

Quotation Advert

| Opening Date: | 2019 / 05 / 15 |
|--|---|
| Closing Date: | 2019 / 05 / 22 |
| Closing Time: | 11:00 |
| INSTITUTION DETAILS | |
| Institution Name: | RK Khan hospital |
| Province: | KwaZulu-Natal |
| Department or Entity: | Department of Health |
| Division or Section: | Supply Chain Management |
| Place where goods / Services is required | R.K KHAN HOSPITAL |
| Date Submitted | 2019 / 05 / 14 |
| ITEM CATEGORY AND DETAILS | |
| Quotation Number: | ZNQ: 47/19-20 |
| Item Category: | <u>Goods</u> |
| Item Description: | NERVE STIMULATOR WITH INTERNAL NEURO MUSCULAR BLOCK & EXTERNAL MAPPING |
| | |
| Quantity (if supplies) | 01 UNIT |
| COMPULSORY BRIEFING SESSION / S | III VISIT |
| Select Type: | Select |
| Date: | |
| Time: | |
| Venue: | |
| QUOTES CAN BE COLLECTED FROM: | |

R.K KHAN HOSPITAL

QUOTES SHOULD BE DELIVERED TO:

R.K KHAN HOSP - SECURITY OFFICE

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name:

MR MNP MTHETHWA

Email:

mnqobi.mthethwa@kznhealth.gov.za

Contact Number:

0314596391

Finance Manager Name:

MRIDMYEZA

Finance Manager Signature:

No late quotes will be considered

47/18-20

| VOLLAG | OE LIEDED | STANDARD QUOTE DOCUM | MENTATION SU | PPLY CHAIN | MANAGE | MENT UN | DER R30 | 000.00 | | | |
|--|--|--|--|---|--|---|--|--|---|---|---|
| DATE A | DVERTISE | Y INVITED TO QUOTE FOR RE | QUIREMENTS A | | | •••••• | *********** | | | | |
| ENQUIR | RIES MAY E | BE DIRECTED TO: MNP MTHET | ΓΗ W A | FA CC | CSIMILE I | NUMBER: | 031 403 7 | 333 | •••••• | ••••••• | •••• |
| PHYSIC | AL ADDRE | SS: 336 R.K.KHAN CIRCLE - WES | TCLIFF - CHATSW | ORTH - 4092 | DIVIACI N | UMBEK; . | 00140903 | | •••••• | ••••••• | •••• |
| ZNO NUM | IDED: 47/11 | 0.20 | | | | | | ********* | | | |
| ZNQ NOIV | IDER: .W:(): | 9-20 CLC | OSING DATE: 22 | MAY 2019 | CL0 | OSING TI | VE: 11:00 | | | | |
| DESCRIP | TION.SUPP | LY OF NERVE STIMULATOR WITH I | INTERNAL NEURO | MUSCULAR BU | LOCK & EXT | ERNAL MA | PPING & N | IERVE L | OCATIC | N CAPA | BILITY |
| THE FO | LLOWING F | PARTICULARS MUST BE FURN | NISHED (FAILUR | RE TO DO SO | WILL RES | ULT IN YO | OLIR OFF | FR REI | NG DIS | IALIOS | ICICDY |
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| NAME O | F BIDDER | | AME & ADDRES | S OF BIDDER | R (FIRM) | | | | | | |
| | AL ADDRES | | | DATE | | | | | | | |
| Ł. | T NUMBER | | | FACSIMILE | E NUMBER | ₹ | | | | | - |
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| | <u> </u> | ************************************* | | <u> </u> | | | | _ _ | | [] | |
| item C | Quantity | Description | | | Duna d o | | 1 | | | | |
| No | | | | | Brand & | model | Countr manufa | | Price | <u> </u> | T . |
| 1 - | 01 UNIT | SUPPLY OF NERVE STIMULATOR W | /ITH INTERNAL NEU | IRO MUSCULAR | | | | | <u> </u> | | + c |
| | UNII | BLOCK & EXTERNAL MAPPING 8 | NERVE LOCATIO | N CAPABILITY | | | | | | | |
| | | | <u> </u> | | ļ | | | | | | |
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| | | AS PER ATTA | CHED SPEC. | | | <u> </u> | | | | | |
