

التاريخ : 09/03/2023

طرح عطاء رقم RFQ-H-11580

السادة / الشركات المختصة الراغبة بالمشاركة بالعطاء - المحترمين

الموضوع : أجهزة طبية , حسب المواصفات .

بالإشارة إلى الموضوع أعلاه, يرجى الاطلاع على المواصفات المرفقة مع مراعاة الشروط التالية :-

1. تكتب الاسعار بالشيكول الإسرائيلي وبشكل واضح في المكان المخصص حسب الجدول المرفق و تشمل قيمة الضريبة المضافة, في حال وجود تعارض بين سعر الوحدة ومجموع سعر الوحدة المشتق, فإن سعر الوحدة هو الذي سيعتمد .
2. يتم تقديم شهادة خصم مصدر في حالة تجاوز المبلغ قيمة 2500 شيكل أو ما يعادلها.
3. غرامة تأخير 2% عن كل اسبوع وتبدأ من اليوم الذي يلي موعد التسليم المحدد من قبلكم , و يحق للمستشفى إلغاء أمر الشراء والاحالة على مورد آخر دون تحمل اية مسؤولية تذكر في حالة تأخير التوريد ما يزيد عن اسبوعين .
4. تحديد فترة التوريد في عرض سعركم وعدم ذلك يعني أن التوريد فوري وايضاً أن تكون صلاحية العرض المقدم من طرفكم مدة لا تقل عن ثلاثة أشهر .
5. تسلم عروض الاسعار بالظرف المغلق فقط , على أن يكون عرض السعر يحوي فصلاً بين العرض المالي والعرض الفني أي أن العرض المالي منفصل عن العرض الفني .
6. ضرورة الرد على العطاء سلباً أو ايجاباً.
7. الدفع بعد 90 يوم من تاريخ الإستلام والفحص ومطابقة المواصفات الفنية المطلوبة.
8. يحق للمستشفى تجزئة العطاء وهي غير ملزمة بأقل الأسعار .
9. يحق للمستشفى إلغاء العطاء دون ابداء السبب ودون تحمل اية تكاليف مع إعادة رسوم نسخة العطاء للمشاركين في العطاء ان وجدت, لا تتحمل المستشفى تكاليف النقل والتحميل والتنزيل.
10. ضرورة ارفاق الرخصة التجارية والسيرة الذاتية للشركة مع عرض السعر .
11. اخر موعد لتقديم عرض السعر هو يوم الاثنين الموافق 2023/03/20 الساعة الرابعة عصراً (16:00pm).
12. لأية إستفسارات متعلقة بالعطاء المذكور اعلاه , يرجى الاتصال بالسيد مدير دائرة اللوازم والمشتريات هاتف رقم (0097092389687) داخلي (6400) أو من خلال البريد الالكتروني tender3@najah.edu فقط.

مع فائق الاحترام ,,,,

مدير دائرة اللوازم والمشتريات

إياد مكاي



التاريخ : 09/03/2023

طرح عطاء رقم RFQ-H-11580

| No | Item Code | Item | QTY | UNIT | CODE NO. - وكيل حصري / موزع | Unit Price (Nis) | Total Price (Nis) |
|-----|------------------|---|-----|------|--------------------------------|---------------------|----------------------|
| 1 | G-A- MDD00019 | Vital sign monitor | 2 | PCS | | | |
| 2 | G-A- MDD00006 | ECG machine. | 1 | PCS | | | |
| 3 | G-A- MDD00193 | Safety cabinet | 1 | PCS | | | |
| 4 | G-A- MDD00277 | Vein viewer . | 1 | PCS | | | |
| 5 | MSQ00001 | Dressing Trolley . | 1 | PCS | | | |
| 6 | G-A- MDD01208 | Electronic scale | 1 | PCS | | | |
| 7 | MSQ00034 | Otoscope . | 2 | PCS | | | |
| 8 | MSQ00020 | Wheelchair | 3 | PCS | | | |
| 9 | MSQ00003 | سرير فحص طبي | 6 | PCS | | | |
| 10 | G-MSP00702 | Oxygen flowmeter-General | 40 | PCS | | | |
| 11 | MSQ00026 | Stainless steel trolley . | 10 | PCS | | | |
| 12 | MSQ00024 | Fiberoptic Laryngoscope Curved with All blades size 0,1,2,3,4 . | 2 | PCS | | | |
| ... | ... | Total Price (Nis) | ... | ... | | ... | |

يرجى من حضرتكم تحديد مدة التوريد
 ضرورة الالتزام بالتسعير على النموذج المرفق بالعطاء، والالتزام بالعملة المحددة (شيك).

