear display of measured values and alarms (visual and audible). | ☐ Yes ☐ No |  |
| Simultaneous display of all parameters: ECG curves, respiration curve, SpO2 curve, NIBP measurements and measurements of temperature, Co2, IBP, AA, | ☐ Yes ☐ No |  |
| Selection by the user of the parameters and curves to be displayed | ☐ Yes ☐ No |  |
| Data trends for event reminders | ☐ Yes ☐ No |  |
| Modular monitor: CO2 Module, SPo2 Module, NIBP Module, ECG/RESP Module, IBP Module, **AA,N20 Module**... | ☐ Yes ☐ No |  |
| Sensors, probes protected against defibrillation shocks | ☐ Yes ☐ No |  |
| **SPO2:** Oxygen saturation (SpO2) Nellcor or Massimo technology with parameters and alarm adjustments. | ☐ Yes ☐ No |  |
| **Non-invasive blood pressure (NIBP)** - single-tube cuff type - automatic and manual measurements, with parameters and alarm adjustments. SYS, MAP and DIA | ☐ Yes ☐ No |  |
| **ECG module:** standard 5-lead ECG with 12-lead capability, ST-segment analysis for arrhythmia detection and recognition, with alarm settings and adjustments; pacemaker detection | ☐ Yes ☐ No |  |
| **Respiration:** via standard ECG electrode impedance, with alarm settings and adjustments. | ☐ Yes ☐ No |  |
| **Temperature:** 2-channel temperature measurement (Skin and endocavitary) with alarm settings and adjustments. | ☐ Yes ☐ No |  |
| **CO2 measurement:** Module designed to acquire a CO2 curve, displaying numerical values for PEtCO2( exhaled) , min CO2( inspired) and respiratory rate. Audible and visual apnea alarm. | ☐ Yes ☐ No |  |
| **IBP measurement:** 2-channel IBP blood pressure measurement. SYS, MAP and DIA Systolic, diastolic and mean pressure values displayed. High and low audible and visual pressure alarms. | ☐ Yes ☐ No |  |
| **INCLUDED ACCESSORIES AND CONSUMABLES** | | |
| Supply of complete overhaul / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| **Accessories and consumables for the set** | ☐ Yes ☐ No |  |
| Qty: 16 ECG cable 5-leads | ☐ Yes ☐ No |  |
| Qty: 800 disposable adhesive electrodes (expires after March 2025) | ☐ Yes ☐ No |  |
| Qty: 16 reusable temperature probes (skin and endocavitary types). | ☐ Yes ☐ No |  |
| Qty: 16 reusable non-invasive pressure cuffs for adults | ☐ Yes ☐ No |  |
| Qty: 16 reusable non-invasive pediatric pressure cuffs | ☐ Yes ☐ No |  |
| Qty: 16 reusable non-invasive infant pressure cuffs | ☐ Yes ☐ No |  |
| Qty: 16 reusable NIBP tubes and metal connectors | ☐ Yes ☐ No |  |
| Qty: 16 IBP reusable Cables | ☐ Yes ☐ No |  |
| Qty: 80 complete accessories/consumables kit for IBP measurement | ☐ Yes ☐ No |  |
| Qty: 16 reusable adult oxygen saturation (SpO2) sensors | ☐ Yes ☐ No |  |
| Qty: 16 reusable pediatric oxygen saturation sensors | ☐ Yes ☐ No |  |
| Qty: 16 oxygen saturation (SpO2) sensor extensions if applicable | ☐ Yes ☐ No |  |
| Qty 80: disposable adult SPO2 sensors | ☐ Yes ☐ No |  |
| Qty 80: disposable SPO2 sensors for children | ☐ Yes ☐ No |  |
| Qty 40: single-use CO2 line accessory/consumable kits including lines and 40 water traps | ☐ Yes ☐ No |  |
| **Qty 4: AA and N2O accessories /consumable kits** | ☐ Yes ☐ No |  |
| All wires, cables, hardware or software components necessary for the medical system connectivity | ☐ Yes ☐ No |  |
| Qty 1: Genuine, adjustable wall-mounting or ceiling mounting kit with bracket for horizontal rotation and vertical movement of the central screen | ☐ Yes ☐ No |  |