| | | N.B SAMPLES, DECLARATION FOR | RMS,CSD NO.,UNI | QUE REG. NO | | | | | | | 4 |
| | | TO BE SUBMITTED. FAILURE TO | O ADHERE WILL B | BE LEAD TO | | | | | . | | + |
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| VALUE AD | DED TAX | @ VAT Vendor) | | | - | | · | | | | |
| TOTAL QU | NOITATION | PRICÉ (VALIDITY PERIOD 60 I | Days) | | | | | | . | | - |
| oes this off | er comply v | with the specification? | T Ict | ata daliyanı na | wi. J | | | | | | |
| s the price fi | irm? | | All | ate delivery pe delivery costs | riod e.g. <i>E</i> s must he ir | .g. 1day, 1 acluded in | the guete | nries . | | | |
| The instituti | on is under no | | AL CONTRACT AGES | OITIONS OF QUOT | ATIONS | icidaea iii | me quote | price | | | J |
| The departr Bidders may The Bidder preference the price (s) The Bidder obligations of for the due f This quotatio Only offers t Late quotes All products A Bidder not will not be co All delivery of destination. Only firm on | ment reserves y not be VAT y must ensure the quoted cover a & calculations must accept fur conditions devulfilment of this will be evaluated by will not be consupplied must registered on considered. | the oth (if VAI vendor). the right to evaluate all quotations exclusion endors. the correctness & validity of quote: that the lift for the work/item (s) & eccept that any is will be at the Bidder's risk. Il responsibility for the proper execution oliving on under this agreement, as the P is contract, uated specification & correctness of information of the or preafer than specification will be second. | ding VAT as some e price(s), rate(s) & ¹ mistakes regarding & fulfilment of all frincipal (s) liable mation, nsidered, nths, cation has failed t the prescribed the contract 20 | against all thin rights arising fit supplier the period(s) so other remedies calculated on the current prior or performance. The purchaser deliver any or a perform any of fraudulent practo. The purchaser | adus of the sushall indemnify d-party claims from use of the fails to deliver specified in the second in the delivered in the delivered in the delivered in the second in the delivered in the delivered in the delivered in the poor in the delivered in the good in the delivered in company procure. | ARS pin in a pplier. I the KZN Desor infringemes of infringemes any or all of econtract, thouract, dedundrice of the detection of the discontract is within the (s) under the eting for or in unon such to | partment of ent of paten by part there the goods of e purchaser ct from the c elayed good for each day consider te act in whole | Health (a tt, trademant, trademant, trademant, to by the or to perfore shall, with contract prise or unperformination or in part ecified in the as engage the contraction. | to valida ka the pu chase, or in- purchase rm the se hout prejice, as a rformed ellay until of the co fi the su the contra ged in c ct. | irchaser) dustrial der, ervices wudice to it penalfy, services actual dentract piter fails act fails to | esign ithin ts a sum using elivery s to |

