التاريخ: 2026/04/14م

إعادة طرح بنود من عطاء رقم RFQ-H-11853

السادة / الشركات المختصة الراغبة بالمشاركة بالعطاء - المحترمين

الموضوع: أجهزة ومعدات طبية لتجهيز مركز النجاح التخصصي لطب الأطفال والولادة، حسب المواصفات.

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

1. تكتب الأسعار **بالدولار الأمريكي** وبشكل واضح في المكان المخصص حسب الجدول المرفق وتشمل **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 او ما يعادلها.
3. ثمن نسخة العطاء (750) شيكل اسرائيلي غير مستردة تدفع في الدائرة المالية مبنى الإدارة – الطابق الأول.
4. كفالة دخول عطاء بقيمة (3000) دولار أمريكي أو ما يعادلها سارية المفعول لمدة ثلاثة شهور تأميناً نقدياً او كفالةً بنكيةً او شيكاً مصدقاً وفي حالة عدم تقديم التأمين لا ينظر في عرض سعركم.
5. كفالة حسن تنفيذ بقيمة 10% من قيمة العطاء في حالة الترسية تامينا نقديا او كفالة بنكية أو شيكا مصدقاً سارية المفعول لمدة ثلاثة أشهر تستبدل بكفالة صيانة بنكية بقيمة 5% من قيمة الإحالة.
6. رسوم الإعلان على من يرسو عليه العطاء.
7. **ضرورة الرد على العطاء سلباً أو إيجاباً، والالتزام بالتسعير على النموذج المرفق بالعطاء.**
8. **ضرورة أن تكون الأجهزة المعروضة جديدة وليست مجددة.**
9. ضرورة تزويدنا بشهادات المنشأ والتصنيع، وضرورة الالتزام بتوفير قطع الغيار لفترة لا تقل عن 10 سنوات.
10. على من يرسو عليه العطاء الالتزام بتوفير شهادة مطابقة من مؤسسة المواصفات والمقاييس الفلسطينية للأجهزة المطلوبة.
11. غرامة تأخير 2% عن كل أسبوع وتبدأ من اليوم الذي يلي موعد التسليم المحدد من قبلكم، ويحق للمستشفى إلغاء أمر الشراء والاحالة على مورد آخر دون تحمل أية مسؤولية تذكر وتحميلكم فروق الأسعار في حالة تأخير التوريد ما يزيد عن أسبوعين.
12. تحديد فترة التوريد في عرض سعركم وأن تكون مدة صلاحية العرض المقدم من طرفكم لا تقل عن ثلاثة أشهر.
13. **تسلم عروض الأسعار بالظرف المغلق فقط في مكتب مدير دائرة اللوازم والمشتريات رقم (6400) مبنى الإدارة**، على أن يكون عرض السعر يحوي فصلاً بين العرض المالي والعرض الفني أي أن العرض المالي منفصل عن العرض الفني.
14. **الدفع حسب سياسات الدائرة المالية.**
15. يحق للمستشفى تجزئة العطاء وهي غير ملزمة بأقل الأسعار.
16. يحق للمستشفى إلغاء العطاء دون إبداء الأسباب ودون تحمل اية تكاليف مع إعادة رسوم نسخة العطاء للمشاركين في العطاء إن وجدت.
17. لا تتحمل المستشفى تكاليف النقل والتحميل والتنزيل.
18. ضرورة إرفاق الرخصة التجارية والسيرة الذاتية للشركة مع عرض السعر.
19. **آخر موعد لتقديم عرض السعر هو يوم الأربعاء الموافق 2026/04/22م الساعة الثالثة عصراً PM (03:00).**
20. **لأية استفسارات متعلقة بالعطاء المذكور أعلاه، يرجى الاتصال بمدير دائرة اللوازم والمشتريات هاتف رقم (0097092389687) داخلي (6400) أو من خلال البريد الالكتروني tender3@najah.edu فقط.**