| Qty 8: Genuine, adjustable wall-mounting kit with bracket for horizontal rotation and vertical movement of multiparameter monitor | ☐ Yes ☐ No |  |
| Qty 8: Multiparametric monitor , Wall-mounted basket for monitor accessories, adjustable height | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation and system wiring , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| Preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 3- Non-invasive cardiac output monitor**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 3. Non-invasive cardiac output monitor | *Non-invasive hemodynamic monitoring system provides advanced, beat-by-beat monitoring for informed decision-making in critical care environments* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 3* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Each device shall be CE marked, Conforms to the requirements as per MDR 745/2017 or MDD 93/42 or Provide a Regulatory approval and marketing authorization issued by FDA | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| Battery autonomy at least 1h | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| Battery charge level indicator | ☐ Yes ☐ No |  |
| Color Touch screen and button controls | ☐ Yes ☐ No |  |
| Artifact and interference safety features | ☐ Yes ☐ No |  |
| Displays measured values and alarms (visual and audible). | ☐ Yes ☐ No |  |
| **The monitor must be able to measure :** | ☐ Yes ☐ No |  |
| **Blood flow** | ☐ Yes ☐ No |  |
| - systolic ejection volume / systolic ejection index | ☐ Yes ☐ No |  |
| - change in systolic ejection volume | ☐ Yes ☐ No |  |
| - Heart rate | ☐ Yes ☐ No |  |
| - Cardiac output / Cardiac index | ☐ Yes ☐ No |  |
| **Vascular system** | ☐ Yes ☐ No |  |
| -Systemic vascular resistance | ☐ Yes ☐ No |  |
| -Indexed systemic vascular resistance | ☐ Yes ☐ No |  |
| - Total arterial compliance | ☐ Yes ☐ No |  |
| **Blood Pressure** | ☐ Yes ☐ No |  |
| Systolic blood pressure | ☐ Yes ☐ No |  |
| Diastolic blood pressure | ☐ Yes ☐ No |  |
| Mean arterial pressure | ☐ Yes ☐ No |  |
| **Oxygen status** | ☐ Yes ☐ No |  |
| Oxygen supply / Oxygen supply index | ☐ Yes ☐ No |  |
| Minimum 12" color display | ☐ Yes ☐ No |  |
| Screen resolution (in pixels) 800x 600 minimum | ☐ Yes ☐ No |  |
| Three levels of audible and visual alarms | ☐ Yes ☐ No |  |
| Recording and storage of parameters for a minimum of 24hours | ☐ Yes ☐ No |  |
| Stores at least the last 50 alarm events | ☐ Yes ☐ No |  |
| To be delivered with all accessories required for proper operation. | ☐ Yes ☐ No |  |
| **INCLUDED ACCESSORIES AND CONSUMABLES** | | |
| Supply of complete overhaul / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| Qty 2: module cable if applicable | ☐ Yes ☐ No |  |
| Qty 2: reusable non-invasive electrodes if applicable | ☐ Yes ☐ No |  |
| Qty 40: accessories/consumables set for non-invasive cardiac output monitoring | ☐ Yes ☐ No |  |
| Genuine cart | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| Preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 4- Monitor for the Depth of Anesthesia**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 4. Monitor for the Depth of Anesthesia | *Monitoring medical system designed to monitor the hypnotic state of the brain by acquiring and analyzing EEG signals. The system must process the raw EEG signals in such a way as to generate a single value correlated with the patient's level of hypnosis.* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 6* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Each device shall be CE marked, Conforms to the requirements as per MDR 745/2017 or MDD 93/42 or Provide a Regulatory approval and marketing authorization issued by FDA | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| Battery autonomy at least 2h | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| Battery charge level indicator | ☐ Yes ☐ No |  |