REVISED: 09/10/2018

PROVINCE OF KWAZULU-NATAL

DEPARTMENT OF HEALTH

HEALTH TECHNOLOGY SERVICES (H.T.S)

SPECIFICATION FOR:

Peripheral Nerve Block Monitor & Stimulator and Locator for Regional Anaesthesia

UMDNS: 16252

SPECIFICATION: H.T.S. E170 (ELECTRONICS)

Description of Unit:

Hand held Nerve Stimulator for monitoring of neuromuscular blocks during surgery or in the Intensive Care Unit and for external nerve location, and internal nerve stimulation in a manner suitable for regional anaesthesia

Intended Areas of Use:

District Hospitals Regional Hospitals Tertiary Hospitals Quaternary Hospitals

Expert Advisory Group:

Anaesthesia Critical Care

Tonewald

NB: GENERAL CLAUSES THAT DO NOT APPLY TO THE EQUIPMENT OFFERED, MUST BE ANSWERED 'NOT APPLICABLE' UNDER BIDDERS COMMENTS.

| | | BIDDERS COMMENTS: |
|--------------|--|---|
| NO Clause C1 | SPECIFICATION | STATE "COMPLIES" OR "DOES NOT COMPLY" OR ANSWER THE QUESTION. |
| Clause G1 | The space provided under "Bidder's Comments" for each clause must be used for this purpose. Bidders who neglect to provide answers to every Clause in this Bid Specification will be disqualified. Bidders must note that abbreviated answers e.g. N/A etc. will not be accepted. | _و ق |
| | Bidders must also note that no part of any clause/s in this Bid Specification may be altered. Where there are traces of alterations found to any clauses in this Bid Specification during Adjudication, the Adjudication Committee will reserve the right to disqualify the bidder. The Bidder must clearly indicate if their offered product complies with the stated | ట ⁴ |
| | requirements, by indicating, "Complies" or "Does not comply" or answer the question next to the corresponding clause. | |
| Clause G2 | All responses must be clear and legible. | |
| Clause G3 | GUARANTEE: | like |
| Clause G3.1 | All Equipment, Materials and Workmanship provided under this Contract must be Guaranteed for a minimum period of twenty four (24) Months. The successful bidder must arrange with the respective Hospital / Institution and the Health Technology Services before Commissioning the Equipment at the respective Hospital / Institution. | , |
| | The bidder to note that the Guarantee period must only take effect upon successful Commissioning at the respective Hospital / Institution and successful test and acceptance by the Health Technology Services. | |
| Clause G3.2 | State percentage guaranteed up time of machine (Should be at least 99%). | |
| Clause G3.3 | The recommended number of services, per annum, by the manufacturer, must be included during and up until the end of the guarantee period and all costs related to the provision of such service/s will be for the bidders account. | |
| Clause G3.4 | The bidder must state the number of services that will be provided during and up to the end of the guarantee period. | |
| Clause G3.5 | Any breakdown during the guarantee period must include all cost (spares, labour, travelling and sundries) for any prescribed maintenance services (major and minor) as well as any QA testing that is required by Department Health's Radiation Control Board during the guarantee period. | |
| Clause G3.6 | Travelling and Travelling Time costs must be included during the Guarantee Period? | |
| Clause G3.7 | Spares that may be required during the Guarantee Period will be supplied at the expense of the bidder. | |
| Clause G3.8 | Downtime during the Guarantee Period must extend the Guarantee time on a Day-to-Day basis. | |
| Clause G3.9 | Any repetition (twice or more) of the same type of fault that first occurred during the guarantee period must be considered as a repair under guarantee if it occurs within the first year after the expiry of the guarantee period. | |
| Clause G3.10 | The same guarantee conditions must apply to replacement units. | |
| Clause G4 | The successful bidder must Supply, Deliver, Commission and install the Equipment and will be required to demonstrate the product to the applicable Staff at the Institution and costs for the abovementioned must be included in the final bid price. | |
| Clause G5 | Bidders must offer the Health Technology Service's In House Technicians a demonstration of the product, which will enable the Health Technology Service's In House Technicians to become acquainted with the equipment | |
| lause G6 | during the Test and Acceptance phase. Preference may be given to a make and model that has been technically and | |

| | · | BIDDERS COMMENTS: |
|--------------------------|--|---|
| NO | SPECIFICATION | STATE "COMPLIES" OR "DOES NOT COMPLY" OR ANSWER THE QUESTION. |
| | clinically evaluated by a Government Institution within the R.S.A. (Attach proof of evaluation where applicable). | ANOTHER THE QUESTION. |
| Clause G7 | The successful bidder must provide the Health Technology Service's in house Technicians, full training in the calibration, maintenance, service and repair of the product down to PCB Level. N.B. The quality and level of the training must be equivalent to the manufacturer's original factory training and any costs incurred to provide this training will be for the bidders account. A Certificate of Competency must be issued on completion of the training. The Training must be provided by the successful bidder to the Health Technology Services within three months from date of initial supply and delivery of the | ė. |
| | equipment to the end user. | မ |
| Clause G8 Clause G8.1 | SERVICING: | • |
| | The bidder must have a well established service and repair facility in KwaZulu-Natal, to service,repair and calibrate the equipment offered. (The Health Technology Services reserves the right to inspect the premises). | |
| Clause G8.2 | If the service is subcontracted to a local service agent, a signed copy of the letter of appointment by the bidder and acceptance by the subcontractor must be submitted with this bid / quotation. (The Health Technology Services reserves the right to inspect the premises). | ** |
| Clause G8.3 | State Number of other medical equipment "Repair & Service" Agencies (excluding your Agency) represented by the subcontractor. | • |
| Clause G8.4 | Supply the Name, Address and Telephone Number/s of the Local Service Department within KwaZulu-Natal. Please supply details as follows: Company name Physical Address Telephone Number/s: Fax number (The Health Technology Services reserves the right to inspect the premises). | |
| Clause G8.5 | State if the Technician(s) are in the direct employ of the bidder or a subcontractor. | |
| Clause G8.6 | The bidder must supply information on the number of Technicians permanently working in KwaZulu-Natal and their names and contact Telephone Number/s must be listed (Directly employed or subcontracted) in an annexure to the bid document. | |
| Clause G8.7 | The Technician(s) must be original equipment manufacturer trained to deal with the service, repair and calibration of the equipment quoted on. N.B. Proof of original equipment manufacturer training must be submitted with this bid I quotation offer. | |
| Clause G8.8 | The Institution's requirement is that a technician is available within a reasonable time (24 hours) to attend to malfunctioning equipment. The Bidder to state the technician per install base e.g. equipment ratio to technician ratio, e.g. 1 technician per 10 pieces of equipment. | |

