



Republic of the Philippines
 Department of Health
ADELA SERRA TY MEMORIAL MEDICAL CENTER
 Capitol Hills, Tandag City, Surigao del Sur
 Telefax No. 086-211-4306,
 E-mail add: astmmc_hbac@yahoo.com.ph



NOTICE OF AWARD

May 28, 2021

THE MANAGER
ENHANCED MEDICAL & INDUSTRIAL ENTERPRISES
 Davao City

Sir/Madam:

This is to inform you that based on the result of the Competitive Bidding conducted on April 06, 2021 for the **PROCUREMENT OF VARIOUS MEDICAL EQUIPMENT** under **IB No. 2021-04-06 (06)**, as per HBAC Resolution No. 78 your proposal was found to be the Lowest Calculated Responsive Bid with a Total Contract Price of **FOUR HUNDRED FIFTEEN THOUSAND PESOS ONLY (Php 415,000.00)** inclusive of local taxes.

Item No.	Description	Quantity	Unit	Total Bid Price (Php)
01	ELECTROCAUTERY MACHINE WITH TROLLY BRAND: ZERONE MODEL: ZEUS 400	1	unit	415,000.00
	<p>PURPOSE OF USE:</p> <p>Clinical or other Purpose: is used to cut, cut and coagulate, coagulate extra-heavy bleeding, and fulgurate.</p> <p>Department: Operating Room</p> <p>Overview of Functional Requirements is a medical practice or technique of burning a part of a body to remove or close off a part of it. It destroys some tissue in an attempt to mitigate bleeding and damage, remove an undesired growth, or minimize other potential medical harm, such as infections when antibiotics are unavailable</p> <p>TECHNICAL CHARACTERISTICS</p> <p>1. Microcontroller based isolated Electrosurgical Generator having both Monopolar and Bipolar outputs designed for all surgical procedures.</p> <p>2. Smart generator should be able to monitor changes in tissue impedance continuously and adjusts power.</p> <p>3. Monopolar outputs should have three cutting modes: a. Low cut for delicate tissue or Laproscopic cases having maximum power of 300w. b. Pure cut for clean, precise cut in general surgery having maximum power of 200W. c. Blend mode for cutting with homeostasis having maximum power of 200W. All cut modes should be able to adjust output power depending on tissue density by less than 15% or 5W, whichever is greater.</p> <p>4. It should have three Coag Modes with maximum power of 120W a. Desiccate mode for low voltage contact coagulation suitable for Laproscopic and delicate tissue work. b. Fulgurate mode for efficient non-contact coagulation in most applications. c. Spray mode should have randomized spray effect of varying amplitude and frequency for coagulating large tissue areas with minimum depth of necrosis.</p> <p>5. It should have three bipolar modes with maximum power of 70W a. Precise mode have fine control of desiccation in delicate tissue. b. Standard mode for applications at low voltage to prevent sparking. c. Macro mode for applications on tissue with high resistance.</p> <p>6. It should have patient plate monitoring facility and should give audiovisual alarm and deactivate output if contact between patient and patient plate is not proper to eliminate the risk of patient burns.</p>			

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7. The unit should have two hand switching and two Footswitch Monopolar outputs and one hand switching and footswitching bipolar output.			
8. It should have membrane keyboard for power settings.			
9. The unit should have individual digital display of power for Bipolar, Monopolar cut and Monopolar Coag.			
10. The unit should not have RF Leakage current more than 150mA.			
11. Accessories:-			
a. Monopolar Footswitch:- 02 No.			
b. Bipolar Footswitch:- 01 No.			
c. Reusable hand switching Pencil: - 02 Nos.			
d. Reusable Patient Plate : - 02nos. Adult & Pedia (2pcs each)			
e. Bipolar Forceps: - 01No.			
f. Forceps Cord:- 02Nos.			
g. Universal Adaptor: - 01No.			
12. Two years of comprehensive warranty including bulbs should be provided along with technical support.			
13. It should follow international Safety Standard and requirement with CE Certification or USFDA Approval.			
14. Users list with the addresses and contact nos. to be provided.			
15. Demonstration Compulsory.			
16. Operating and service manual should be supplied.			
17. Tropicalization: operating Temp. upto 40Deg. C;			
Displayed parameters:			
User adjustable settings : - units, reference range, tests, method			
Mobility, portability Table-top			
UTILITY REQUIREMENTS			
Power supply :- AC 220V-240V , 50-60 Hz			
Accessories per unit			
Monopolar Handle 1No			
Patient plate 1No. Reusable adult and pedia			
Electrodes Set 1No.			
Foot Switch 1No.			
Carrying Case 1No.			
Hand Switch 1No.			
Bipolar Cable 1No.			
Bipolar Forcep 1No.			
**1 unit fully Trolley for transport			
Sterilization process for accessories			
Ease of sterilization thru commercially available/common disinfectant			
Consumables / reagents: Provide with complete Consumables within 1 month			
Spare parts per unit			
2 box Disposable Sterile Blade (50/Box)			
2 box Disposable Monopolar Handswitching Pencil (50/Box)			
2 box Disposable Sterile Arthroscopic Electrodes (5/Box)			
2 box Disposable Sterile LLETZ Square ESU Electrodes (5/Box)			
2 box Disposable Sterile Needle ESU Electrodes (Box of 25)			
2 box Disposable Sterile Ball ESU Electrodes (5/Box)			
2 sets Reusable Bipolar Forceps			
Other components (per unit)			
*** (1 unit UPS 2000VA with AVR)			
TRAINING, INSTALLATION AND UTILISATION			
Pre-installation requirements			