مع فائق الاحترام،،،

أ. إياد مكاوي

مدير دائرة المشتريات والمستودعات

Palestine – Nablus – Asera St. Tel: +970 9 2389687 Fax: +970 9 2389685
https://www.nnuh.or Email: tender3@najah.edu P.O BOX: 797

التاريخ: 2026/04/14م

إعادة طرح بنود من عطاء رقم RFQ-H-11853
جدول الأسعار والكميات

#	ITEM	QTY	Unit Price $	Total Price $	Model - Manufacturer	Delivery Time
1.B	Electrical ICU Pediatric bed	8				
32.A	ICU Ventilator (pediatric)	8				
32.B	ICU Ventilator (Neonatal)	8				
33	Transport ventilator	3				
48	Electrosurgical Unit	1				
74	Water bath (Plasma Thawing Path)	1				
75	Pipette set	2				
81	Placenta shredder	1				
85	Hair surgical clipper	1				
89	Oxygen cylinder 5 liter with flow regulator and carrier	21				

- مرفق المواصفات الفنية للأجهزة أعلاه (من صفحة 5 إلى 24)، مع ضرورة الالتزام بتعبئة المواصفات حسب الجداول.
- ضرورة الالتزام بالتسعير على النموذج المرفق بالعطاء، والالتزام بالعملة المحددة(دولار).

1	اسم الشركة	
2	الختم	
3	الاسم والتوقيع	
4	معلومات الاتصال	
5	مدة التوريد	
6	مدة الكفالة	

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General Terms and Conditions
1) Delivery:
a. Delivery should be to Hospital site - Nablus.
b. The equipment should be delivered with all accessories and consumables to work as specified.
c. Should be arranging the delivery and the installation with the hospital engineering manager.
2) Preliminary acceptance:
a. The hospital shall have the right to inspect and/or test the goods to confirm their conformity to the specifications at no extra cost to the purchaser.
b. The hospital shall evaluate, item by item, the consistency of the goods and the services supplied respecting the contract conditions and the technical specifications.
c. Inspection will be done according to the offer and compliance sheet, if any deviation the equipment will be rejected.
d. Inspection authority -where necessary- rejects the equipment after its arrival at the hospital if it is not accepted.
e. No payment shall be made for rejected stores; rejected items must be removed by the bidders within two weeks of the date of rejection at their own cost and replaced immediately. In case these are not removed, these will be auctioned at the risk and responsibility of the suppliers without any further notice.
f. The hospital is not bound by the lowest prices, and it has the right to divide the bid, cancel any item, increase or decrease its quantity as it wants, and it has the right to buy any goods from any company as it deems appropriate, and it is not obligated to explain any reasons to any company whatsoever.
3) Installation:
a. Site visit in order to clear all requirements and preinstallation needed, and the supplier should specify installation requirements in terms of civil works, data network, electricity, hot and cold water, special treated water, drainage, medical gases, steam, air conditioning etc.
b. The Supplier shall transport the equipment inside the hospital to the installation site, open the packages and install it according with the installation requirements.
c. The Supplier shall clean up the site of any packaging/shipping material after installation.
d. Any damage caused by the supplier personnel during the installation will be repaired by the supplier.
e. The installation will confirm after machine operated perfectly and the user team are trained and all documents are delivered.
4) Documentation:
a. The Supplier must deliver with the equipment the operational and service manuals (one hard copy and one soft copy) upon delivery.
b. The warranty commitment should be deliver with the equipment

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5) Warranty:
a) 5 years comprehensive warranty for complete equipment and all its parts with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations. from the date of installation, and trial run.
b) Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.
c) Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.

Tendering Terms and Conditions
1) Your offer should contain the following:
a. Technical offer with complete the compliance sheet, signed from the company
b. Financial offer, signed from the company
c. Preventive maintenance schedule
d. Complete the BOQ form
e. 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.
f. Compliance sheet, signed from the company
g. Catalogues
h. Data sheet
i. Authorization letter
j. CE or FDA and ISO certificates
k. CB test and EMC test certificate
l. The service and operational manuals must delivered as soft and hard copy with the units
m. Guarantee for 10 years for spare parts supply
2) The offer will not be taken in consideration in case of missing one of the above documentations.
3) The vendors are only allowed to offer just one option for each item.
4) The offer should be one hard copy and one soft copy (CD or Flash Memory).