| | | BIDDERS COMMENTS: |
|--------------|---|--|
| NO | SPECIFICATION | STATE "COMPLIES" OR "DOES NOT COMPLY" OR ANSWER THE QUESTION. |
| Clause G9 | The bidder must Guarantee that no additional equipment will be required | ANOTHER THE GOLOTION. |
| | for the successful operation of the equipment bided for on delivery and | |
| | commissioning at the customers site. A starter pack of all essential | |
| | accessories and disposables must be supplied so that the unit can be put into immediate operation. The cost of the starter pack must be included in | |
| | the final bid price. | |
| Clause G10 | Optional accessories must be offered for separately on the Schedule of | |
| | optional accessories found at the end of this Technical specification, | d ⁵ |
| | indicating catalogue numbers, correct descriptions and Prices inclusive of | |
| Clause O44 | V.A.T. | |
| Clause G11 | Bidder must state the period of time for delivery of Spare parts following | - |
| | the receipt of an official order as follows: 0 to 10 days; 0 to 20 days; 0 to 30 | - |
| Clause G11.1 | days; 0 to 60 days; 0 to 90 days; more than 90 days. The Bidder must supply with this offer a list together with the quantities of spares held locally | |
| 0.0000 011.1 | in stock in the KwaZulu-Natal Province on the offered product. The Health Technology | شو |
| | Services reserves the right to inspect the premises to verify the spares stock held. | |
| Clause G12 | The bidder must include a firm commitment in writing, which must be attached with this bid | |
| | that they would supply spares, components, upgrades, complete original service / repair | ing and the second seco |
| | manual, technical support and ongoing training support for technical staff of the Health | |
| | Technology Services and the end users Department of Health, KwaZulu-Natai throughout the | |
| | life cycle of the equipment offered. | ¥ |
| Clause G13 | Spares must be available for 10 (Ten) years from the original equipment manufacturer for the product offered. | |
| Clause G14 | The successful bidder must include in their offer at no extra cost to the final bid price: | |
| Clause G14.1 | Complete user Operation / Maintenance Manual x 2 (two) Book / File; CD; DVD copies in English Language. | |
| Clause G14.2 | Complete ORIGINAL Service / Repair Manual x 2 (two) Book / File; CD; | |
| | DVD copies in English Language which MUST include the following | |
| | information: | |
| | Fault Finding Guide, Circuit Diagrams / Schematics, Circuit Descriptions, | |
| | and PCB Layouts, Calibration Guide, Part Numbers and exploded diagram | |
| 01 | of Mechanical Parts / Panels. | |
| Clause G14.3 | All the above Manuals must be properly bound in either a Book, File or CD form. | |
| Clause G14.4 | The Bidder must supply all software (including software-keys and / or | |
| | passwords) to allow for trouble shooting (faultfinding), maintenance, | |
| | calibrations, repairs and services at no additional cost. | |
| Clause G15 | Does your Company have an after hour service back up facility. | ! |
| Clause G16 | If the equipment is taken away for repairs, a loan set must be made available on request to | and the state of t |
| | the end user by the Institution until the Institution's unit is returned. All costs incurred for | |
| | providing the loan unit must be for the bidders account. | |
| Clause G17 | Bidder must bid on the latest model and Technology that fully complies with this Technical Specification. | |
| Clause G17.1 | The Bidder must state how long this technology has been commercially available (state when | |
| | the model offered was launched). | |
| Clause G17.2 | The bidder must state if there are any near future updates expected. | |
| Clause G18 | The successful bidder must maintain a system for notifying and providing | garub ilik ilik ilik ilik ilik ilik ilik ili |
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| | | BIDDERS COMMENTS; |
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| NO | SPECIFICATION | STATE "COMPLIES" OR "DOES NOT COMPLY" OR ANSWER THE QUESTION. |
| Clause G19 | The successful bidders must arrange for an acceptance test of the equipment with the Manager of the Health Technology Services and the Hospital Manager. A copy of the original answered Specification, copy of the invoice order and relevant paperwork (PH form) from the receiving Hospital must be submitted with the equipment when the ACCEPTANCE TEST is to be undertaken. | |
| Clause G20 | Where equipment bided for, operates off 220 Volt, 50Hz a.c. supply, bidder must ensure that the product being quoted for is fitted with a 15 Amp approved mains plug top, which is held together by two screws. | O |
| Clause G21 | The unit must comply with an acceptable International Electrical Safety Standard such as IEC 60601-1 and 60601-1-2 for Medical Equipment where the quoted equipment operates off an electrical supply. | ę n |
| Clause G22 | All equipment, the installation and any alteration / additions must comply with: | |
| Clause G22.1 | The Occupational Health and Safety Act (1993); | ņ |
| Clause G22.2 | The wiring code S.A.N.S. 0142. | * |
| Clause G23 | Units being quoted for must be CE Certified. (Attach a copy of certification). The make and the model offered must be reflected on the certificate. | |
| Clause G24 | The Mains Cable of the unit being quoted for must be the Hospital Grade Type and it must be a minimum length of (3) three metres. N.B. The mains cable of the unit being quoted for must be S.A.N.S. colour coded. | |
| Clause G25 | The equipment being quoted for must be protected against Electro magnetic Interference. | |
| Clause G26 | Only new equipment must be quoted for. Refurbished and reconditioned equipment being quoted on will not be accepted. | |
| Clause G27 | Bidders must note that dedicated test equipment, spare parts and any special tooling required for the upkeep and maintenance of the equipment quoted on must be available to the Health Technology Services to procure if requested. | |
| Clause G28 | All the necessary calibration and maintenance software, where applicable, required to maintain and calibrate the equipment, must be supplied with the equipment to the Health Technology Services at no extra cost to the final bid price. | |
| Clause G29 | NB. HAZARDOUS SUBSTANCE ACT: | |
| Clause G29.1 | If this type of equipment / apparatus appears on the schedule of Hazardous Substances issued by the Directorate: Health Technology of the Department of Health, a license in terms of the Act on Hazardous Substances (Act. 15/1973) must be submitted with this bid document. The license must be registered under the bidders name or a letter of joint venture must be submitted by the license holder where the license is not in the name of the bidder. Bidders that neglect to submit a license will not be considered. | |
| Clause G29.2 | Bidder must state the Radiation Control licence number of the make and model of equipment offered. | License No: |
| Clause G29.3 | Where it has been established by the bidder that the equipment offered does not require Radiation Control licence, proof from the Radiation Control authority must be submitted with this bid document. | |
| Clause G30 | The system offered must comply fully with or exceed all of the minimum specification requirements per the Technical Clauses. | |
| Clause G31 | The offer submitted must be supported by descriptive literature, colour pamphlets, colour brochures and technical data sheets applicable to the offer (i.e. supporting information for all components of the system) must accompany the bid, failing which the bid will <u>not</u> be considered. | |
| Clause G32 | The equipment and any accessories ordered from the successful bidder will be delivered, installed, tested, calibrated, demonstrated (including specified training) and commissioned in | Mariginal Commence |