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<p>Requirements for commissioning *** Supplier to perform installation, safety and operation checks before handover *** staff/end-user and biomed technician in coordination with the engineering department to affirm completion of installation</p>			
<p>Training of users *** Training of users in operation , basic and advance maintenance shall be provided *** Advanced maintenance task required shall be documented *** Supplier to train ASTMMC Biomed staff/s for advance maintenance with certificate of completion shall be provided</p>			
<p>User care: Casing to be splash proof and cleanable with alcohol or chlorine wipes</p>			
<p>DOCUMENTATION</p>			
<p>Documentation requirements - User, technical and maintenance manuals to be supplied in English language - at least 3 copies - Certificate of calibration and inspection to be provided with Sticker in Equipment as proof of calibration - List of equipment and procedures required for local calibration and routine maintenance to be provided by the supplier - List of important spare parts and accessories with their part numbers and cost to be provided by the supplier - Trade-in with manufacturer if available</p>			
<p>WARRANTY AND MAINTENANCE</p>			
<p>Warranty : 2 years warranty</p>			
<p>Requirements for commissioning *** Supplier to perform installation, safety and operation checks before handover. ***Incidental cost incurred during the installation will be charge by the supplier. *** Staff/end-user and biomed technician in coordination with the engineering department to affirm completion of installation</p>			
<p>SAFETY AND STANDARDS</p>			
<p>Risk Classification</p>			
<p>Sterilization process for accessories Chemical sterilization- non corrosive chemical / disinfectant</p>			
<p>Regulatory Approval / Certification Should be FDA, CE or UL approved product. "Manufacturer / supplier should have ISO certificate for quality standard. Electrical safety conforms to standards for electrical safety Conforms to IEC-61010</p>			
<p>International standards: ISO Certified</p>			
TOTAL AMOUNT			415,000.00

You are hereby requested to post your Performance Security equivalent to the percentage of the total Contract Price of the acceptable forms as listed below within ten (10) calendar days from receipt of the Notice of Award (NOA) and further to confer with the BAC Chairman or Head of the Procurement Unit, for instructions regarding the execution of this award.

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)
A. Cash, Cashier's Check, Manager's Check, Bank/Draft Guarantee, confirmed by a Universal or Commercial Bank duly licensed in the Philippines	Goods and Consulting Services - Five Percent (5%);
B. Irrevocable Letter of Credit issued by a Universal or Commercial Bank. Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank duly licensed in the Philippines if used by a foreign bank.	Goods and Consulting Services - Five Percent (5%);
C. Surety Bond callable upon demand issued by a surety or insurance Company duly certified by the Insurance Commission as authorized to issue such security.	Thirty Percent (30%)

Handwritten signature



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D. Any combination of the foregoing.	Proportionate to share of form with respect to total amount of Security.
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The original NOA with signature on "CONFORME" shall be returned within two (2) working days upon receipt of the approved NOA.

Please bear in mind that failure to provide the PERFORMANCE SECURITY shall constitute sufficient ground for recession of the award.

Very truly yours,


CESAR C. CASSION, MD, MPH, CESO IV
 Director IV 

Conforme: 

LIVAN O. HERNANDEZ
ENHANCED MEDICAL & INDUSTRIAL ENTERPRISES
 Date: 6-11-2021