- يرجى من حضرتكم الالتزام بتعبئة المعلومات في الجدول أدناه:

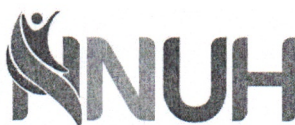
| | | |
|---|---------------------|--|
| 1 | إسم الشركة | |
| 2 | الختم | |
| 3 | التوقيع والإسم | |
| 4 | معلومات الإتصال | |
| 5 | مدة التوريد | |
| 6 | مدة الكفالة إن وجدت | |



| Vital sign monitor, Qty: 2 | Compliance | Deviation |
|--|------------|-----------|
| Good brand name with FDA or CE preferable (Europe, USA, Japan) | | |
| Should have CB test and EMC test (60601.1 and 60601.2) | | |
| Manufacturer: | | |
| Source and origin: | | |
| Model: | | |
| Vital sign monitor Specification: | | |
| State of the art technology and the latest version from the manufacturer and the latest and best technology on the market | | |
| Suitable for all types of Patient range: Adult, paediatric | | |
| Display- Touch screen minimum 8 inch | | |
| Parameters Displayed: Systolic Pressure, Diastolic Pressure and Mean Arterial Pressure (MAP),Pulse Rate,%SpO2, Temperature in Celsius,system status, plethysmogram, menus for user | | |
| Adjustable high and low alarms for Pulse Rate, SpO2, Systolic Pressure, Diastolic Pressure and Mean Arterial Pressure | | |
| Alarm Silence :Available | | |
| Memory :24hrs data storage | | |
| Battery : more than 3 hrs | | |
| Measurements: | | |
| 1- NIBP Measurement: | | |
| Technique: Oscillometric | | |
| Automatic Cuff Deflation | | |
| Manual, STAT or Automatic (at preset intervals) | | |
| Should NIBP cuff be universal (open system) | | |
| Auto Zero | | |
| Automatic measurement cycle adjustable | | |
| 2- SPO2 Measurement: | | |
| Type: Functional Oxygen Saturation | | |
| Continuous Monitoring | | |
| Bar graph display of SpO2 signal strength | | |
| Accuracy :+/-3% | | |
| 3- Temperature Measurement: | | |
| Predictive or Continuous Monitoring | | |
| Accuracy: +/-0.1°C | | |
| Should Temp. probe cover be universal | | |



| | | |
|--|--|--|
| Complete with all accessories and consumables needed to work completely as specified | | |
| Training included: | | |
| Operation training for the oncology nursing team must be provided on-site | | |
| Each monitor should be supplied with the following Accessories: | | |
| 1. NIBP: Adult (Qty. 1), pediatric (Qty. 1) cuff and hose | | |
| 2. Reusable Spo2 sensor: adult sensor with its cable (Qty. 1), pediatric sensor with its cable (Qty. 1). | | |
| 3. Temperature: Skin Temp. Probe (Qty. 1) | | |
| 4. Vital sign monitor stand with basket | | |
| Optional to be priced separately: | | |
| List price all accessories necessary to operate the solution as per the required specs listed above | | |
| List all other accessories and supplies that you may recommend to NNUH and are considered optional items to be decided on purchasing at the discretion of NNUH | | |
| Spo2 sensor, Adult | | |
| Temperature probe | | |
| Battery | | |
| Your offer should contain the following: | | |
| 1) Preventive maintenance schedule | | |
| 2) Reference list for the same model, the supplier must have 3 reference at least on local market or regional, and must prepare site visit for our team to evaluate the product. | | |
| 3) Compliance sheet | | |
| 4) Catalogues | | |
| 5) Data sheet | | |
| 6) Authorization letter | | |
| 7) CE or FDA and ISO certificates | | |
| 8) CB test and EMC test certificate | | |
| 9) The service and operational manuals must delivered as soft copy with the units | | |
| 10) Guarantee for 10 years for spare parts supply | | |
| Warranty: 3 years, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations. | | |



