**Section III: Returnable Bidding Forms**

**eSourcing reference:** ITB/2024/52072

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)
* 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: ITB/2024/52072

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/2024/52072

Name of Bidder: [insert name of bidder]

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

**Lot 1: General Imaging**

**Prices for Goods**

| **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 | 2 | [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) | All items from Lot 1 | [insert amount] | [insert amount] |
| 2. | Installation, Testing and Commissioning | [insert amount] | [insert amount] |
| 3. | Training Group 1: Technical Training | [insert amount] | [insert amount] |
| 4. | Training Group 2: Medical users on the use and operation of equipment. |  |  |
| 5. | Preventive Maintenance, Corrective/Repair and technical assistance contract for users for 2 year | [insert amount] | [insert amount] |
| Total Price of Related Services **(b)** | | | | [insert amount] |

**Bid Summary**

| **Bid Total (a) + (b) of Lot 1** | [insert amount] |
| --- | --- |

**Lot 2: Standard Medical Equipment**

**Prices for Goods**

| **Item/ lot** | **Description** | **Qty** | **Currency** | |
| --- | --- | --- | --- | --- |
| **Unit price (FCA)** | **Total Price (FCA)** |
| 1. | Electro-Surgical- Machine | 9 | [insert amount] | [insert amount] |
| 2. | Station of 10 Electric Syringe Pumps | 16 | [insert amount] | [insert amount] |
| 3. | Blood Products Warmer | 7 | [insert amount] | [insert amount] |
| 4. | 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 (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) | All items from Lot 2 | [insert amount] | [insert amount] |
| 2. | Installation, Testing and Commissioning | [insert amount] | [insert amount] |
| 3. | Training Group 1: Technical Training | [insert amount] | [insert amount] |
| 4. | Training Group 2: Medical users on the use and operation of equipment. |  |  |
| 5. | 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**

| **Bid Total (a) + (b) of Lot 2** | [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/2024/52072

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: General Imaging**

**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 | 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 |
| **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 |  |
| **Operational Features** | | |
| Brand and Model | ☐ Yes   ☐ No |  |
| 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 |  |
| Doppler mode | ☐ 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 |  |
| **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 |  |
| 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 years | ☐ 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** | | |
| The Bidder accepts the conditions of the On-site delivery, installation as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the Testing & Commissioning as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
|  | The Bidder accepts the conditions of the service level agreement | ☐ 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 | 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 |
| **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** | | |
| 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),ModalityWorklist. | ☐ 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 indicatively 4 - 7 MHz for adult abdominal exploration | ☐ Yes   ☐ No |  |
| **Linear broadband Doppler probe** frequency including indicatively 10 - 14MHz for peripheral vascular, soft-tissue (breast, thyroid) and musculoskeletal examinations. | ☐ Yes   ☐ No |  |
| **Pencil or CW Doppler probe** | ☐ Yes   ☐ No |  |
| **Sectorial / Cardiac Doppler probe frequency including indicatively 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 years | ☐ 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** | | |
| The Bidder accepts the conditions of the On-site delivery, installation as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the Testing & Commissioning as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ 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 | 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 |
| **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** | | |
| 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 |  |
| **Additional Consumables and accessories Included** | | |
| Supply of complete overhaul kit / preventive maintenance for the warranty years | ☐ 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** | | |
| The Bidder accepts the conditions of the On-site delivery, installation as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the Testing & Commissioning as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ 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 | 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 |
| **The Manufacturer of the proposed equipment is 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** | | |
| **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. | ☐ 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 | ☐ 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 | ☐ 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 |  |
| **Additional Consumables and accessories Included** | | |
| Supply of complete overhaul kit / preventive maintenance for the warranty years | ☐ 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** | | |
| The Bidder accepts the conditions of the On-site delivery, installation as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the Testing & Commissioning as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ 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 | **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 |
| **The Manufacturer of the proposed equipment is 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** | | |
| **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, | ☐ 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 single 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 years | ☐ Yes   ☐ No |  |
| **Warranty** | | |
| Full Warranty 2 Years | ☐ Yes   ☐ No |  |
| **Ancillary Services** | | |
| The Bidder accepts the conditions of the On-site delivery, installation as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the Testing & Commissioning as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ Yes   ☐ No |  |

**Delivery requirements –– Comparative Data Table**

| **UNOPS Requirements** | | **Is bid compliant? Bidder to complete** | **Details**  **Bidder to complete** |
| --- | --- | --- | --- |
| **Delivery time** | -        The Bidder shall deliver all the equipment no later than **16 weeks** after contract signature.  -        The Bidder shall complete the installation for the units no later than **4 weeks** after the delivery (**20 weeks after the contract signature**). | ☐ Yes   ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Tunisia  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 **16 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 (**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. | Training Group 1: Technical Training | Should be done before the installation (- Section E: TRAINING  REQUIREMENTS) | ☐ Yes   ☐ No | Insert details |
| 5. | 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 |
| 6. | Preventive Maintenance, Corrective/Repair and technical assistance for users 2 years | Must be valid for 2 year (Warranty period) | ☐ Yes   ☐ No | Insert details |