| • | | BIDDERS COMMENTS: |
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| NO | SPECIFICATION | STATE "COMPLIES" OR "DOES NOT COMPLY" OR ANSWER THE QUESTION. |
| | the specific Hospital at the expense of the successful Bidder, prior to full payment being made. | |
| Clause G33 | All prices are to include V.A.T. and must be quoted in the South African currency. The price must be valid for a period of 180 days from closing date of bid. | |
| Clause G34 | If the product offered is unknown to the Department, the Department reserves the right to have the unit evaluated by a team of Technical and Clinical experts with regards to its functionality, performance and quality. The decision of this committee will be used as a motivation for the evaluation and recommendation of the bid. For this reason a demonstration unit must be readily available, or the bidder must take arrange for demonstration with representatives of the Department for the equipment offered at a site within South Africa where a same make and model of unit is installed and is in full clinical operation. The cost of this site visit is for the account of the bidder and it must therefore not place any obligation on the Department to procure from the bidder. | |
| Clause G35 | The Institution requesting the unit reserves the right to clinically trial and evaluate the unit in order to ensure that the unit meets the clinical requirements of the Department before adjudication of the bid. | Agripan , a salah . A |
| Clause G36 | UPGRADEABILITY WHERE APPLICABLE: | |
| Clause G36.1 | Bidders are to state the policy with regard to future software updates and the costs that will be involved. | • |
| Clause G36.2 | The Bidder to state what hardware and software will be available, with costs and projected dates. | |
| Ciause G37 | UPGRADE POLICY: | |
| Clause G37.1 | All future upgrades (hardware and software) involving patient safety must be offered at no additional cost. | |
| Clause G37.2 | All future upgrades removing software viruses from existing software must be supplied at no cost. | |
| Clause G37.3 | Any upgrade before or after installation of the equipment involving additional cost must be brought to the attention of the Manager, Health Technology Services. | |
| Clause G38 | The Bidder must indicate the expected life of their offered unit and software in years. | en e |