| ECG Machine (A4 Paper), Qty: 1 | Compliance | Deviation |
|---|------------|-----------|
| Good brand name with FDA or CE preferable (Europe, USA, Japan) | | |
| Should have CB test and EMC test (60601.1 and 60601.2) | | |
| Manufacturer: | | |
| Source and origin: | | |
| Model: | | |
| ECG Machine Specification: | | |
| State of the art technology and the latest version from the manufacturer and the latest and best technology on the market | | |
| ECG Machine should have Colour LCD Display. | | |
| The ECG Machine should be able to acquire all 12 Leads simultaneously and interpret them | | |
| Should acquire simultaneous 12 lead ECG for both adult and pediatric patients | | |
| Should have Real time Colour display of ECG waveforms with signal quality indication for each lead. | | |
| ECG machine should be installed on mobile trolley for transport. | | |
| Should have Artifact, AC, and low and high pass frequency filters. | | |
| Should have full screen preview of ECG report for quality assessment checks prior to print. | | |
| Should have alphanumeric Keyboard for patient data Entry. (virtual or hard keys) | | |
| Should have High resolution digital array A4 size printer using thermal sensitive paper. | | |
| Should have battery capacity of at least 30 ECGs or 2 hours of battery backup. | | |
| Should be able to be connected to Wireless LAN and its software can install to any computer, for archiving and review the ECG records | | |
| USB Support (optional) for Storage on external portable memories | | |
| Complete with all accessories and consumables needed to work completely as specified | | |
| Training included: | | |
| Operation training for the oncology nursing team must be provided on-site | | |



| | | |
|--|--|--|
| The machine should be supplied with the following Accessories: | | |
| 1- 10 Lead Patient Cable with Banana Plugs with crocodile clips, Qty. 2 | | |
| 2- Limb Electrodes(set of 4), 2 Sets | | |
| 3- Trolley with basket | | |
| 4- Thermal Paper A4 Size for 500 patients. | | |
| | | |
| Optional to be priced separately: | | |
| List price all accessories necessary to operate the solution as per the required specs listed above | | |
| List all other accessories and supplies that you may recommend to NNUH and are considered optional items to be decided on purchasing at the discretion of NNUH | | |
| Battery | | |
| | | |
| Your offer should contain the following: | | |
| 1) Preventive maintenance schedule | | |
| 2) Reference list for the same model, the supplier must have 3 reference at least on local market or regional, and must prepare site visit for our team to evaluate the product. | | |
| 3) Compliance sheet | | |
| 4) Catalogues | | |
| 5) Data sheet | | |
| 6) Authorization letter | | |
| 7) CE or FDA and ISO certificates | | |
| 8) CB test and EMC test certificate | | |
| 9) The service and operational manuals must delivered as soft copy with the units | | |
| 10) Guarantee for 10 years for spare parts supply | | |
| | | |
| Warranty: 3 years, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations. | | |



| Safety cabinet, Qty: 1 | Compliance | Deviation |
|---|------------|-----------|
| Good brand name with FDA or CE preferable (Europe, USA, Japan) | | |
| Should have CB test and EMC test (60601.1 and 60601.2) | | |
| Manufacturer: | | |
| Source and origin: | | |
| Model: | | |
| Safety cabinet Specification: | | |
| State of the art technology and the latest version from the manufacturer and the latest and best technology on the market | | |
| One main chamber work zone | | |
| External dimensions: 1380x840x1450 mm approximately | | |
| System must work on laminar air flow technology Vertical. | | |
| Biological safety cabinet should be of B2 class II with 100% exhausted and 0% recirculated providing personnel, product and environmental protection | | |
| Contain-Air Negative Pressure Channel | | |
| Radiuses type 304 stainless steel interior | | |
| Epoxy-coated steel exterior | | |
| Nominal inflow velocity of 100 feet per minute (fpm) | | |
| Nominal down flow velocity of 55 fpm (0.3 m/sec) | | |
| System should be 99.99% efficient supply and exhaust HEPA filters ,filter monitoring system included. | | |
| System should have UV lamps for decontamination of germs. | | |
| Interior-mounted, line-of-sight color display LCD information center with "Filter Life Remaining" bar graph, status line for alarm conditions and alerts to warn when filter life diminishes to 20%, 10% and 0% | | |
| Base stand with castors | | |
| Complete with all accessories and consumables needed to work completely as specified | | |
| Training included: | | |
| Operation training for the oncology nursing team must be provided on-site | | |



