## Financial Offer Form (Quotation Form)

Tender N°:  **YEM\019\NRC\24**

## To be Filled by Bidder (COMPULSORY)

**Details of Bidding Company / تفاصيل الشركة المتقدمة**

1. Company Name /اسم الشركة ( )
2. Authorized Representative Name / اسم الشخص المفوض ( )
3. Company Registration No / رقم السجل القانوني للشركة ( )

No./Country/ Ministry

1. Company Specialization / تخصص الشركة ( )
2. Mailing Address / عنوان البريد ( )

Country/Governorate/City/St name/Shop-Office No.

* 1. Contact Numbers / رقم الاتصال (Land Line: / Mobile No: )
	2. E-mail Address / البريد الالكتروني ( )

I undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to provide YRCS, with items with the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

انا الموقع ادناه ---------------------------------------------- اوافق على تزويد جمعية الهلال الأحمر اليمني بهذه البنود بالمواصفات التالية وفقا للشروط العامة والمسؤوليات التي وافقت عليها بنفسي.

**Please fill in the following information and tables below / يرجى تعبئة هذه المعلومات والجداول ادناه .**

**Bills of Quantities**

**Please note that the following items and considerations must be included in the unit price for all Lots:**

**نرجو ملاحظة ان هذه البنود يجب ان تشمل سعر كل بند للاعتبارات التالية**

1. Supply of the mentioned items, including transportation, installation and Training costs to( Mabyan and Kohlan Afar) health centres Hajjah Governorate.
2. توريد البنود المذكورة في الجدول أدناه، وتشمل التكلفة:

 النقل والتركيب وتدريب العاملين الصحيين في المركز الصحي في منطقة مبين ومركز الطوارئ في منطقة كحلان عفار بمحافظة حجة.

Table 1: List of items, quantities, and Specifications of Medical Equipment:

| No. | ITMES | **Qt** | Technical Specifications and Standards | Unite Price USD  | Total Price  USD  | Company, Model, Manuf, Origin, Image | Available in Stock? (YES/NO) if NO, how many days? | Agent (yes/No), if no, write agents name |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ECG | جهاز تخطيط القلب | 1 | * Automatic calibration signal to be included in unit
* Sensitivity to be selectable from 2.5 to 20 mm/mV
* Frequency range to be at least 0.67 to 150 Hz
* Input impedance:2.5 Mohms at 10Hz
* Chart speed / display selectable between 25 mm/s and 50 mm/s
* Event marker function required
* Simultaneous acquisition of 1 and 3 standard leads electrocardiographic patient cable.
* Visualization of at least one group of 3 leads simultaneously.
* Equipment compatible with patients with pacemakers.
* Protection against defibrillation.
* Patient leakage current no higher than 10uA.
* Common Mode Rejection (CMR) not less than +100dB.
* ECG signal measurement range not smaller than -2 mV to +2 mV.
* Equipment provided with filters at least for baseline instability, AC 60Hz interference,
* electric-magnetic noise and other devices.
* Equipment provided with at least the following software applications:a) arrhythmias detection and analysis;b) ventricular fibrillation detection and analysis;c) ventricular tachycardia detection and analysis;d) ST segment analysis.
* Integrated printer.
* Selectable printing paper speed at least of 5, 25 and 50 mm/sec.
* 1 RS232 or USB port for PC connection and data transmission.