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Item.1 1.B Electrical ICU Pediatric Bed	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should has CB test and EMC test (60601.1 and 60601.2)		
Should has ISO 13485 certification for medical device		
Manufacturer:		
Source and origin:		
Model:		
Electrical ICU Pediatric Patient Bed Specification:		
Heavy duty electrical hospital bed shall be suitable for 24/7 clinical use in busy ward settings		
Must be designed for pediatric patient care and meet relevant hospital safety and comfort standards		
The bed must maintain stability during all movement operations (raising/lowering, Trendelenburg, etc.) without tilting, rocking, or skidding		
4 motors electric bed		
Side rails, headboard and footboard panels are made from polypropylene materials		
Safe working load approximately 180 kg		
The mattress base width approximately 90 cm		
The mattress base length approximately 195 cm		
Can be accommodated in an elevator with 125 cm by 275 cm dimensions		
4 sections mattress base, and should be with polypropylene cover, easy to clean, mattress base elements can be removed for reprocessing		
Central brake, braking systems must lock the bed completely with minimal foot pressure		
Cardiac chair and fowler positions		
With nurse control and two double-face siderail control units		
The nurse control is housed in the bed linen holder and they can attached to the footboard		
All cables integrated in the bed frame		
CPR liver and/or electrical CPR button		
Manual CPR function for backrest		
weighing options should available		
Bed frame constructed with high-strength powder-coated steel, non rusty material frame		
Easy cleaning concept, no inaccessible recesses in the headboard or footboard and safety sides		
With corner bumpers to protect the bed		
Sterilizable mattress		
Waterproof, antimicrobial hospital-grade mattress included		
High protection against water and dust, please specify the IP rating? Higher is better		
Built in angle indecator (at the both side of the bed) to detect the trendelenburg angle		
Built in angle indecator (at the both side of the bed) to detect the back section angle		

The following movements must be electrically available with the following bed angles: (Controled via siderail control and nurse control panel)		
a- Backrest (Head section): 0 to 70 degree approximately		
b- Knee rest (leg section): 0 to 40 degree approximately		
c- Trendelenburg and Reverse Trendelenburg: (-15 to +15) degree approximately		
d- Adjustable height: (35-80) cm approximately		
Urinary catheter holder (under the bed)		
Compatible with universal disinfectant agents		
AC input: 220V, 50Hz		
Complete with all accessories and consumables needed to work completely as specified		
Training included:		
Operation training for the Hospital nursing team must be provided on-site		
Service training for hospital engineers must be provided on-site		
The machine should be supplied with the following Accessories:		
1- IV pole		
2- Mattress		
3- Urinary catheter holder		
4- Main nurse control unit		
5- Side rail control unit		
Optional to be priced separately:		
1- List price all accessories necessary to operate the solution as per the required specs listed above		
2- 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		
3- Main control box		
4- Main nurse control unit		
5- Actuator		
6- Side rail control unit		
7- Castor		

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 and hard copy with the units		
10) Guarantee for 10 years for spare parts supply		

Warranty: 5 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		
Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.		
Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.		

