



MZUZU CENTRAL HOSPITAL
Private Bag 209, Luwingu, Mzuzu 2.
REQUEST FOR QUOTATIONS (for Goods)
Procurement Number: 031/MZCH/2025-26/070

To:

Date October 7, 2025

The Procuring Entity named above invites you to submit your quotation for the goods described herein. Partial Quotations may be rejected, and the Purchaser reserves the right to award a contract for selected items only. Any resulting order shall be subject to the Government of Malawi General Conditions of Contract for Local Purchase Orders (available on request) except where modified by this Request for Quotations.

SECTION A: QUOTATION REQUIREMENTS:


1. **Description of goods and related services:** Supply and delivery of **Medical Equipment**
2. Quotation prices should be based on: Malawi Kwacha for goods supplied from within Malawi; EXW – insured and delivered to Mzuzu Central Hospital.
3. The delivery period required is within **7 days** from the date of order.
4. Quotations must be valid for **30 days** from the date of the receipt given below.
5. The warranty/guarantee offered shall be **12 months**
6. Quotations and supporting documents as specified in Section B must be marked with the Procurement Number given above, and indicate your acceptance of the terms and conditions.
7. Quotations must be received, in sealed envelopes, no later than **10:00 hrs** on **21st, October, 2025**.
8. Quotations must be returned to:

The Procurement and Disposal Unit

Mzuzu Central Hospital, P/Bag 209, Luwingu, Mzuzu 2.

Tel: 01 320 620, Fax: 01 320 217

9. The attached Schedule of Requirements in Section C, details the items to be purchased. You are requested to quote your delivered price for these items by completing and returning Sections B and C.
10. Quotations that are responsive, qualified, and technically compliant will be ranked according to price. Award of contract will be made to the lowest evaluated priced quotation by item or by total through the issue of a Local Purchase Order.

Signed  :
Title/Position: **Principal Procurement Officer**
For and on behalf of the Purchaser

Name: **Dominic Chimaliro**

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Your quotation is to be returned on this Form by completing and returning Sections B and C including any other information/certification required within this RFQ.

SECTION B: QUOTATION SUBMISSION SHEET

1. Currency of Quotation: Malawi Kwacha
2. Delivery period offered: days/weeks/months from date of Purchase Order.
3. The validity period of this Quotation is: days from the date for receipt of Quotations.
4. We attach the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. Beneficial ownership disclosure form;
 - iii. Proforma invoice/quotation on company letterhead;
 - iv. A copy of our Trading Licence;
 - v. A copy of a Tax Clearance Certificate;
 - vi. A copy of a valid PPDA certificate;
 - vii. A copy of the VAT registration certificate
5. We confirm that our quotation is based on the terms and conditions stated in your Request for Quotations referenced above and that any resulting contract will be subject to the Government of Malawi's General Conditions of Contract for Local Purchase Orders.
6. We confirm that the prices quoted are fixed and firm for the duration of the validity period and will not be subject to revision or variation.
7. Drugs Expiry Date.....

Authorised By:

Signature: _____ Name: _____

Position: _____

Date: _____

Authorised for and on behalf of: _____ (DD/MM/YY)

Company: _____

Address:

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If any additional documentation is attached to your quotation, a signature and authorisation at Section B and Section C is still required as confirmation that the terms and conditions of this RFQ prevail over any attachments. If the Quotation is not authorised in Section B and Section C, the quotation may be rejected.

