

التاريخ: 2026/01/20م

طرح عطاء رقم RFQ-H-11933

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 الأسعار بالشيكل الإسرائيلي 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 (250) شيكل اسرائيلي غير مستردة تدفع في الدائرة المالية مبنى الإدارة - الطابق الأول.
4. كفالة دخول عطاء بقيمة (1000) ألف دولار أمريكي أو ما يعادلها سارية المفعول لمدة ثلاثة شهور تأمينا نقدياً او كفالة بنكية 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 تأمينا نقدياً او كفالة بنكية او شيكاً مصدقاً سارية المفعول لمدة ثلاثة أشهر.
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 AI Applicable وقابلة للتكامل مع تقنيات الذكاء الاصطناعي، مع تقديم ما يثبت ذلك رسمياً من الشركة المصنعة.
9. 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 وتحملكم فروق الأسعار في حالة تأخير التوريد ما يزيد عن أسبوعين.
10. تحديد فترة التوريد في عرض سعركم وأن تكون مدة صلاحية العرض المقدم من طرفكم لا تقل عن ثلاثة أشهر.
11. 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.
12. الدفع حسب سياسات الدائرة المالية.
13. يحق للمستشفى تجزئة العطاء وهي غير ملزمة بأقل الأسعار.
14. يحق للمستشفى إلغاء العطاء دون إبداء الأسباب ودون تحمل اية تكاليف مع إعادة رسوم نسخة العطاء للمشاركين في العطاء إن وجدت.
15. لا تتحمل المستشفى تكاليف النقل والتحميل والتنزيل.
16. يجب ألا تقل صلاحية الأصناف المسعرة عن سنتين من تاريخ التوريد.
17. ضرورة إرفاق الرخصة التجارية والسيرة الذاتية للشركة مع عرض السعر.
18. آخر موعد لتقديم عرض السعر هو يوم الخميس الموافق 2026/02/05م الساعة الثالثة عصراً (03:00).
19. لأية استفسارات متعلقة بالعطاء المذكور أعلاه، يرجى الاتصال بمدير دائرة اللوازم والمشتريات هاتف رقم (0097092389687) داخلي (6400) أو من خلال البريد الإلكتروني tender3@najah.edu فقط.

مع فائق الاحترام،،،

أ. إياد مكاي

مدير دائرة المشتريات والمستودعات





التاريخ: 2026/01/20م

طرح عطاء رقم RFQ-H-11933
جدول الأسعار والكميات

#	NNUH Code	ITEM	QTY	Unit	Unit Price NIS	Total Price NIS
1	G-A-MDD01829	Portable Ultrasound حسب المواصفات في الجدول من صفحة 3 - 5	1	Pcs		
2	G-A-MDD00116	Portable Ventilator حسب المواصفات في الجدول من صفحة 6 - 8	1	Pcs		
3	G-A-MDD00121	Precision (High Flow) Nasal Cannula حسب المواصفات في الجدول من صفحة 8 - 9	6	Pcs		
4	G-A-MDD01133	ICU Ventilator حسب المواصفات في الجدول من صفحة 10 - 12	8	Pcs		
-		Total Price (NIS)				

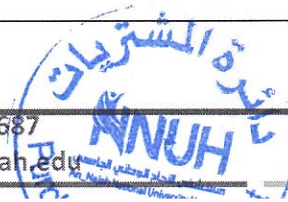


- ضرورة الالتزام بالتسعير على النموذج المرفق بالعطاء، والالتزام بالعملة المحددة (شيكل).
- ضرورة أن تكون الأجهزة المعروضة جديدة وليست مجددة.