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32.A- ICU Ventilator (A) Pediatric	Compliance Yes/No	Comments
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should have CB test and EMC test (60601.1 and 60601.1.2)		
Should have ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
Pediatric Ventilator Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
Advanced technology ventilator for use in pediatric to adult patient category		
The unit shall include original mobile trolley with antistatic castors; two with brakes		
Suitable for ventilating patients from pediatric to adult, Please specify patinet weight capacity		
Should have facility for Invasive and Non-Invasive ventilation works with all modes of ventilation		
Should have permanent O2 sensor		
Please specify the type of flow sensor (Permanent, Reusable or Disposable)		
Standard hinged arm holder for holding the circuit		
Modular design, easy for operation and maintenance		
It should have back up battery with operating time not less than 2 h		
Autoclavable expiration assembly (please specify if other options are available)		
Audible and visual alarms		
Ventilator with mesh Nebulizer (please specify)		
Touch screen of minimum of 12" larger is better		
Tidal volume: (Minimum at least 100 ml, Maximum up to 2500ml) or better (if other avialble technology, please specify)		
Integrated with high flow nasal cannula mode		
Flow (in HiFlowO2) (l/min): 2 to 30 or better		
Pressure, flow , or EDI trigger, Please specify		
HFOV Frequency (3-20 Hz) - optional		
HFOV Mean airway pressure, Please specify		
HFOV Delta Pressure, Please specify		
Rise time: 0 to 3.0 s (please specify)		
Flow trigger (l/min): 0.5 to 20 or better		
Pressure trigger (cmH2O) -0.1 to -15.0 or better (please specify)		
O2 boost function		
Oxygen (%): 21 to 100		
I:E ratio, Please sepcify		
Respiratory Rate (b/min): 1 to 150		
Apnea back up: On/Off (please specify)		
Automatic tube compensation (please specify)		
Leakage compensation		
PEEP/CPAP (cmH2O), Please specify		
Respiratory loops display (FV, PV, FP) or other technology function display (please specify)		
Pressure support (PIP) (cmH2O), Please specify		
Tpause (s): 0 to 30 (please specify)		
Trending of measured and calculated values, Please specify trending duration		
Manual ventilation (please specify)		
Automatic adjustable sigh / intermittent PEEP in CPAP mode		
Closed Loop FIO2 Control (Optional) - (please specify)		

Nebulizer Duration (min): 5 to 40, continuous or better (please specify)		
Inspiratory and expiratory hold (if available - please specify)		
Inspiratory Flow: 2 – 30 L/min		
Real-time waveforms (please specify): 1- Airway pressure 2- Flow 3- Volume 4-Trigger activity 4-Any other technology-related waveforms. i.e; NAVA, EDI or equivelent (optional)		
Measured Parameters (please specifiy what are the available measured parameters and add as needed depending on the technology): 1.Pressure: peak, mean and PEEP (whatever available) 2.Tidal volume: inspired and expired (if available) 3.Minute Volume: total and spontaneous 4.Respiratory rate 5. I: E ratio 6. Lung parameters: compliance and resistance 7.Inspired O2% 8.DCO2 9. Trigger count 10. Others (specify). i.e, NAVA, EDI or other technology		
Ventilation Modes:		
1) Invasive ventilation – modes (please specify what is available, please add any other technology as needed):		
Volume Control (VC)		
Pressure Control (PC)		
Pressure Regulated Volume Control (PRVC)		
Pressure Support (PS)		
Volume Support (VS)		
PC-SIMV, VC-SIMV and PRVC-SIMV PS-SIMV		
BIPAP, CPAP		
Volume Guarantee, Please specify the applicable modes		
Others:		
2) Non invasive ventilation – modes:		
CPAP		
HFNC		
Apnea Ventilation		
Others (please specify):		
AC input: 220V, 50Hz		
Complete with all accessories and consumables needed to work completely as specified		
Training included:		
Operation training for the Hospital MD/nursing team must be provided on-site		
Operation training for the Hospital MD/nursing team in special training center		
Service training for one biomedical engineer in the manufacturer site		
Complete with the following accessories:		
2X Expiratory assembly		
O2 and Air hoses with DIN adapter		
All Accessories for Nebulizer		
All HFNC accessories for 5 patients		
Holder for Humidifier		
F&P servo-humidifier with all accessories and sensors for Neonatal		
Full mask, nasal mask pediatrics sizes		

Ventilator humidifiers		
Optional to be priced separately:		
1- List price all accessories necessary to operate the solution as per the required specs listed above		
2- 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		
3- Battery		
4- Nebulizer kit		
5- CO2 Capnography, mainstream (if applicable)		
6- Complete humidifier with neontal and pediatric chamber		
7- Flow sensor/s - specify the type		
8- Annual PM kit		
9-EDI catheters or simmilar technology		
10-ventilator humidifiers		
11-Full mask, nasal mask pediatrics sizes		
12- List price all accessories necessary to operate the solution as per the required specs listed above		
13- 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		

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 machine.		
3) Compliance sheet		
4) Catalogues		
5) Data sheet		
6) Authorization letter		
7) CE or FDA and ISO certificates and ISO 13485 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: 5 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		
Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.		
Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.		