SECTION C: SCHEDULE OF REQUIREMENTS (TO BE PRICED BY BIDDER)

**REFER TO THE TECHNICAL SPECIFICATIONS AFTER
THE TABLE.**

ITEM No.	DESCRIPTION OF GOODS	BIDDER'S SPECIFICATIONS	UNIT OF MEASURE	QTY	DELIVERED UNIT PRICE KWACHA	DELIVERED TOTAL PRICE KWACHA
	LOT 1					
1	ENDOSCOPY SYSTEM		EACH	1		
					SUB-TOTAL	
					VAT 16.5%	
					PPDA 1%	
					GRAND TOTAL	
	LOT 2					
1	NONE-MAGNETIC TROLLEY		EACH	1		
2	DRUG TROLLEY		EACH	2		
3	RECOVERY TROLLEY		EACH	3		
4	PATIENT TROLLEY		EACH	12		
5	EXAMINATION COUCH		EACH	1		
6	HIGH PRESSURE OXYGEN PRESSURE REGULATOR		EACH	6		
7	INFUSION PUMPS		EACH	30		

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					SUB-TOTAL	
					VAT 16.5%	
					PPDA 1%	
					GRAND TOTAL	
	LOT 3					
1	WHEEL CHAIR		EACH	30		
2	MULTIPARAMETER PATIENT MONITOR		EACH	10		
3	DENTAL FAST HANDPIECE		EACH	2KITS/ 6		
4	MOBILE SCALING MACHINE (DENTAL)		EACH	3		
					SUB-TOTAL	
					VAT 16.5%	
					PPDA 1%	
					GRAND TOTAL	
	LOT 4					
1	WATER DISTILLER (HEAVY DUTY)		EACH	2		
2	CENTRIFUGE (HEAVY DUTY)		EACH	2		
3	ELECTROSURGICAL DIATHERMY MACHINE		EACH	1		
4	RESUSCITATOR (RADIANT WARMER)		EACH	2		
5	IV FLUID WARMER		EACH	10		
6	AED		EACH	1		
					SUB-TOTAL	
					VAT 16.5%	

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					PPDA 1%	
					GRAND TOTAL	

TECHNICAL SPECIFICATIONS

1. ENDOSCOPY MACHINE

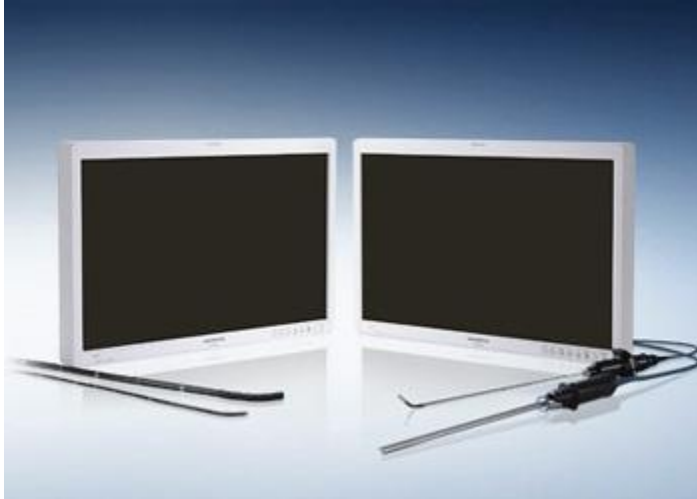
THE FULL ENDOSCOPY TOWER SHOULD HAVE THE FOLLOWING MAJOR COMPONENTS;

- VIDEO MONITOR
- VIDEO PROCESSOR
- VIDEO RECORDER (INFORMATION MANAGEMENT SYSTEM)
- LIGHT SOURCE
- SUCTION PUMP
- FLUSHING PUMP
- CO2 INSUFFLATOR
- ELECTROSURGICAL SYSTEM
- MOBILE CART
- VIDEO ENDOSCOPES (TO INCLUDE GASTROSCOPE, DUODENOSCOPE, COLONOSCOPE, BRONCHOSCOPE, CYSTOSCOPE)