TECHNICAL SPECIFICATION.

| 10 | SDECI | FICATION | |
|--------------|----------|---|--|
| 10 | JEC! | FIGATION | STATE YES OR NO Give information or values where appropriate. Supply information |
| | | | on a separate sheet of space |
| lause T1 | This bid | specification calls for the supply, delivery, end-user training, demonstration, commission | provided is inadequate. |
| | and ins | stallation of a hand-held Nerve Stimulator for use in Theatre, Emergency departments and | |
| lause T2 | Clinica | Uses | |
| | i) | Must be able to offer a full range of conventional and recently developed stimulation patterns | i) = |
| | | for monitoring of neuromuscular blocks during surgery or intensive care | ' |
| Variation TO | (ii) | Must provide nerve location during anesthesia. | l ii) |
| lause T3 | Constr | | |
| |] i) | Microprocessor controlled with the latest up to date technology. | (i) |
| | ii) | User friendly | ļ ii) |
| | iv) | Robust casing to prevent ingress of fluids | III) |
| |) v) | Lightweight - State the weight with batteries inserted Compact - State dimensions | iv) |
| | l vi) | Easy to clean | (v) |
| lause T4 | | supply and Automatic Power Shutdown | l vi) |
| | i) | The unit must be battery operated. | 1 2 |
| | l ii) | The unit must operate off dry cell alkaline type batteries like Penlight AA or PP3 - in order | i) ii) |
| | | to facilitate the purchase of batteries which are available, particularly in the rural areas. | [") |
| | iii) | State the | iii) |
| | | • Type, | ('''') • |
| | | Voltage and | |
| | 1 | Quantity of batteries required for the operation of the unit offered. | • |
| | iv) | State and describe how long the estimated operating battery life is for the different modes of use. | iv) |
| | V) | The battery cover must be easy to open and must require no tools to open and close the cover. | v) |
| | vi) | The unit must be provided with a Low Battery Indicator. | vi) |
| | vii) | When the battery voltage drops to a minimum of 6 volts the low battery indicator must be | vii) |
| | ĺ | activated | , |
| | VIII) | Preference will be given to a unit that has an Automatic Power Shutdown feature in order | viii) |
| | Ì | to conserve battery power in the event that the unit is switched on and not connected to the | |
| | 1 100 | patient within a specified period of time. | |
| lause T5 | Nourom: | State the time duration before the unit will automatically shut down. | ix) |
| Mause IJ | i) | uscular Transmission (NMT) Blockade Monitoring | |
| | '' | The unit must have a constant current variable voltage feature, which will allow delivery of | i) |
| | ii) | comparable stimuli throughout the whole operation, despite changes in impedance. The pulse stimulus must be of a monophasic, square type to ensure a constant current is | m |
| | , | maintained throughout the stimulus. | ii) |
| | iii) | The output must be selectable in the range of 0 – 80mA. | iii) |
| | iv) | The output pulse must be: | īv) |
| | | A monophasic square wave form | • |
| | | Longer than 0.1 milliseconds and less than 0.5 milliseconds | • |
| | V) | Longer duration pulses and other waveforms if available must be clearly indicated when selected | v) |
| Î | vi) | The unit must offer the user all the conventional patterns of stimulation and must also include: | vi) |
| | | Single twitch - on demand or one-second repeat. | _ |
| 1 | | Train of four - on demand or twelve-second repeat. | • |
| Ī | | Tetanus - on demand at 50Hz or 100Hz. | • |
| - | | Post-Tetanic count | • |
| | | Double burst stimulation - selectable 3.3 or 3.2 pattern. | • |
| İ | | The burst repeats must be separated by 10 seconds | • |
| | | | • |