| Color Touch screen and button controls | ☐ Yes ☐ No |  |
| Artifact and interference safety features | ☐ Yes ☐ No |  |
| Displays measured values and alarms (visual and audible). | ☐ Yes ☐ No |  |
| Electrode disconnection detection. | ☐ Yes ☐ No |  |
| Protection against defibrillator shock and H.F. | ☐ Yes ☐ No |  |
| Programmed adult and pediatric settings | ☐ Yes ☐ No |  |
| Multiple levels of audible and visual alarms | ☐ Yes ☐ No |  |
| Stores at least the last 50 alarm events | ☐ Yes ☐ No |  |
| Display of instantaneous anesthesia depth value. | ☐ Yes ☐ No |  |
| Display of raw EEG tracings in real time. | ☐ Yes ☐ No |  |
| Display of EMG value. | ☐ Yes ☐ No |  |
| Display of Suppression Ratio | ☐ Yes ☐ No |  |
| Bilateral sensor | ☐ Yes ☐ No |  |
| Artifact rejection: automatic. | ☐ Yes ☐ No |  |
| User-selectable event markers. | ☐ Yes ☐ No |  |
| Audible and visual alarm | ☐ Yes ☐ No |  |
| Adjustable alarm limits. | ☐ Yes ☐ No |  |
| **Mandatory measured parameters: State of anesthesia EEG, BS%, CSI, EMG or equivalent** | ☐ Yes ☐ No |  |
| Other Non mandatory additionnal parameters (ECG, NIBP, SpO2 Nellcor or massimo, RR, TEMP) | ☐ Yes ☐ No |  |
| **INCLUDED ACCESSORIES AND CONSUMABLES** | | |
| Qty: 2 reusable module with cables for state of anesthesia sensors | ☐ Yes ☐ No |  |
| Qty: 25 adult sensors | ☐ Yes ☐ No |  |
| Qty: 25 pediatric sensors | ☐ Yes ☐ No |  |
| To be delivered with all accessories required for proper operation( Including all accessories or consumables for additional non-mandatory parameters if applicable) | ☐ Yes ☐ No |  |
| Genuine Kit for wall-mounting (original brand support) alowing movement on two axis | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| Preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 5- Transport monitor with invasive blood pressure module**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 5. Transport monitor with invasive blood pressure module | *Medical device used for physiological parameters monitoring during transport (ECG, NIBP and SpO2, PI) of a patient to be used for Adult and Pediatrics patients* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 5* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Each device shall be CE marked, Conforms to the requirements as per MDR 745/2017 or MDD 93/42 or Provide a Regulatory approval and marketing authorization issued by FDA | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| Battery autonomy at least 4h | ☐ Yes ☐ No |  |
| Type Electrical Class 2 (Double Insulated) | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| 12" minimum color display | ☐ Yes ☐ No |  |
| Battery charge level indicator | ☐ Yes ☐ No |  |
| Touch screen and button controls | ☐ Yes ☐ No |  |
| Artifact and interference safety features | ☐ Yes ☐ No |  |
| Displays measured values and alarms (visual and audible). | ☐ Yes ☐ No |  |
| Electrode disconnection detection. | ☐ Yes ☐ No |  |
| Protection against defibrillator shock and H.F. | ☐ Yes ☐ No |  |
| Programmed adult and pediatric settings | ☐ Yes ☐ No |  |