Displayed parameter LCD or TFT color monitor display with visualization of analogical curves, alphanumeric values measured and the related physiological limits.Bandwidth in monitor mode not smaller than 0.5 to 100 Hz and sampling rate not less than 1KHzAdjustable parameter Should have movement artifact, mains power frequency, and low and high pass signal filters, selectable by user.At least the following adjustable alarms:a) heart failure;b) ventricular fibrillation;c) tachycardia;d) bradycardia;e) electrode disconnection.Component Tabletop or handheld designTo be supplied with protective case, with compartment for patient leadPatient cable to be of sturdy design with electrical screeningUtility requirement Power input to be \*\*\*\*\*\*\*\*\*\*\*\*\* fitted with \*\*\*\*\*\*\*\*\*\* compatible mains plug2 Rechargeable batteries with at least the following characteristics:a) automatic switch from electric-line mode to battery operating mode and vice-versa;b) continuous monitoring working time in battery operating mode not less than 1 hour;c) integrated batteries charger with AC power cable;d) low battery visual alarm;e) 100% high capacity batteries with re-charging time not greater than 6 hours.Low battery indicator requiredVoltage corrector / stabilizer to allow operation at ± 30% of local rated voltage.Protective fuses to be installed on both live and neutral supply  Charger electrical source requirements: Amperage: \_\_\_\_\_\_; Voltage: \_\_\_\_\_\_; Frequency:  \_\_\_\_\_\_; Phases: \_\_\_\_\_\_.Protections against over-voltage and over-current line conditions.Compliance with \_\_\_\_\_\_ electrical standards and regulations. |  |  |  |  |  |
| 1. .
 | Blood cell counter, Electrical (CBC) | جهاز فحص الدم العام | 1 | To provide accurate and precise hematology results with WBC 5 parts differential.Principle method of detection: volumetric impedance, electrical impedance,laser flow cytometry, hydrodynamic focusing or equivalent. It should be able to provide precise measurement of* White Blood Cells count (WBC): Precision (CV, coefficient of variation) < 3.5%
* Red Blood Cells (RBC): Precision (CV) < 2%
* Platelets (PLT): Precision (CV) <6.0%, linearity range: 10 – 950x109/L
* Hemoglobin (Hgb) ・
* Hematocrit (HCT)
* Mean corpuscular volume (MCV)
* Mean corpuscular hemoglobin (MCH)
* Mean corpuscular hemoglobin concentration (MCHC)
* Mean platelet volume (MPV)
* Lymphocyte (L% & L#)
* Monocyte (M% & M#)
* Granulocyte (G% & G#)
* Others details minimum WBC 5 parts differential 3 histograms
* Shall have dual sampling mode of both whole blood as well as capillary vascular Efficient
* workflow control with patient selective testing
* Shall be an open system to accept generic reagents and/ or local made reagents
* All reagents shall be cyanide free with build-in printer with quality control function and reporting
* with programmable automatic cleaning and maintenance
* Accept samples with any anticoagulant including EDTA, heparin and citrate acid
* Data storage of approximately 300 samples. Approximately 60 samples/hour with operation menu,
* Reporting possible with interfacing capabilities to external PC, Built-in Printer, LIS software or
* Network The system offered shall be designed to operate normally under the conditions of the purchaser's country. The conditions include Power Supply, Climate, Temperature, Humidity, etc.
* Include operational manual on relevant quality and safety standards.
* RS232
* Power Supply: 220VAC.50Hz.
* To include start-up Reagents supplied by the Manufacturer
* Open system
 |  |  |  |  |  |
|  | DR for X-Ray | جهاز تحميض الأشعة رقمي | 1 | * Have 3 antennas around the device so that the connection remains as stable as possible and covers a larger range
* It is resistant to dust and dirt IP67, as well as to water, as it continues to work under water at a depth of 1 meter for a full half hour
* It works from 0°C to 40°C without any problems
* Very easy and light to carry
* It is equipped with 2 batteries that make it work for up to 16 hours
* Equipped with an OLED screen that displays all data in detail
* Pixels 3072 x 3072 pixels
* Pixel Pitch 140 ㎛
* Scintillator CsI
* Image Size 43.0 ㎝ x 43.0 ㎝
* Spatial Resolution 3.5 lp/㎜
* Grayscale 16 bits
* Image Acquisition Time 3 s
* Recommended Cycle Time 4 s
* X-ray Generator Interface DR Trigger Mode / AED Mode
* Battery Lithium Ion 3400mAh x 2 16 h (standby) \* 3,000 images at a 15-second cycle
* Power Consumption Normal: Max. 24W, Charging: Max. 80W
* FDA and CE approved
* Warranty: 2 years
* Training of staff and installation

Support document of operation manual |  |  |  |  |  |

Note: ECG and CBC to be delivered to Mabyan Health Center and the DR for X-ray to be delivered to Kuhlan Afar Emergency Center.

ملاحظة: توصيل جهاز تخطيط القلب وجهاز فحص الدم العام إلى مركز مبين الصحي وجهاز تحميض الأشعة رقمي إلى مركز طوارئ كحلان عفار

Summary of the tender

|  |  |
| --- | --- |
|  | Amount in USD |
| Total of Medical Equipment ( items) |  |
| Grand Total  |  |

**Bidder’s Comments/Remarks / تعليقات وملاحظات المناقص**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delivery conditions guaranteed by the bidder:**

**To be determined at the contract signature**, 100% of items supplied at DDP to the above-mentioned sites.

**Bidder’s Terms and Conditions /شروط المناقص**

1. Valid of the offer / العرض ساري لمدة \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minimum 120 days / يجب ان لا يقل عن مائة وعشرون يوماً
2. Warranty for each product/ الضمانة لكل منتج\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Terms of delivery (DDP **compulsory**) / طريقة التسليم – تحديد طريقة التسليم إلزامي
4. Terms of payment / طريقة الدفع المطلوبة\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bidder’s Authorized Representative / اسم المفوض الرسمي للمناقص \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature and stamp / توقيع وختم المفوض \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date / التاريخ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_