

## Republic of the Philippines Department of Health

## CENTRAL OFFICE BIDS AND AWARDS COMMITTEE

### **BID BULLETIN NO. 3**

07 December 2023

# PROCUREMENT OF DIGITAL BP APPARATUS IB NO. 2024-065

This Bid Bulletin is being issued to amend or modify the bidding document posted in the PhilGEPS and DOH websites, and to clarify the issues and concerns raised during the Pre-Bidding Conference for the above-cited project. This Bid Bulletin shall form an integral part of the bidding documents. Listed below is the corresponding modification/change:

## 1. Section VII. Technical Specifications:

FROM					ТО						
	3.	With	adjustable	viewing	3.	With	built-in	tiltable	screen	for	better
		angle				viewing angle					

The revised Technical Specifications Form is attached for prospective bidders' reference and use.

All other provisions of the bidding documents which are not affected shall remain in effect. For guidance and information of all concerned.

SGD KENNETH G. RONQUILLO, MD, MPHM, CESO III

Undersecretary of Health COBAC-E, Chairperson

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## **Technical Specifications**

1 echnical Specifications										
Republic of the Philippines										
Department of Health										
TECHNICAL SI	PECIFICATIONS									
Item No. 1 Digital BP Apparatus	Quantity / Unit	1,500 units								
Name of Manufacturer:	Country of Origin:									
Brand:										
Total ABC: <b>PhP4,800,000.00</b>										
PURCHASER'S SPECIFICATION	STATEMENT (	OF COMPLIANCE								
A. Detailed Technical Specifications:										
1. Dual user Capability										
2. High definition, digital LED/LCD large										
screen display and four (4) color backlight,										
three (3) different models of reporting.										
3. With built-in tiltable screen for better										
viewing angle.										
4. Measures Systolic Blood Pressure (BP),										
Diastolic BP, and Pulse Rate (PR).										
5. Size: Manufacturer Standard										
6. Measuring Range:										
a. Blood Pressure Value: 0-300 mmHg										
b. Pulse Rate: 40-199 bpm										
7. Accuracy										
a. Blood Pressure Value: ± 3 mmHg										
b. Pulse Rate: ± 5% bpm										
8. Features										
a. With built-in pressure sensor for										
detection and movement indication										
b. With irregular heartbeat indicator										
c. Auto-off function if not in use for 60										
seconds										
d. Atleast 95 sets of memories for each										
User										
e. Protected against harmful ingress of										
water or solid foreign objects										
f. Easy to use, with visual warning, and										
voice broadcasting system										
g. Dual Power Supply: Battery										
(Manufacturer Standard) and										
USB/Charging Cable/Adapter										
9. Package includes:										
<ul><li>a. Arm blood pressure</li><li>b. BP Cuff</li></ul>										
c. USB/Charging Cable/Adapter										
d. Instructional Manual/ Quick Start										
Guide Guide Guide Start										
10. Warranty requirements: at least one (1)										

# B. Additional requirements to be attached to Technical Specifications form arranged, numbered and tabbed as enumerated below:

- 1. Valid and current Certificate of Medical Device Registration (CMDR) or Certificate of Medical Device Notification (CMDN) issued by Philippine Food and Drug Administration (PFDA);
- 2. Valid and current License to Operate (LTO) for Medical Device Importer/ Wholesaler issued by PFDA;
- 3. The bidder shall submit any of the following whichever is applicable:

year warranty on parts and services

# Republic of the Philippines Department of Health TECHNICAL SPECIFICATIONS Item No. 1 Digital BP Apparatus Quantity / Unit 1,500 units Name of Manufacturer: Country of Origin: Brand: Total ABC: PhP4,800,000.00 PURCHASER'S SPECIFICATION STATEMENT OF COMPLIANCE

- a) If the bidder is a manufacturer, certificate that the bidder manufactures the products/item; or
- b) If the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items, Certificate or Contract from the manufacturer must be provided as proof that the bidder is an Exclusive/Authorized Distributor or Dealer of the products/items; or
- c) If the bidder is an agent of the exclusive distributor or dealer, the following must be provided:
  - i. Certificate or Distributor/Dealership Agreement by the Manufacturer with the distributor or dealer; and
  - ii. Certificate or Contract/Dealership Agreement between the distributor/dealer and the bidder.
- 4. Valid and current Declaration of Conformity with appropriate ISO/IEC/PNS Standard issued to the manufacturer by an ISO certifying body or any appropriate agency or body;
- 5. Product Insert/Product Information or downloaded from the internet, and other manufacturer's unamended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate for cross-referencing statement of compliance to the technical specification in accordance to what is indicated in 2<sup>nd</sup> page of Section VII. Technical Specifications of the Bidding Documents;
- 6. Warranty Certificate for at least one (1) year on parts and services;
- 7. Certificate that the product brand has been in the local market for at least three (3) years;
- 8. Sworn Statement using the prescribed form.

## C. Upon delivery the following shall be complied with:

## 1. Packaging instructions:

a) Standard packaging of the manufacturer

## 2. Labeling instructions:

a) On each box and unit, the following shall be imprinted or stickered with non-removable or permanent sticker or label that is binding and with residue and tearing if removed:

Philippine Government Property – Department of Health

## **NOT FOR SALE**

## D. Additional Requirement to be submitted by the Lowest/Single Calculated Bidder (S/LCB):

1. Submit one (1) sample during post-qualification and to be returned thereafter

## E. Product Recall & Disposal:

1. The Supplier must ensure the quality of products and if there will be problems in the quality, the Supplier will recall and replace the products distributed in the regions/hospitals/treatment hubs/RHU/HC/BHSS based on Guidelines on Product Recall, FDA Circular No. 2016-012;

Signature over Printed Name

[date of signing]

In the capacity of:

[title or other appropriate designation]

Duly authorized to sign bid for and on behalf of: [Name of Company]

[Complete office address]

[Contact No.]
[Fax No.]
[Fmail Address

[Email Address]