32.B- ICU Ventilator (Neonate)	Compliance Yes/No	Comments
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should have CB test and EMC test (60601.1 and 60601.1.2)		
Should have ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
NICU Ventilator Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
Advanced technology ventilator for use in neonate patient category		
The unit shall include original mobile trolley with antistatic castors; two with brakes		
Suitable for ventilating patients from neonatal to Pediatric, Please specify patinet weight capacity		
Should have facility for Invasive and Non-Invasive ventilation works with all modes of ventilation		
Should have permanent O2 sensor		
Please specify the type of flow sensor (Permanent, Reusable or Disposable)		
Standard hinged arm holder for holding the circuit		
Modular design, easy for operation and maintenance		
It should have back up battery with operating time not less than 2 h		
Autoclavable expiration assembly (please specify if other options are available)		
Audible and visual alarms		
Ventilator with mesh Nebulizer (please specify)		
Touch screen of minimum of 12" larger is better		
Tidal volume: (Minimum at least 2ml, Maximum up to 200ml) or better (if other avialble technology, please specify)		
Integrated with high flow nasal cannula mode		
Flow (in HiFlowO2) (l/min): 2 to 30 or better		
Pressure, flow , or EDI trigger, Please specify		
HFOV Frequency (3-20 Hz)		
HFOV Mean airway pressure, Please specify		
HFOV Delta Pressure, Please specify		
Rise time: 0 to 3.0 s (please specify)		
Flow trigger (l/min): 0.5 to 20 or better		
Pressure trigger (cmH2O) -0.1 to -15.0 or better (please specify)		
O2 boost function		
Oxygen (%): 21 to 100		
I:E ratio, Please sepcify		
Respiratory Rate (b/min): 1 to 150		
Apnea back up: On/Off (please specify)		
Automatic tube compensation (please specify)		
Leakage compensation		
PEEP/CPAP (cmH2O), Please specify		
Respiratory loops display (FV, PV, FP) or other technology function display (please specify)		
Pressure support (PIP) (cmH2O), Please specify		
Tpause (s): 0 to 30 (please specify)		
Trending of measured and calculated values, Please specify trending duration		
Manual ventilation (please specify)		

Automatic adjustable sigh / intermittent PEEP in CPAP mode		
Closed Loop FIO2 Control (Optional) - (please specify)		
Nebulizer Duration (min): 5 to 40, continuous or better (please specify)		
Inspiratory and expiratory hold (if available - please specify)		
Inspiratory Flow: 2 – 30 L/min		
Real-time waveforms (please specify): 1- Airway pressure 2- Flow 3- Volume 4-Trigger activity 4-Any other technology-related waveforms. i.e; NAVA, EDI or equivalent		
Measured Parameters (please specifiy what are the available measured parameters and add as needed depending on the technology): 1.Pressure: peak, mean and PEEP (whatever available) 2.Tidal volume: inspired and expired (if available) 3.Minute Volume: total and spontaneous 4.Respiratory rate 5. I: E ratio 6. Lung parameters: compliance and resistance 7.Inspired O2% 8.DCO2 9. Trigger count 10. Others (specify). i.e, NAVA, EDI or equivalent		
Ventilation Modes:		
1) Invasive ventilation – modes (please specify what is available, please add any other technology as needed):		
HFOV (High-Frequency Oscillatory Ventilation)		
Volume Control (VC)		
Pressure Control (PC)		
Pressure Regulated Volume Control (PRVC)		
Pressure Support (PS)		
Volume Support (VS)		
PC-SIMV, VC-SIMV and PRVC-SIMV PS-SIMV		
BIPAP, CPAP		
Volume Guarantee, Please specify the applicable modes		
Invasive-NAVA or any simmilar options		
Others:		
2) Non invasive ventilation – modes:		
CPAP		
Ventialtor Generated NIPPV		
Synchronized NIPPV, Pleae sepcify synchronization method		
HFNC		
Apnea Ventilation		
Nasal HFOV		
Others (please specify):		
AC input: 220V, 50Hz		
Complete with all accessories and consumables needed to work completely as specified		