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1. VIDEO MONITOR



- **DIMENSION: MAX OF 600MM X 400MM X 100MM (WxHxD)**
- **WEIGHT: 6 – 9KGS**
- **VIDEO IMAGE AND QUALITY**
 - **RESOLUTION: 1920 X 1200 PIXELS**
 - **IMAGE QUALITY**
 - **OPTICAL ENHANCEMENT – SUPPORT NARROW BAND IMAGING TECHNOLOGY**
 - **IMAGE PROCESSOR – AUTOMATIC BRIGHTNESS**
- **VIDEO OUTPUT AND CONNECTIVITY**
 - **VIDEO OUTPUT – PORTS TO BE COMPATIBLE WITH 4K AND HD FORMATS**
 - **INPUT / OUTPUT TERMINALS – HDMI, SDI AND ANALOG COMPATIBLE**
 - **COUPLER COMPATIBLE WITH ENDOSCOPE**
- **SCREEN QUALITIES**
 - **SCREEN SIZE: 26 INCHES**
 - **SCREEN TYPE: LIQUID CRYSTAL DISPLAY (LCD)**
 - **VIEWING ANGLE –WIDE VIEWING ANGLE 178 DEGREE, HORIZONTAL AND VERTICAL**
 - **CONTRAST RATIO: HIGH CONTRAST RATIO, OF 1000:1**
 - **ASPECT RATIO: 16:10**

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- DISPLAY MODES: PICTURE-IN-PICTURE (PINP) FUNCTION, PICTURE-OUT-PICTURE FUNCTION
- PROTECTIVE SCREEN – HARDNESS OF 9H AND LAMINATED GLASS
- USER INTERFACE AND CONTROL
 - CONTROL BUTTONS
 - USER PRESETS: MORE 10 PROGRAMMABLE PARAMETERS
 - AUTOMATIC LIGHT AND BRIGHTNESS ADJUSTMENT
- MEDICAL GRADE CERTIFICATION
- COMPATIBLE ACCESSORIES TO INCLUDE:
 - VIDEO CABLES: HDMI OR VGA
 - REMOTE CONTROL
 - POWER ADAPTERS
 - MOUNTING BRACKET – FORSTAND MOUNT OR WALL MOUNT
 - USER MANUAL

2. VIDEO PROCESSOR



- DIMENSIONS: 370MM X 85MM X 455MM (WxHxD)
- WEIGHT: 10KG

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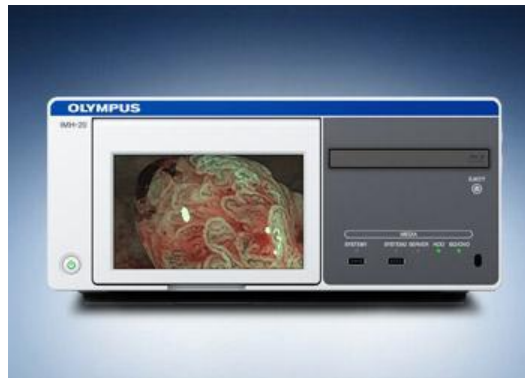
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- **SIGNAL OUTPUT OPTIONS: BOTH DIGITAL (HD-SDI, SD-SDI) AND ANALOG (HDTV, SDTV)**
- **REAL TIME IMAGE ENHANCEMENT – SUCH AS NARROW BAND IMAGING**
- **WHITE BALANCE ADJUSTMENT FUNCTION – VIA A BUTTON AT THE FRONT PANEL**
- **COLOR ADJUSTMENT**
- **ELECTRONIC ZOOM**
- **FREEZE FUNCTION AVAILABLE, INCLUDE PRE-FREEZE FUNCTION**
- **IMAGE STORAGE AND RETRIEVAL WITH SIMULTANEOUS DISPLAY OF MULTIPLE IMAGES**
- **USER FRIENDLY INTERFACE AND CONTROLS**
- **PATIENT AND PHYSICIAN DATA INPUT**
- **POWER SUPPLY**
 - **VOLTAGE: 220 -240V AC**
 - **FREQUENCY: 50 / 60Hz +/- 1Hz**
 - **CONSUMPTION ELECTRIC POWER: 150 VA**
- **COMPATIBILITY**
 - **ENDOSCOPES – GASTROSCOPES, DUODENOSCOPES, COLONOSCOPES, BRONCHOSCOPES, CYSTOSCOPES OF SAME BRAND**
 - **LIGHT SOURCE: XENON COMPATIBLE**
 - **MONITOR: MEDICAL GRADE MONITOR WITH HIGH RESOLUTION AND PINP CAPABILITY**