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



Portable ultrasound, Qty.1	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 have ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
Portable ultrasound Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
Fully digital ultrasound system, compact portable ultrasound machine		
Heavy duty machine		
Color Doppler ultrasound for: Abdominal, obstetrical, small parts and general applications		
Automatic tissue optimization		
Imaging modes: B-Mode, M-Mode, Color M-Mode, Color Doppler, Power Doppler Imaging (PDI), PW Doppler, CW Doppler, Steerable Doppler, Tissue Harmonic Imaging (THI), Strain Imaging (SI), Strain Rate Imaging (SRI), 2D imaging, Color Flow Mode (CFM)		
High-definition (HD) digital black and white and colour liquid crystal display (LCD) monitor of at least 15 inches or more		
Display Resolution Not less than 1080 x 1280pixels		
Adjustable field of view		
Battery operated with battery life (run time) at least three hours		
Boot time less than 60 second		
The system must have archive capability for storage and retrieval of images and clips data		
Display Modes include: Duplex, Triplex, Split Screen, B/M & Dual B (B/B)		
Harmonic Imaging available on all probes		
System must have fast start up to scanning in less than 30 seconds from off condition, for use in critical and emergency situations.		
Cine memory on all modes		
Integrated speakers, audio volume adjustment		
PAN/ZOOM: Realtime image, frozen / stored image		
Post Processing technique on the Frozen and stored images		
Multi - format Report		
Frame Rate: Greater than 700 fps		
Image recording capability		
Contrast adjustment (gain control)		
Beam Steer: shifts beam into needle for better needle visualization		
Image grey scale: 256 shades of grey		



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Portable ultrasound, Qty.1	Compliance Yes/No	Deviation
The system shall process a dynamic range that is at least 150db.		
With two ports for probe		
The Knobs and touch should be hybrid (can be used with gloves) and keyboard should fluid resistant		
Compatible with universal disinfectants		
The system must display at a maximum depth of 30cm		
The system and probes should be strong enough to survive from any type of collision or accidental drop. Please send any certifications proving drop test		
Data Transfer facility should be available as standard to transfer images		
Archiving:		
With integrated HDD (500GB), integrated DVD-R/W & 2 USB (2.0) connectors		
Integrated image and patient data management package		
Export in BMP, JPEG, TIFF, DICOM, MOV and AVI format		
Ability to export report in PDF format		
Printing reports and images directly to printer		
Ability to be connected to HIS and RIS		
The system shall support the all DICOM functionality, Storage, Print, and Work List, also ready to connect to PACS		
AC input: 220V, 50Hz		
Complete with all accessories and consumables needed to work completely as specified		
Training included:		
Operation training for the staff must be provided on-site		
Complete with the following accessories:		
Convex Probe 1 – 5 MHz		
Linear Probe 4 – 15 MHz		
Phased array for adult		
Battery		
Trolley		
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		
Convex Probe 1 – 5 MHz		
Linear Probe 4 – 15 MHz		
Phased array for adult		
Trolley		
Battery		

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Portable ultrasound, Qty.1	Compliance Yes/No	Deviation
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 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: 3 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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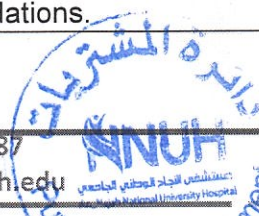
Transport Ventilator, Qty.1	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should have CB test and EMC test (60601.1 and 60601.1.2)		
Should have ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
Transport Ventilator 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 adults		
Should have facility for Invasive and Non-Invasive ventilation works with all modes of ventilation		
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		
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		
Real time waveforms: 1- Airway pressure 2- Flow 3- Volume		
Ventilation Modes:		
1) Invasive ventilation – modes:		
Volume Control (VC)		
Pressure Control (PC)		
Pressure Support (PS)		
PC-SIMV, VC-SIMV pressure support		
Spont/CPAP		

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Transport Ventilator, Qty.1	Compliance Yes/No	Deviation
2) Non invasive ventilation – modes:		
Pressure Control (PC)		
Pressure Support (PS)		
Spont/CPAP		
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 Adult 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: 3 years, including the calibration, software upgrade, with commitment to conduct preventive maintenance (labor and parts) during the warranty period and according to manufacturer recommendations.		



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Transport Ventilator, Qty.1	Compliance Yes/No	Deviation
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.		

High flow nasal cannula (HFNC), Qty.6	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:		
High flow nasal cannula Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
It should be single system for treating paediatric and adult patient		
Integrated flow generator capable of delivering wide range of flows, please specify the flow range and the techniques?		
Inbuilt Air/O2 blending and Fio2 monitoring, facility to deliver wide range of oxygen concentration (Fio2) from 21 to 100%		
Integrated heated humidifier		
Inbuilt O2 sensor		
Color display to monitor humidity setting, flow, Fio2 and faults		
Visual and audible alarm indication for: Tubes disconnect leaks, tube blockages and water out and hardware fault with error codes. Audible power failure alarm		
The device supplied with its trolley (pole stand)		
Supplied with heated wire patient breathing tube, humidifier chamber and nasal cannula for pediatric and adult		
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		



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High flow nasal cannula (HFNC), Qty.6	Compliance Yes/No	Deviation
Complete with the following accessories:		
1X Any gas hoses should be with BS adapter		
1X Battery		
1X Trolley with all accessories		
1X Heated wire patient breathing tube, humidifier chamber and nasal cannula for neonatal, pediatric and adult		
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- Annual PM kit		
5- Patient circuit		
6- O2 sensor		
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: 3 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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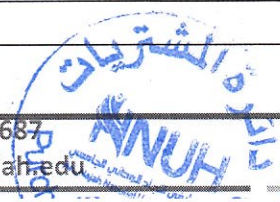
ICU Ventilator, Qty. 8	Compliance Yes/No	Deviation
Good brand name with FDA or CE preferable (Europe, USA, Japan)		
Should have CB test and EMC test (60601.1 and 60601.1.2)		
Should have ISO 13485 certification for medical devices		
Manufacturer:		
Source and origin:		
Model:		
ICU Ventilator Specification:		
State of the art technology, the latest version, and the best technology from the manufacturer		
Advanced technology ventilator for use in ICU		
ICU ventilator on trolley		
Suitable for ventilating patients from pediatric to adults		
Should have facility for Invasive and Non-Invasive ventilation works with all modes of ventilation		
Integrated with high flow nasal cannula mode		
Should have permanent O2 sensor		
Should have Permanent flow sensor		
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 inspiration and expiration assembly		
Audible and visual alarms		
Ventilator with Nebulizer		
Touch screen of minimum of 12"		
Tidal volume: (Minimum at least 5ml, Maximum up to 2000ml) or better		
Flow (in HiFlowO2) (l/min): 2 to 60 or better		
Pressure & flow Trigger		
Flow trigger (l/min): 0.5 to 20 or better		
Pressure trigger (cmH2O) -0.1 to -15.0 or better		
O2 boost function		
Oxygen (%): 21 to 100		
I:E ratio: (1:9 to 4:1) or better		
Respiratory Rate (b/min): 1 to 80		
Apnea back up: On/Off		
Automatic tube compensation		
Leakage compensation		
PEEP/CPAP (cmH2O): 0 to 50 or better		
Dynamic lung display		
Pressure support (cmH2O): 0 to 100 or better		
Tpause (s): 0 to 30		



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ICU Ventilator, Qty. 8	Compliance Yes/No	Deviation
Trending of measured and calculated values, Trend time 1 to 72 hours.		
Manual ventilation		
Stress Index		
Nebulizer Duration (min): 5 to 40, continuous or better		
Inspiratory and expiratory hold		
Inspiratory flow up to 150 Lpm.		
Real time waveforms: 1- Airway pressure 2- Flow 3- Volume		
Please specify the intelligent weaning modes and techniques supported by the offered ventilator		
Ventilation Modes:		
1) Invasive ventilation – modes:		
Volume Control (VC)		
Pressure Control (PC)		
Pressure Regulated Volume Control (PRVC)		
Pressure Support (PS)		
Volume Support (VS)		
Airway Pressure Release Ventilation (APRV)		
PC-SIMV, VC-SIMV and PRVC-SIMV with pressure support		
BIPAP, CPAP		
2) Noninvasive ventilation – modes:		
Pressure Control (PC)		
Pressure Support (PS)		
BIPAP, CPAP		
SIMV with pressure support		
Airway Pressure Release Ventilation (APRV)		
HFNC		
Apnea Ventilation		
Please specify all intelligent ventilation modes available in the offered ventilator, with a brief description of each mode		
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 one biomedical engineer in the manufacturer site		
Complete with the following accessories:		
2X Expiratory assembly		
O2 and Air hoses with british adapter		





ICU Ventilator, Qty. 8	Compliance Yes/No	Deviation
All Accessories for Nebulizer		
1X Adult test Lung		
All HFNC accessories for 5 patients		
Holder for Humidifier		
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		
6- F&P servo-humidifier with all accessories and sensors		
7- Flow sensor if disposable		
8- 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: 3 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.		