Training included:		
Operation training for the Hospital MD/nursing team must be provided on-site		
Operation training for the Hospital MD/nursing team in special training center		
Service training for one biomedical engineer in the manufacturer site		
Complete with the following accessories:		
2X Expiratory assembly		
O2 and Air hoses with british adapter		
All Accessories for Nebulizer		
1X Neonatal test Lung		
All HFNC accessories for 5 patients		
Holder for Humidifier		
ETCO2 capnography for Neonatal with all required accessories and consumables (if applicable)		
F&P servo-humidifier with all accessories and sensors for Neonatal		
If NAVA technology, to provide at least 2 boxes of EDI catheters for training with 6F/8F 49 and 50cm or any disposable for advanced mode		
Ventilator humidifiers		
Optional to be priced separately:		
1- List price all accessories necessary to operate the solution as per the required specs listed above		
2- 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		
3- Battery		
4- Nebulizer kit		
5- CO2 Capnography, mainstream (if applicable)		
6- Complete humidifier with neontal and pediatric chamber		
7- Flow sensor/s - specify the type		
8- Annual PM kit		
9-EDI catheters or equivalent		
10- List price all accessories necessary to operate the solution as per the required specs listed above		
11- 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		
Ventilator humidifiers		

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 machine.		
3) Compliance sheet		
4) Catalogues		
5) Data sheet		
6) Authorization letter		
7) CE or FDA and ISO certificates and ISO 13485 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: 5 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		
Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.		
Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.		

33- Transport Ventilator	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should have CB test and EMC test (60601.1 and 60601.1.2)		
Should have ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
Transport Ventilator Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
Ventilator is dedicated to transport		
Suitable for ventilating patients from neonatal to peds		
Should have facility for Invasive and Non-Invasive ventilation works with all modes of ventilation (please specify)		
Please specify the type of flow sensor (Permanent, Reusable or Disposable)		
Modular design, easy for operation and maintenance		
It should have back up battery with operating time not less than 5 h		
Audible and visual alarms		
Tidal volume: Tidal volume: please specify		
Pressure & flow Trigger		
Oxygen (%): 21 to 100		
Breath rate 0–80 BPM		
Inspiratory time 0.3–9.9 sec		
Spontaneous flow 160 LPM		
Manual ventilation		
Monitors and indicators for Peak inspiratory pressure , Mean airway pressure, PEEP, Breath rate, Airway pressure , Exhaled tidal volume, Exhaled minute volume, I:E ratio , Calculated peak flow, AutoPEEP , Static compliance, or others (please specify)		
Alarms for Disconnect/Sense ,External power low and lost , High and low O2 inlet pressure, Internal battery low and empty , Ventilator inoperative, Apnea interval, pressure limit, peak pressure , minute volume , PEEP ,rate, or others (please specify)		
Real time waveforms: 1- Airway pressure 2- Flow 3- Volume		
Portable Battery - please specify duration and characteristics		
Weight - please specify		
Anti-shock portable ventilator		
Ventilation Modes:		
1) Invasive ventilation – modes:		
Volume Control (VC)		
Pressure Control (PC)		
Pressure Support (PS)		
PC-SIMV, VC-SIMV pressure support		
Spont/CPAP		
2) Non invasive ventilation – modes:		
Pressure Control (PC)		
Pressure Support (PS)		
Spont/CPAP		
NIPPV		
Complete with all accessories and consumables needed to work completely as specified		