| Displays measured values and alarms (visual and audible). | ☐ Yes ☐ No |  |
| Modular monitor: SPo2 Module, NIBP Module, ECG/RESP Module, IBP Module, Temperature module... | ☐ Yes ☐ No |  |
| Monitored parameters: IBP , Respiration, ECG , HR, Oxygen saturation, NIBP, Temperature | ☐ Yes ☐ No |  |
| Simultaneous display of all parameters: ECG curves, breathing curve, SpO2 curve, NIBP measurements and measurements of temperature, IBP | ☐ Yes ☐ No |  |
| Capacity for the user to select the data and curves to be displayed | ☐ Yes ☐ No |  |
| Data Trend for events | ☐ Yes ☐ No |  |
| Sensors, probes protected against defibrillation shocks | ☐ Yes ☐ No |  |
| **SpO2 Module** | ☐ Yes ☐ No |  |
| Oxygen saturation (SpO2) with parameters and alarm adjustments.  Digital display of: - Arterial O2 saturation - Pulse rate. - High and low alarms | ☐ Yes ☐ No |  |
| SpO2 parameter with Nellcor or Masimo technology | ☐ Yes ☐ No |  |
| Real-time plethysmography curve acquisition. | ☐ Yes ☐ No |  |
| **NIBP Module** | ☐ Yes ☐ No |  |
| Non-invasive blood pressure (NIBP) - single-tube cuff type | ☐ Yes ☐ No |  |
| Systolic, diastolic and mean pressure values displayed | ☐ Yes ☐ No |  |
| Automatic and Manual measurements, with parameters and alarm settings. | ☐ Yes ☐ No |  |
| NIBP overpressure detection | ☐ Yes ☐ No |  |
| HR | ☐ Yes ☐ No |  |
| **ECG Module** | ☐ Yes ☐ No |  |
| 5 standard ECG leads with the option of 12 leads, ST segment analysis for arrhythmia detection and recognition, with alarm settings and adjustments. | ☐ Yes ☐ No |  |
| Respiration Rate: via standard ECG electrode impedance, with alarm settings and adjustments. | ☐ Yes ☐ No |  |
| **Temperature Module** | ☐ Yes ☐ No |  |
| Temperature measurement with alarm settings and adjustments. | ☐ Yes ☐ No |  |
| **IBP Module** | ☐ Yes ☐ No |  |
| 2-channel IBP blood pressure measurement. Systolic, diastolic and mean pressure values displayed. High and low audible and visual pressure alarms. | ☐ Yes ☐ No |  |
| **INCLUDED ACCESSORIES AND CONSUMABLES** | | |
| Supply of complete overhaul / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| Qty: 2 ECG cable 5-leads | ☐ Yes ☐ No |  |
| Qty: 100 disposable adhesive electrodes (expires after March 2025) | ☐ Yes ☐ No |  |
| Qty: 2 reusable non-invasive pressure cuffs for adults | ☐ Yes ☐ No |  |
| Qty: 2 reusable non-invasive pediatric pressure cuffs | ☐ Yes ☐ No |  |
| Qty: 2 reusable non-invasive infant pressure cuffs | ☐ Yes ☐ No |  |
| Qty: 2 reusable NIBP tubes and metal connectors | ☐ Yes ☐ No |  |
| Qty: 2 reusable adult oxygen saturation (SpO2) sensors | ☐ Yes ☐ No |  |
| Qty: 2 reusable pediatric oxygen saturation sensors | ☐ Yes ☐ No |  |
| Qty: 2 oxygen saturation (SpO2) sensor extensions if applicable | ☐ Yes ☐ No |  |
| Qty: 2 reusable temperature probes (skin and endocavity types). | ☐ Yes ☐ No |  |
| Qty 2: IBP reusable Cables | ☐ Yes ☐ No |  |
| Qty: 10 accessories/consumables for IBP measurement on 10 patients | ☐ Yes ☐ No |  |
| Original carrying bag | ☐ Yes ☐ No |  |
| Qty: 2 genuine battery pack | ☐ Yes ☐ No |  |
| Anchoring system on bed or vertical support during transport | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, Installation, See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| Preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**Item 6- NIRS Monitor** (Recommended brand and model: Masimo, Somanetics, Edwarts (NIRS) or equivalent)