| 10 | SPECIFICATION | STATE YES OR NO |
|--|--|---|
| | | Give information or values who appropriate. Supply information on a separate sheet of space provided is inadequate. |
| | vii) The nerve stimulator must have a means of measuring the train of four ratio and giving this | vii) |
| | ratio as a percentage. | |
| | viii) Specify what method of measuring the train of four ratio is used. | viii) |
| | ix) Preference will be given to units that have a programming mode whereby users may define | ix) |
| lause T6 | and store any combination of pulse trains and time intervals. NMT Extension Leads | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | i) The unit must have electrode extension leads that are colour coded to clearly indicate the | |
| | negative electrode and positive electrode | i) |
| | ii) The electrodes must not heat the point of application to the patient resulting in burns | in a |
| | iii) The electrode attachments/clips must be compatible with a silver/silver chloride ECG | (ii) (iii) |
| | electrode pad | - 1 |
| | iv) Preference will be given to units with an objective method to measure the evoked muscle | iv) |
| | responses e.g. Accelomyography | |
| | v) State the method used | (v) |
| Years T7 | vi) If an accelerometer is used it should be easy to place on all size fingers | vi) |
| lause T7 | Internal Nerve Locator | |
| | i) The unit's Internal Nerve Locator function must be clearly separated to ensure selection of | f i) |
| | the correct current range whereby the microprocessor is programmed to prevent delivery of | · · |
| | high currents through nerve location leads. ii) During Internal Nerve Location the unit must offer. | |
| | 7 .0 · · · · · · · · · · · · · · · · · · | ii) |
| | An adjustable constant current source A project of the distribution of the distr | • |
| | A precisely adjustable stimulus amplitude (0 - 5 mA in 0.1 mA increments): A condense control distribution of the condense condense control distribution of the condense condense condense control distribution of the condense condense condense condense condense condense condense condense condense conde | ∤• |
| | An analog control dial is preferred over up/down keys. A stimulus fraguency between 4 and 3 No. (1). | • |
| | A stimulus frequency between 1 and 3 Hz (meaning 1-3 pulses per second) A monophysic rectangular autout pulses A monophysic rectangular autout pulses. | • |
| lause T8 | A monophasic rectangular output pulse Internal Nerve Locator Leads | |
| Manse 10 | | f |
| | i) Leads must be compatible with all local regional anaesthesia needles on the market ii) List brands that are compatible | 1)) |
| lause T9 | ii) List brands that are compatible The digital display: | ii) |
| 714400 10 | i) The unit must be provided with an alphanumeric display of current output | |
| | ii) The display must be visible under all lighting conditions | ()) |
| | iii) State size of display | ii) iii) |
| | iv) It is important that the unit offered is provided with audible and visual indication of pulse | <i> </i> iv) |
| | delivery. | '*' |
| | v) The unit must provide indication of a low battery condition. | \ v) |
| lause T10 | Cleaning | 17 |
| | i) The unit must be easy to clean. | (i) |
| | ii) The bidder must specify the cleaning recommendations for the unit on offer. | ii) |
| Clause T11 | Accessories | |
| | i) The unit must be supplied with the necessary accessories in order that it can be put into use | () |
| | immediately - including but not limited to: Batteries; Protective case; NMT leads, Internal | ' |
| | Nerve Locator Leads | |
| | ii) The bidder to list all accessories (including catalogue numbers and cost) included in the | ii) |
| | bid price. | |
| | iii) The bidder to list all optional extra accessories (including catalogue numbers and cost) | ļ iii) |
| | under the optional accessory section. | 1 |
| lause T12 | iv) All costs must be inclusive of V.A.T. | liv) |
| naust I IZ | Testing A sample unit must be made qualifable for demands the state of the life of the li | |
| lause T13 | A sample unit must be made available for demonstration at short notice, if required | <u> </u> |
| nause (1) | Guarantee / Warranty | 1.6 |
| | There must be a minimum 24-month warranty / guarantee period State the guarantee period | (1) |
| lause T14 | Maintenance and service agreement | ii) |
| | Upon termination of the guarantee / warranty period the bidder must provide a fully - costed | |