| | | |
|--|--|--|
| | | |
| Optional to be priced separately: | | |
| List price all accessories necessary to operate the solution as per the required specs listed above | | |
| List all other accessories and supplies that you may recommend to NNUH and are considered optional items to be decided on purchasing at the discretion of NNUH | | |
| HEPA filters | | |
| | | |
| Your offer should contain the following: | | |
| 1) Preventive maintenance schedule | | |
| 2) Reference list for the same model, the supplier must have 3 reference at least on local market or regional, and must prepare site visit for our team to evaluate the product. | | |
| 3) Compliance sheet | | |
| 4) Catalogues | | |
| 5) Data sheet | | |
| 6) Authorization letter | | |
| 7) CE or FDA and ISO certificates | | |
| 8) CB test and EMC test certificate | | |
| 9) The service and operational manuals must delivered as soft copy with the units | | |
| 10) Guarantee for 10 years for spare parts supply | | |
| | | |
| Warranty: 3 years, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations. | | |



| Vein viewer, Qty: 1 | Compliance | Deviation |
|--|------------|-----------|
| Good brand name with FDA or CE preferable (Europe, USA, Japan) | | |
| Should have CB test and EMC test (60601.1 and 60601.2) | | |
| Manufacturer: | | |
| Source and origin: | | |
| Model: | | |
| Vein viewer Specification: | | |
| State of the art technology and the latest version from the manufacturer and the latest and best technology on the market | | |
| Handheld vein viewer | | |
| light weight, not more than 300grams. | | |
| The battery should last at least 3 hours | | |
| Supplied with the battery charger | | |
| The battery should be displayed on the screen | | |
| Durable unit, with rubber case to protect it from broken | | |
| Complete with all accessories and consumables needed to work completely as specified | | |
| Training included: | | |
| Operation training for the oncology nursing team must be provided on-site | | |
| Optional to be priced separately: | | |
| List price all accessories necessary to operate the solution as per the required specs listed above | | |
| List all other accessories and supplies that you may recommend to NNUH and are considered optional items to be decided on purchasing at the discretion of NNUH | | |
| Battery | | |

| | | |
|--|--|--|
| Your offer should contain the following: | | |
| 1) Preventive maintenance schedule | | |
| 2) Reference list for the same model, the supplier must have 3 reference at least on local market or regional, and must prepare site visit for our team to evaluate the product. | | |
| 3) Compliance sheet | | |
| 4) Catalogues | | |



| | | |
|--|--|--|
| 5) Data sheet | | |
| 6) Authorization letter | | |
| 7) CE or FDA and ISO certificates | | |
| 8) CB test and EMC test certificate | | |
| 9) The service and operational manuals must delivered as soft copy with the units | | |
| 10) Guarantee for 10 years for spare parts supply | | |
| Warranty: 3 years, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations. | | |



| Patient Scale, Qty: 1 | Compliance | Deviation |
|--|------------|-----------|
| Good brand name with FDA or CE preferable (Europe, USA, Japan) | | |
| Should have CB test and EMC test (60601.1 and 60601.2) | | |
| Manufacturer: | | |
| Source and origin: | | |
| Model: | | |
| Wheel chair Patient Scale Specification: | | |
| State of the art technology and the latest version from the manufacturer and the latest and best technology on the market | | |
| Suitable for weighing standing, wheelchair or sitting patients | | |
| Digital display | | |
| Flexible cable remote display and wall mounting | | |
| High load-bearing capacity of 360 kg | | |
| The scale should come with ramp for easy loading wheelchair | | |
| It should contain the RS232 adapter which connect the scale to a printer or PC | | |
| Dimensions (WxHxD) approximately: 900 x 70 x 1,060 mm | | |
| With Auto-HOLD function | | |
| With safety heavy barriers on the 3 sides of the scale | | |
| Complete with all accessories and consumables needed to work completely as specified | | |
| Training included: | | |
| Operation training for the oncology nursing team must be provided on-site | | |
| Optional to be priced separately: | | |
| List price all accessories necessary to operate the solution as per the required specs listed above | | |
| List all other accessories and supplies that you may recommend to NNUH and are considered optional items to be decided on purchasing at the discretion of NNUH | | |
| Thermal Receipt Printer | | |



| | | |
|--|--|--|
| Your offer should contain the following: | | |
| 1) Preventive maintenance schedule | | |
| 2) Reference list for the same model, the supplier must have 3 reference at least on local market or regional, and must prepare site visit for our team to evaluate the product. | | |
| 3) Compliance sheet | | |
| 4) Catalogues | | |
| 5) Data sheet | | |
| 6) Authorization letter | | |
| 7) CE or FDA and ISO certificates | | |
| 8) CB test and EMC test certificate | | |
| 9) The service and operational manuals must delivered as soft copy with the units | | |
| 10) Guarantee for 10 years for spare parts supply | | |
| Warranty: 3 years, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations. | | |