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 6. NIRS Monitor | *Non-invasive, real-time, simultaneous monitoring of cerebral and somatic oximetry using NIRS near-infrared spectroscopy.  Determines the quality of local tissue perfusion and provides regional oxygen saturation (rSO2). Enables continuous, non-invasive observation of patients with reduced blood flow or no flow.* | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| *Quantity 3* | ☐ Yes ☐ No |  |
| **The Manufacturer of the proposed equipment are ISO 13485 certified** | ☐ Yes ☐ No |  |
| **REQUIREMENTS: ELECTRICAL, ELECTROMAGNETIC, DIMENSIONS, DOCUMENTATION…** | | |
| Each device shall be CE marked, Conforms to the requirements as per MDR 745/2017 or MDD 93/42 or Provide a Regulatory approval and marketing authorization issued by FDA | ☐ Yes ☐ No |  |
| Power supply requirements: 230VAC +/- 10% , 50Hz single-phase | ☐ Yes ☐ No |  |
| Internal protection against overvoltage and overcurrent. | ☐ Yes ☐ No |  |
| Battery autonomy at least 2h | ☐ Yes ☐ No |  |
| All system components must have FRENCH or ENGLISH as interface language | ☐ Yes ☐ No |  |
| The medical system will be supplied with : User manual in French or English- electronic and hard copy as well as all user passwords | ☐ Yes ☐ No |  |
| The medical system will be supplied with : Technical manual in French or English - electronic and hard copy as well as all technical / access passwords | ☐ Yes ☐ No |  |
| **OPERATIONAL FEATURES** | | |
| Brand & Model | Insert details of goods offered, including specifications and brand/model offered if applicable | |
| Provide detailed data sheet | ☐ Yes ☐ No |  |
| Real-time measurement of cerebral oxygen saturation in the frontal cortex. | ☐ Yes ☐ No |  |
| measurement of parameters at brain or tissue level. | ☐ Yes ☐ No |  |
| Digital display of regional oxygen saturation | ☐ Yes ☐ No |  |
| Real-time graphic display of the patient's cerebral or tissue status. | ☐ Yes ☐ No |  |
| Non-invasive system. | ☐ Yes ☐ No |  |
| Graphic and digital display. | ☐ Yes ☐ No |  |
| Automatic self-test. | ☐ Yes ☐ No |  |
| Color touch screen. | ☐ Yes ☐ No |  |
| Screen size ≥ 10" | ☐ Yes ☐ No |  |
| Screen resolution (in pixels) 800 X 600 or better | ☐ Yes ☐ No |  |
| Audible and visual alarm | ☐ Yes ☐ No |  |
| Variable levels of audible and visual alarms | ☐ Yes ☐ No |  |
| Adjustable alarm limits. | ☐ Yes ☐ No |  |
| Patient data download via data ports ( LAN or USB ...) | ☐ Yes ☐ No |  |
| Network ports | ☐ Yes ☐ No |  |
| Recording and storage of parameters for a minimum of 48 hours | ☐ Yes ☐ No |  |
| Stores at least the last 50 alarm events | ☐ Yes ☐ No |  |
| Data module with 2 sensors or 2 channels | ☐ Yes ☐ No |  |
| **Accuracy of adult sensor** | ☐ Yes ☐ No |  |
| Accuracy of regional oxygen saturation (rSO2) ≤ 5% | ☐ Yes ☐ No |  |
| **Accuracy of pediatric sensor** | ☐ Yes ☐ No |  |
| Accuracy of regional oxygen saturation (rSO2) ≤ 5% | ☐ Yes ☐ No |  |
| **ADDITIONNAL CONSUMABLES AND ACCESSORIES INCLUDED** | | |
| Supply of complete overhaul / preventive maintenance kit for the warranty year | ☐ Yes ☐ No |  |
| Qty 2 : rSO2 extension modules with cables | ☐ Yes ☐ No |  |
| Qty 25 : adult tissue saturation sensors | ☐ Yes ☐ No |  |
| Qty 25 : pediatric tissue saturation sensors. | ☐ Yes ☐ No |  |
| To be delivered with all accessories required for proper operation. | ☐ Yes ☐ No |  |
| Mounting kit for vertical support (e.g. serum holder) | ☐ Yes ☐ No |  |
| Genuine Wall-mounting kit, rotation or movement on both axes or genuine cart | ☐ Yes ☐ No |  |
| **ANCILLARY SERVICES INCLUDED** | | |
| On-site delivery, installation , See Associated Services | ☐ Yes ☐ No |  |
| Testing & Commissioning, See Associated Services | ☐ Yes ☐ No |  |
| Preventive maintenance, repairs and technical assistance during the warranty year, See associated Services | ☐ Yes ☐ No |  |
| Training of medical staff, See Associated Services | ☐ Yes ☐ No |  |
| Training of technical personnel, See Associated Services | ☐ Yes ☐ No |  |