| 10 | SPECIFICATION | STATE YES OR NO Give information or values where appropriate. Supply information on a separate sheet of space provided is inadequate. |
|----|---|---|
| | PREVENTATIVE MAINTENANCE AND SERVICE AGREEMENT for a period of 3 years to commence upon termination of the guarantee / warranty period with an option to enter into a renewable agreement | , |

SCHEDULE OF OPTIONAL ACCESSORIES

Bidders must quote the price of the optional accessories listed as well as any other accessories that may be useful to the end users.

| Cat No | Item | Price includir | | | |
|--------|------|----------------|--------|--------|-------|
| | | Year 1 | Year 2 | Year 3 | Total |
| | | | | | |
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SCHEDULE OF ACCESSORIES

Bidders must quote for accessories that are used with the system offered. Bidders must also indicate if these accessories need to be compatible with the system offered or whether generic accessories can be utilized with the system offered.

| Item | Price includi | rice including VAT | | | | |
|------|---------------|--------------------|--------|-------|--|--|
| | Year 1 | Year 2 | Year 3 | Total | | |
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FULLY COMPREHENSIVE SERVICE AGREEMENT

- a) The bidder must state the number of services per annum that are required for the equipment offered as per the manufacturer's recommendations.
- b) The bidder must state the cost (inclusive of vat.) of each service per unit.
- The bidder must include all costs (inclusive of vat) ie; labour, travelling, mileage, spare parts, service kits, breakdowns and all call outs that is required for the servicing of each unit. (The bidder must attach on a separate annexure detailing the cost of each of the above.)

| Number of Services Required Per Unit | Cost of each service per Unit | Quantity of units | Total Cost |
|---|-------------------------------|-------------------|------------|
| | | | |
| | | | |
| | | | |

DETAILED TECHNICAL SPECIFICATION

GENERAL INFORMATION REQUIRED

FAILURE TO COMPLETE THIS PART WILL DISQUALIFY THE BIDDER

| Make: | | | | |
|---|--|---------|---------------|-------------|
| Model Number / Part Number for: | | | | _ |
| Country of Origin | | | | |
| Final Bid / Quotation Price inclusive of V.A.T. | | | | |
| Local (KwaZulu-Natal) Agent | | · | | |
| Delivery Period | | | , | |
| R S A Import Permit Holder | Play | | | |
| BIDDER | i i | | | _ |
| SIGNATURE | DAT | · [E | **** <u>*</u> | ··· |
| ADDRESS | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - | | ···· |
| ELEPHONE NO. | FAX NO | | | |
| CONTACT PERSON | | | | - |

- **DECLARATION OF INTEREST** Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority wherethe bidder is employed by the state; and/or the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

 2.1. Full Name of bidder/representative.
 2.4. Company Registration Number:

 2.2. Identity Number:
 2.5. Tax Reference Number:

 2.3. Position occupied in the Company (director, trustee, shareholder²):2.6. VAT Registration Number: 2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. **ITICK APPLICABLE** 2.8. Are you or any person connected with the bidder presently employed by the state? YES NO 2.8.1. If so, furnish the following particulars: Name of person / director / trustee / shareholder/ member: Name of state institution at which you or the person connected to the bidder is employed: 2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO 2.8.2.1. If yes, did you attach proof of such authority to the quote document? (Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.) 2.8.2.2. If no, furnish reasons for non-submission of such proof: 2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? 2.9.1. If so, furnish particulars:.... 2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO 2.10.1. If so, furnish particulars: 2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO 2.11.1. If so, furnish particulars:.... 2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO 2.12.1. If so, furnish particulars:.... Full details of directors / trustees / members / shareholders. The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17. 4 DECLARATION FURNISHED IN PARAGRAPHS 2. I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.
- 1"State" means -

Name of bidder

- any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- any municipality or municipal entity;

provincial legislature;

Position

- d) national Assembly or the national Council of provinces; or
- e) Parliament.

...........

Signature

Date

^{2&}quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.