

Supply and delivery of Hemodialysis Machines for Authority of Al.Thawra Hospital – Taiz

- Insert details of Medical equipment offered, including specifications and brand/model offered if applicable.
- It is mandatory to send the brochures/datasheet of the product

| | Technical Requirements | Qty. | Complies with PURE HANDS specifications (Yes/No) | Details of Medical equipment offered. Bidder to complete |
|-----|---|------|--|--|
| 1 | Hemodialysis machine | | | |
| | Name of Manufacturer | | Please specify manufacturer | |
| | Model/ catalogue number | | Please specify model number | |
| | Country of Origin for the offered model | | Please specify country of origin | |
| | Equipment offered must be covered by at least a 2 years full warranty starting the date of installation and Final Acceptance | | Required | |
| | CE Or/& FDA Certificate | | Required | |
| | If The Machine Have CE Certificate Product Clearance For Either: Australia, Canada, Eur USA | | Required | |
| 1.1 | General Specifications | | | |
| | Latest Technology | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Use for Adult & Pediatric patients | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Haemodiafiltration and Hemofiltration functions | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The equipment shall support all dialysis protocols currently implemented at the targeted hospital | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Friendly Using | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Advanced dialysis fluid circuit with highly-precise volumetrically controlled ultrafiltration | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Automatic Self-Test. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Easy Cleaning, No sharp edges & Anti-Staining | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|-----|--|--|--|--|
| | With fixed telescopic IV stand able to hold at least 3 kg. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Mobile on four breakable durable castors & able to rotate 360° | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ultrafiltration controller | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Bicarbonate dialysis performing | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ultrafiltration (UF), Bicarbonate (BIC), Sodium (Na) profiling/modelling performing | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | KT/V Calculation | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Conventional and High flux dialysis. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Able to use dry bicarbonate. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Central delivery system of Bicarbonate and Acid Setting | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Calibrated Blood pump for different diameter of segment tubing | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Built in Automatic administration Heparin pump, (Several sizes syringe up to 50 mL), Flow rate from 0.1 -10 ml/hr (0.1 mL increments) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Colour coded Hanson Connectors | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Protection water proof machine IPX1 or better | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Onboard dialysate ultra-filter | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Essential Single pass dialysate flow | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Dialysate flow rate about 200-800mL/min | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1.2 | Display & Monitoring (Values and information about the machine status & treatment Phases that need to the user): | | | |
| | TFT LCD or LED display minimum 10.4" " Full Touch Screen " | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Blood volume monitor | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Blood temperature monitor | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Flow meter | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Display: Clearly visible for all Parameter, well lit, uncluttered | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Arterial pressure Value | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Venous pressure value | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Transmembrane pressure (TMP) Value | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | System indicator light (Green, Yellow, Red) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Graphic & tabulated trends all parameter for 20 minutes or more | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ultrafiltration rate | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|------------|--|--|--|--|
| | Ultrafiltration goal | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ultrafiltration time | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ultrafiltrate removed (Fluid that has been removed from the patient) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Blood flow rate | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Dialysate Temperature | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Heparin rate | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Built in blood pressure monitoring including a cuff and tubing to measure BP | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1.3 | Sensor & Transducer | | | |
| | Arterial transducer (pre-blood pump) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Venous chamber sensor (ultrasonic/level detector or better) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Optical detector (High sensing blood/air bubbles) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Essential Blood line clamp (venous & arterial) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Venous transducer (Post Artificial Kidney), Pre-dialyzer / artificial kidney transducer | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Sensing Blood leak detector (Blood sensor in drain pathway), Drain facility | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Sensors for air detector/ blood led detector/ venous pressure /art pressure | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Dialysate proportioning system and capabilities (35x, 37x, 45x), at least two of the listed proportioning ratios | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Adjustable dialysate Temperature range of 35-39°C or better | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Essential Bypass Valve (when dialysate is too hot or too cold, when dialysate is not proportioned correctly, it is diverted to the drain) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1.4 | Ultra filtration | | | |
| | With Na, Bicarbonate and UF profiling | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Variable conductivity setting between 12 to 15 mS/cm or better | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ultra filtration 0.1 to 2.5 liters/hr in and out fluid circuit must be separated so that there is no chance of contamination in the event of membrane rupture. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Accurate feedback control conductivity mixing technique. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|------------|--|--|--|--|
| | Accurate UF control by flow measurement technique. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Extra facilities like Blood Volume sensor, Bicart Select technique | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Easy to service, troubleshoot and calibrate | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Blood pump rate from 20-2000 ml/min adaptable to all standard A-V blood lines, The blood pump runs even in the absence of water or dialysate flow | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1.5 | Disinfection: | | | |
| | Hot water disinfection program (solution must be heated to at least 85°) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Hot water with citric acid program(solution must be heated to at least 85°) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Cold disinfection with chemical (peracetic acid, bleach) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | All disinfectants must be supplied at the back of the machine | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Not use formaldehyde (Carcinogen). | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Easy to operate the disinfection process & separately used. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The machine is equipped with facilities for Acetate, Bicarbonate, and Sequential dialysis (Isolated UF) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The blood pump runs even in the absence of water or dialysate flow | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Machine is equipped with two bacterial filter (Pyrogen filters) one at water inlet and one before water going to dialyser | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1.6 | Alarms | | | |
| | Audible & visible alarms on limit violation of conductivity, blood leak, air leak, transmembrane pressure alarms, Dialysis temperature alarm, dialysis can empty alarm, end of disinfection alarm, bypass alarm and blood pump stop alarm, reverse Ultra filtration. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1.7 | Power | | | |
| | AC (single phase) 220 - 240V, 50Hz | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Battery back-up for at least 30 minutes or more to run complete machine with heater supply | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1.8 | System Configuration Accessories, spares and consumables | | | |