Training included:		
Operation training for the Hospital nursing team must be provided on-site		
Complete with the following accessories:		
1X O2 hose with DIN adapter		
1X peds test Lung		
1X neo test Lung		
1X Transport pack		
1X O2 cylinder with its regulator		
1X Battery		
Optional to be priced separately:		
1- List price all accessories necessary to operate the solution as per the required specs listed above		
2- 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		
3- Battery		
4- Flow sensor		
5- Annual PM kit		

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 machine.		
3) Compliance sheet		
4) Catalogues		
5) Data sheet		
6) Authorization letter		
7) CE or FDA and ISO certificates and ISO 13485 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: 5 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		
Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.		
Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.		

48- Electrosurgical unit with Ultrasonic (ESU)	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should have CB test and EMC test (60601.1 and 60601.2)		
Should has ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
Electrosurgical unit with Ultrasonic (ESU) Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
Fully digital, microprocessor controlled and advanced electrosurgical unit to be used in the operation theater		
Touch screen LCD, to see and control the settings and recognize parameters easily and also facility of memory available for user-defined settings (customized programs)		
Independent control for cutting/coagulation		
Simultaneous activation of Monopolar, Bipolar and vessel sealing		
Dual monopolar, dual bipolar and Ultrasonic output		
The unit should exhibit a wide range of precisely regulated currents, enabling to choose between a great number of applications, such a monopolar and bipolar cutting and coagulation.		
Precise power output adjusted to the individual indication		
Monopolar should have different mode. Cut, Blend, Soft and Spray facility		
Pure Cutting max. power 300 watts		
Coagulation max. power 200 watt		
Bipolar coagulation max. power 80 watts		
Blend Cutting max. power 200 watts		
Output frequency arround 400 kHz		
Universal socket configuration		
Activating power with pedal and handpiece		
The unit shall be capable of monitoring the contact impedance between the patient and dispersive-electrode and shall prevent ESU output activation if the contact impedance rises above the manufacturer's preset value.		
The unit shall be equipped with dispersive-electrode cable continuity monitor that prevent ESU activation if the cable breaks or disconnected from either the ESU or the dispersive electrode		
The unit shall be designed with an isolated output capable of eliminating the risk of burns to the patient that may come in contact with grounded object		
The unit shall be equipped with automatic self-diagnostic program upon start-up. It shall continually monitor, detect and indicate defects and malfunctions		
Front-panel controls should be visible to the user and easily identifiable and clearly marked		
The unit shall be equipped with visual and audible indicator peculiar to the mode of operation.		
Should be supplied with an original cart or trolley for easy transport in operation theatres.		
AC input: 220V, 50Hz		
Complete with all accessories and consumables needed to work completely as specified		

The following accessories must be included:		
1- Foot switch		
2- Original cart with basket, Qty. 1		
3- Cable for neutral electrode, Qty. 10		
4- Bipolar cable, Qty. 6		
5- Monopolar Cable for laparoscopic instruments		
6- Non stick bipolar forceps (staright and byonet) Qty. 1 each		
7- Ultrasonic cable with adapter (if needed)		
Training included:		
Operation training for the staff 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		
1- Foot switch (one for monopolar and one for bipolar)		
2- Original cart with basket, Qty. 1		
3- Cable for neutral electrode, Qty. 10		
4- Bipolar cable, Qty. 6		
5- Monopolar Cable for laparoscopic instruments		
6- Non stick bipolar forceps (staright and byonet) Qty. 1 each		
7- Ultrasonic cable with adapter , QTY:1		
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 machine.		
3) Compliance sheet		
4) Catalogues		
5) Data sheet		
6) Authorization letter		
7) CE or FDA and ISO certificates and ISO 13485 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: 5 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		
Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.		
Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.		