**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 **24 weeks** after Contract signature. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Tunisia  Incoterm 2020 DPU (Consignee-wise quantity distribution list)  UNOPS and/or the consignee will submit all tax exemption documentation to the selected supplier- The bidder must submit all shipment documents to UNOPS before departure of the shipment from the FCA point. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Ministry of Health in Tunisia | ☐ 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 |

**Related services requirements**

| **Service** | **UNOPS minimum requirements for services** | **Place where services will be performed** | **Final completion date(s) of services** | **Is quotation compliant? Bidder to complete** | **Details**  **Bidder to complete** |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |
| 1. | Delivery as per Distribution list | Tunisia (As per the distribution list) | Delivery should be made in fully as follows:  -        The Bidder shall deliver all the equipment no later than **20 weeks** after contract signature. | ☐ Yes ☐ No | Insert details |  |
| 2. | Installation | -        The Bidder shall complete the installation for the units no later than **4 weeks** after the delivery (**24 weeks after the contract signature**). | ☐ Yes ☐ No | Insert details |  |
| 3. | Testing and Commissioning | Should be done at the end of the installation |  |  |  |
| 4. | Preventive Maintenance, Corrective/Repair and technical assistance contract for users, IEC 62353 | Must be valid for the warranty period of each item | ☐ Yes ☐ No | Insert details |  |
| 5. | Training Group 1: Technical Training | During the installation phase (Section E: TRAINING  REQUIREMENTS) | ☐ Yes ☐ No | Insert details |  |
| 6. | Training Group 2: Medical users on the use and operation of equipment. | Should be done at the end of each installation (Section E: TRAINING  REQUIREMENTS) | ☐ Yes ☐ No | Insert details |  |

**Sustainable Procurement Criteria**

| **UNOPS minimum requirements for services** | | **Is quotation compliant? Bidder to complete** | **Details**  **Bidder to complete** |
| --- | --- | --- | --- |
| **Gender promotion and diversity at work** | 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 should submit a statement with details on how diversity and inclusion / anti-discrimination is ensured in the organisation. | ☐ Yes ☐ No | Attach current policy |
| **Environmental management System or Health & safety system** | Manufacturer's commitment to sustainability: Bidder shall provide proof the manufacturers of the goods it offers to supply are in possession of a valid ISO 14001 EMS certificate, or similar, for the factories in which medical devices were produced. To be checked by UNOPS and clarified, if necessary. | ☐ Yes ☐ No | Attach ISO 14001 or ISO 45001 equivalent certificate or internal policy or applicable measures |

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**

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 bid and bind [***insert full name of bidder***] should UNOPS accept this bid:

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

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

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

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

**Form E: Manufacturer’s Authorization Form**

A letter issued by the manufacturer authorizing 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: ITB/2023/49547

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 5.5 of the General Conditions of Contract for the provision of Goods & Services, 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 F: Performance Statement Form**

ITB reference no: ITB/2023/49547

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 supplies of goods satisfactory?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **As per Contract** | **Actual** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

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

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

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

**Form G: No Adverse Action Confirmation Form**

ITB reference no: ITB/2023/49547

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 H: Representation in Tunisia Information Form**

[The Bidder must complete this form in accordance with the instructions below.]

ITB reference no: ITB/2023/49547

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

You must complete and return this Form to provide details on the offered equipment local representative for the distribution, Installation, and other related services as mentioned in Section II.

The bidders must provide all the information regarding the local representatives, and most importantly contact details.

| **Representative in Tunisia Information** | |
| --- | --- |
| Name of Bidder’s Representative in Tunisia | [insert] |
| Representative’s Head Office Address | [insert] |
| Name and contact details of the person in charge (address, telephone number, fax number, e-mail address) | [insert] |
| Legal information on the representative (Tax Number, Patent, Tax Return) | [insert] |

**\*Attach a document showing the expertise and capability of the local representative to perform all related services as mentioned in Section II.**

**Declaration of Local Representative**

I, the undersigned, certify that I am duly authorized as a Tunisian Company to assume the role of Local representative being responsible for the distribution, Installation, training, preventive and corrective maintenance for [inset the name of the Equipment] offered in this bid.

We hereby confirm that, in the event of the award of a contract, all parties to the joint venture, partnership consortium or representation will be jointly and severally liable to UNOPS for any obligations arising out of the contract.

Signatures of all partners :

For Bidder: For local representative:

Nom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Form I : Bid Securing Declaration Form**

Date: [Insert date]

Tender reference number: ITB/2023/49547

We, the undersigned, declare that:

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

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

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

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

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

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

1. As described in Section \_II\_Schedule of requirement- Lot 1, under Section E: TRAINING REQUIREMENTS [↑](#footnote-ref-0)
2. As described in Section \_II\_Schedule of requirement- Lot 2, under Section E: TRAINING REQUIREMENTS [↑](#footnote-ref-1)
3. As described in Section \_II\_Schedule of requirement- Lot 2, under Section E: TRAINING REQUIREMENTS [↑](#footnote-ref-2)
4. As described in Section \_II\_Schedule of requirement- Lot 3, under Section E: TRAINING REQUIREMENTS [↑](#footnote-ref-3)
5. As described in Section \_II\_Schedule of requirement- Lot 3, under Section E: TRAINING REQUIREMENTS [↑](#footnote-ref-4)