**Lot 2-Standard Medical Equipment**

**Item 1-ELECTRO-SURGICAL MACHINE**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 1 | Medical Equipment used for monopolar and bipolar cutting, as well as monopolar and bipolar coagulation, designed for all surgical procedures including underwater interventions. | ☐ Yes   ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| The Manufacturer of the proposed equipment is 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 | ☐ Yes   ☐ No |  |
| 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/coag monopolar 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** | | |
| The Bidder accepts the conditions of the  On-site delivery, installation as described in  Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the  Testing & Commissioning  as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ Yes   ☐ No |  |

**Item 2 - 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** |
| --- | --- | --- | --- |
| 2 | 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 |
| The Manufacturer of the proposed equipment is 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 |  |
| 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 anesthesia 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** | | |
| The Bidder accepts the conditions of the  On-site delivery, installation as described in  Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the  Testing & Commissioning  as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ Yes   ☐ No |  |

**Item 3-BLOOD PRODUCTS WARMER**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 3 | The system is a fluid path warmer for blood products and infusion solutions up to the patient | ☐ Yes   ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| The Manufacturer of the proposed equipment is 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 |  |  |
| Provide detailed data sheet | ☐ Yes   ☐ No |  |
| Defibrillator -proof / internal and external treatment to the patient | ☐ Yes   ☐ No |  |
| Adjustable setting temperature range including  +37° to  +39° C. | ☐ Yes   ☐ No |  |
| Appropriate for standard I.V ( indicatively diameter 4 – 5 mm , 1.5m length) | ☐ Yes   ☐ No |  |
| Allowing fluids ≥ 20 ml per minute to be delivered warm to the patient | ☐ Yes   ☐ No |  |
| Integrated temperature sensors, Over Temperature  alarm | ☐ Yes   ☐ No |  |
| Smooth surfaces simple to wash and disinfect | ☐ Yes   ☐ No |  |
| "Microprocessor control unit, LED display | ☐ Yes   ☐ No |  |
| Self-diagnostics  & Audible and visual alarms of high and low temperatures and faulty operations | ☐ Yes   ☐ No |  |
| No additional disposable or consumables required | ☐ Yes   ☐ No |  |
| Included Mounting set: IV fluid warmer can be mounted on an IV stand or rail | ☐ 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 and mounting on IV stand | ☐ Yes   ☐ No |  |
| **Ancillary Services Included** | | |
| The Bidder accepts the conditions of the On-site delivery, installation as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the Testing & Commissioning as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ Yes   ☐ No |  |

**Item 4-AIR WARMER**

| **Item No** | **UNOPS minimum technical requirements** | **Is bid compliant? Bidder to complete** | **Details of goods offered. Bidder to complete** |
| --- | --- | --- | --- |
| 4 | 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 |
| The Manufacturer of the proposed equipment is 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 | ☐ Yes   ☐ No |  |
| 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 |  |
| **Additional 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** | | |
| The Bidder accepts the conditions of the On-site delivery, installation as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the Testing & Commissioning as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of warranties (Preventive maintenance, repairs and technical assistance during the warranty) as described in the associated Services and Services level agreement | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of Training for medical & technical staff as described in Associated Services | ☐ Yes   ☐ No |  |
| The Bidder accepts the conditions of the service level agreement | ☐ Yes   ☐ No |  |

**Delivery requirements –– Comparative Data Table**

| **UNOPS Requirements** | | **Is bid compliant? Bidder to complete** | **Details**  **Bidder to complete** |
| --- | --- | --- | --- |
| **Delivery time** | -        The Bidder shall deliver all the equipment no later than **16 weeks** after contract signature.  -        The Bidder shall complete the installation for the units no later than **4 weeks** after the delivery (**20 weeks after the contract signature**). | ☐ Yes   ☐ No | Insert details |
| **Delivery place and Incoterms rules** | Tunisia  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 **16 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 (**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. | Training Group 1: Technical Training | Should be done at the end of each installation (- Section E: TRAINING  REQUIREMENTS) | ☐ Yes   ☐ No | Insert details |
| 5. | 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 |
| 6. | Preventive Maintenance, Corrective/Repair and technical assistance for users 1 year | Must be valid for 1 year | ☐ 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 organization. | ☐ Yes ☐ No | Attach current policy |
| **Environmental management System or Health & safety system** | The bidder shall have a waste management plan or strategy in place including reduction of waste, segregation of waste, temporary storage modalities, transport, and final disposal in accordance with the waste hierarchy and all relevant legislative requirements. - 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. If a valid certification is not in place, the bidder should provide a copy of the existing policy or applicable measures in relation to EMS for the manufacturing site. 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/2024/52072

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

**WHEREAS**

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

We hereby extend our full guarantee and warranty in accordance with Clause 4.5 of the General Conditions of Contract for the provision of Goods, with respect to the goods offered by the above firm.

We hereby confirm that we’ll issue a manufacturer’s training certificate after the completion of the technical training as described in section II - schedules of requirements.

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/2024/52072

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/2024/52072

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.

1. 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/2024/52072

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/2024/52072

We, the undersigned, declare that:

1. We understand that, according to your conditions, offers must be supported by a bid securing declaration.

1. 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:
2. we withdraw our offer during the period of the offer validity specified by us in the offer submission form; or
3. we do not accept the correction of errors in accordance with the Instructions to Bidders in the bidding documents; or
4. 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.

1. 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_