74- Plasma Thawing bath	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should have CB test and EMC test (60601.1 and 60601.2)		
Should has ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
Water bath Specification:		
size: 12-bag capacity.		
Capable of simultaneously thawing standard blood plasma bags (200–300 mL).		
Independent bag holders or compartments to prevent contact between units during thawing.		
3. Temperature Performance		
· Temperature Range: Ambient to ~37–42°C (precise control at 37°C).		
· Temperature Accuracy: ±0.1–±0.5°C.		
· Capacity: Multiple plasma bags (e.g., 3, 6, 12 depending on model).		
· Display: Digital LED/LCD with real-time temperature.		
· Safety: Over-temperature shutoff/protection.		
· Power: 220–240 V AC typical.		
4. Thawing Technology & Safety		
Dry-type heating system with no direct water contact with blood products.		
Waterproof internal construction to prevent leakage and contamination.		
Over-temperature protection with automatic shutdown.		
Audible and visual alarms for fault conditions and completion of thawing cycle.		
Designed to prevent protein denaturation and preserve coagulation factor activity.		
Complete with all accessories and consumables needed to work completely as specified		
Training included:		
Operation training for the lab department 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		

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 and hard copy with the units		
10) Guarantee for 10 years for spare parts supply		

Warranty: 5 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		
Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.		
Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.		

75- Pippette set	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Manufacturer:		
Source and origin:		
Model:		
Pippette set Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
Single Channel		
Autoclavable sets		
Each set consist of 4 pipettes as follow:		
Volume Range : 0.1-2.0 µl, Accuracy ±4.0 to ±0.5% , Precision <4.0 to <0.4%		
Volume Range : 2-20 µl , Accuracy ±4.0 to ±0.8% , Precision <3.0 to <0.4%		
Volume Range : 20-200 µl, Accuracy ±1.2 to ±0.6% , Precision <0.6 to <0.3%		
Volume Range : 100-1,000 µl, Accuracy ±0.9 to ±0.6% , Precision <0.45 to <0.25%		
Complete with all accessories and consumables needed to work completely as specified		
Training included:		
Operation training for the lab department 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		

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 and hard copy with the units		
10) Guarantee for 10 years for spare parts supply		

Warranty: 2 years		

81- Placenta shredder	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should has CB test and EMC test (60601.1 and 60601.2)		
Should has ISO 13485 certification for medical device		
Manufacturer:		
Source and origin:		
Model:		
Placenta shredder Specification:		
· Chamber volume: 25 L		
· Processing capacity: ~5–7.5 kg/h (~60 kg/day)		
· Cycle time: 15–20 min per load		
· Power consumption: up to 12 kW		
· Water use: ~12 L per cycle		
· Dimensions (W × H × D): 1070 × 1025 × 725 mm		
· Weight: ~280 kg		
· Steam sterilization + shredding in a single vessel		
· Automatic locking door; reverse-blade anti-jam protection		
AC input: 220V, 50Hz		
Complete with all accessories and consumables needed to work completely as specified		
Training included:		
Operation training for the Hospital nursing team must be provided on-site		
Optional to be priced separately:		
1- List price all accessories necessary to operate the solution as per the required specs listed above		
2- 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		

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 and hard copy with the units		
10) Guarantee for 10 years for spare parts supply		

Warranty: 5 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		
Preventive maintenance should be done as per the manufacturer's recommendations, all parts including PM kits to be replaced during the warranty period will be the responsibility of the supplier to provide on his own account. A schedule of the PM visits should be submitted to the hospital biomedical engineering dep.		
Hardware (service) keys, software passwords, website account or any means needed to grant the hospital engineer full access to all service functionalities are the right of the hospital and should be delivered with the equipment, and should as well be valid throughout the whole lifetime of machine.		

85- Hair surgical clipper	Compliance Yes/No	Deviation
Manufacturer:		
Source and origin:		
Model:		
Hair surgical clipper Specification:		
Durable material		
Battery operated with charger		
With clipper blade all sizes		

Warranty: 2 years		

89- Oxygen Cylinder	Compliance Yes/No	Deviation
Manufacturer:		
Source and origin:		
Model:		
o2 cylinder Specification:		
5L		
regulator		
carrier		

Warranty: 2 years		