| | | | | |
|-----|--|--|--|---|
| | System as specified, All consumables required for installation and standardization of system to be given free of cost (Accessories & consumables for 20 Patints/ Machine) . | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <p>The bidder shall clearly specify the components of a single hemodialysis session, providing a detailed cost breakdown for each individual item, as well as the total cost per session.</p> <p>This information is required for technical and financial evaluation purposes</p> | | | <p>"The components of a single hemodialysis session:</p> <p>1.....</p> <p>.....</p> <p>2</p> <p>.....</p> <p>.....</p> <p>3</p> <p>.....</p> <p>.....</p> <p>'... etc.</p> <p>Price of the single hemodialysis session: \$</p> <p>...."</p> |
| 1.9 | General Requirements | | | |
| | The proposed equipment must be fully compatible with the targeted hospital existing infrastructureincluding electrical, sewage, water supply systems, and the dialysis water treatment plant—without requiring any modifications or upgrades. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The supplier is responsible for technical compatibility and must conduct a pre-installation site survey to ensure the equipment fits the existing infrastructure, including the dialysis water station. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 220-240V, 50Hz single-phase electrical source Built-in protections against over-voltage and over-current line conditions. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Copy of the above mentioned certificates shall be included in the offer | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The estimated life span : 8 -10 years | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The product to be supplied shall be new, unused and conform to the standards as specified in technical specifications. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Transport, handle and store all products and materials in accordance with the manufacturer's recommendations and in a manner that prevents damage or deterioration or excessive distortion. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|--|--|--|--|--|
| | The equipment proposed shall be of highest quality and produced by well known manufacturers. The equipment shall carry the name and quality label of the manufacturer and fulfill the standards in force. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Technical offers must include brochures, data sheets and technical complete technical specifications. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Upon delivery of the equipment, the supplier should show official documents showing the country of origin and the date of manufacturing the equipment as stated by the manufacturer, associated with the serial number. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | All equipment to be brand new, and latest in design and technology | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Supplier must include full installation, acceptance testing, safety checks and commissioning of the equipment for clinical use as per the manufacturer's recommended procedures. All the equipment and tools to be used in these steps shall be the responsibility of the supplier to provide. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The staff training in operation and maintenance shall be provided | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Supplier should deliver with the machines all operator manuals, service manuals, engineering schematics, and all documents and software media relevant to the machines | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Submitting a duly notarized preventive maintenance schedule upon delivery of the equipment, and providing response within 48 hrs. should the existing equipment breaks down | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | The supplier must comply to provide Certificates of the Company engineer/s issued by the Manufacturer | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |