



**HOSPITAL BIDS AND AWARDS COMMITTEE  
 SUPPLEMENTAL BID BULLETIN**

**I. GENERAL INSTRUCTIONS**

- All documents to be submitted on the opening of bids must be properly sealed.
- Tax clearance should be valid on the day of the opening of bids.
- Any lacking document in the required Class "A" and Class "B" documents shall result to the rejection of bid proposal.
- The technical specification form was revised with the amendments reflected below. The bidders are required to specify the exact specifications they are offering, and must indicate the reference page number in the user manual submitted. The bids for incompletely filled out tech specs form will be rejected.

No.	Purchaser's Specification	Remarks (Comply/ Not Comply)	Bidder's Specification	Reference
1	350kg to 500kg	Comply	400kg	Detecto 101 Brochure page 100

- The supplier should have a representative during the delivery of the item and the representative should be knowledgeable on the basic functions of the item/ equipment.
- The color coding of envelopes shall be:

	<b>PROJECT</b>	<b>COLOR</b>
<b>A</b>	Procurement of Medical and Surgical Supplies	RED
<b>B</b>	Procurement of Liquid Oxygen	WHITE
<b>C</b>	Procurement of Air-Conditioning Units	BROWN
<b>D</b>	Procurement of Maintenance Supplies (Re-Bid)	BROWN
<b>E</b>	Procurement of Hospital Equipment	BLUE
<b>F</b>	Procurement of Manual Rotary Microtome	GREEN
<b>G</b>	Procurement of Tissue Embedding Machine	ORANGE

**II. Amendment of Terms of Specifications/ Terms of Reference as per the Pre-Bidding Conference conducted last July 05, 2019 are as follows:**

**A. IB 2019-005E – PROCUREMENT OF HOSPITAL EQUIPMENT**

**1. BIOHAZARD CABINET**

<b>FROM</b>	<b>TO</b>
<ul style="list-style-type: none"> <li>Color LED screen</li> </ul>	<ul style="list-style-type: none"> <li><b>Color LED/LCD screen</b></li> </ul>
<ul style="list-style-type: none"> <li>ECO mode and power off memory function</li> </ul>	<ul style="list-style-type: none"> <li><b>Energy saving features and power off memory function</b></li> </ul>
	<ul style="list-style-type: none"> <li><b>Cabinet size at least 3 ft.</b></li> </ul>
	<ul style="list-style-type: none"> <li><b>At least Class 2 A2 Type</b></li> </ul>
	<ul style="list-style-type: none"> <li><b>With stand</b></li> </ul>

**2. PEDIATRIC CRIB**

<b>FROM</b>	<b>TO</b>
<ul style="list-style-type: none"> <li>Solid flat deck</li> </ul>	<ul style="list-style-type: none"> <li><b>omitted</b></li> </ul>
<ul style="list-style-type: none"> <li>Railing Height from Crib Bed Surface: 75 18 ½ inches</li> </ul>	<ul style="list-style-type: none"> <li><b>Railing Height from Crib Bed Surface: 18 ½ inches</b></li> </ul>



### 3. INFUSION PUMP

FROM	TO
<ul style="list-style-type: none"> <li>LCD display with backlight and graphical display of infusion</li> </ul>	<ul style="list-style-type: none"> <li><b>LCD/LED display with backlight and graphical display of infusion</b></li> </ul>

### 4. CARDIAC MONITOR WITH CAPNOGRAPHY

FROM	TO
<ul style="list-style-type: none"> <li>LCD display with backlight and graphical display of infusion</li> </ul>	<ul style="list-style-type: none"> <li><b>LCD/LED display with backlight and graphical display of infusion</b></li> </ul>

### 5. HOSPITAL BED, ADULT (Mechanical Bed)

FROM	TO
<ul style="list-style-type: none"> <li>Mattress: Uratex, with leatherette cover</li> </ul>	<ul style="list-style-type: none"> <li><b>Mattress: firm, durable, adequate back support, vents on both side, and with leatherette cover</b></li> </ul>
	<ul style="list-style-type: none"> <li><b>Warranty: 5 years</b></li> </ul>

### 6. SUCTION MACHINE (HEAVY DUTY)

FROM	TO
<ul style="list-style-type: none"> <li>With maximum depression: at least negative (-) 500mmHg</li> </ul>	<ul style="list-style-type: none"> <li><b>With maximum depression: at least negative (-) 700mmHg</b></li> </ul>
<ul style="list-style-type: none"> <li>With power requirement: 220 VAC 50/60Hz</li> </ul>	<ul style="list-style-type: none"> <li><b>With power requirement: at least 220 VAC 50/60Hz</b></li> </ul>
<ul style="list-style-type: none"> <li>With warning lights</li> </ul>	<ul style="list-style-type: none"> <li><b>omitted</b></li> </ul>
	<ul style="list-style-type: none"> <li><b>Safety device – auto shut off</b></li> </ul>

### 7. FABRICATED PSYCHIATRIC BED

FROM	TO
<ul style="list-style-type: none"> <li>Bed deck: metal, at least 4mm, solid flat deck, built-in</li> </ul>	<ul style="list-style-type: none"> <li><b>Bed deck: metal, at least 1.5mm-4mm, solid flat deck, built-in</b></li> </ul>
<ul style="list-style-type: none"> <li>Modification is required within 1 year of usage, upon request by the end-user, due to actual usage of the end-user.</li> </ul>	<ul style="list-style-type: none"> <li><b>omitted</b></li> </ul>

## B. MANUAL ROTARY MICROTOME

FROM	TO
<ul style="list-style-type: none"> <li>Horizontal feed range: approximately 30µm</li> </ul>	<ul style="list-style-type: none"> <li><b>Horizontal feed range: approximately 28-30µm</b></li> </ul>
<ul style="list-style-type: none"> <li>Vertical Stroke length: 70mm</li> </ul>	<ul style="list-style-type: none"> <li><b>Vertical Stroke length range: 60-70mm or device can cut to the edge</b></li> </ul>
<ul style="list-style-type: none"> <li>Dimensions: ( L x W x H)</li> </ul>	<ul style="list-style-type: none"> <li><b>omitted</b></li> </ul>
	<ul style="list-style-type: none"> <li><b>Service unit 7 days</b></li> </ul>



Republic of the Philippines  
 Department of Health, Center for Health Development (CHD) IV-CALABARZON  
**BATANGAS MEDICAL CENTER**  
 Batangas City  
**ISO 9001:2015 CERTIFIED**



**C. TISSUE EMBEDDING MACHINE**

FROM	TO
<ul style="list-style-type: none"> <li>• Paraffin tank: max of 4 liters</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Paraffin tank: 3-6 liters</b></li> </ul>
<ul style="list-style-type: none"> <li>• Operating temperature: -6°C (self regulating)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Operating temperature: mechanism for temperature regulation at -6°C</b></li> </ul>
<ul style="list-style-type: none"> <li>• Power consumption: 400 VA max</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Power consumption: 400-1000 VA max</b></li> </ul>

**ELIZABETH V. PALINES, MD, FPPS, FCNSP, FPNA**  
 Chairperson, HBAC

Received by the bidder:

\_\_\_\_\_  
 Signature over printed name  
 Date Received: \_\_\_\_\_