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3. VIDEO RECORDER (INFORMATION MANAGEMENT SYSTEM)



- **DIMENSIONS: MAX 370MM X 167MM X 425MM (WxHxD)**
- **WEIGHT: MAX 11KGS**
- **VIDEO AND STILL IMAGE AND QUALITY**
 - **RESOLUTION: FULL HD (1920 x 1080 PIXELS)**
 - **VIDEO RECORDING FORMAT: MPEG-4 AVC/H.264**
 - **STILL IMAGE FORMAT: BMP, TIFF, JPEG**
 - **OPTICAL ENHANCEMENT: NARROW BAND IMAGING TECHNOLOGY**
 - **IMAGE PROCESSOR: AUTOMATIC BRIGHTNESS CONTROL, LAG-FREE BRIGHTENING**
 - **WHITE BALANCE ADJUSTMENT**
- **VIDEO OUTPUT AND CONNECTIVITY**
 - **SIGNAL OUTPUT: ANALOG HDTV (RGB OR YPbPr), ANALOG SDTV (VBS COMPOSITE) AND DIGITAL (HD-SDI, DVI)**
 - **COUPLER: INTEGRATED OR SEPARATE, FOCAL LENGTH ≥ 20 MM**
- **USER INTERFACE AND CONTROLS**
 - **CONTROL BUTTONS: ≥ 3 , OF WHICH 2 ARE PROGRAMMABLE**
 - **AUTOMATIC LIGHT ADJUSTMENT AND BRIGHTNESS CONTROL**

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- **COMPATIBILITY**
 - ENDOSCOPE COMPATIBILITY – WITH SAME BRAND
 - INTEGRATION WITH ELECTRONIC MEDICAL RECORDS (EMR) AND PATIENT ARCHIVING COMMUNICATION SYSTEM (PACS)
- **POWER**
 - POWER SUPPLY: 100-240V AC, 50/60Hz, 200VA
 - UPS: WITH AT LEAST 30 MINUTES BACK UP
 - REPORTING SYSTEM: TO BE PROVIDED BY MANUFACTURER
 - COMPUTER SYSTEM: I5 PROCESSING, 8GB RAM, >1TB HDD
- **ACCESSORIES**
 - KEYBOARD
 - REMOTE ACCESS CABLE

4. LIGHT SOURCE



- **LIGHTING TECHNOLOGY: XENON**
- **DIMENSION: 370MM X 150MM X 476MM**
- **WEIGHT: 18- 20Kgs**

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- **ILLUMINATION**
 - **EXAMINATION LAMP: 300WATTS, XENON SHORTARC LAMP**
 - **AVERAGE LAMP LIFE: 500HRS**
 - **IGNITION METHOD: SWITCHING REGULATOR**
 - **EMERGENCY LAMP: HALOGEN LAMP, 12V 35W**
 - **AVERAGE EMERGENCY LAMP LIFE: 500HRS**
- **AUTOMATIC BRIGHTNESS ADJUSTMENT METHOD: LIGHT PATH DIAPHRAGM CONTROL**
- **NBI OBSERVATION: AVAILABLE**
- **COOLING: FAN COOLING, LOW NOISE**
- **FIBER OPTIC CABLE COMPATIBILITY**
- **POWER SUPPLY**
 - **VOLTAGE: 100 – 240 V AC, WITHIN +/- 10%**
 - **FREQUENCY: 50;60 Hz, WITHIN +/- 3Hz**
 - **CONSUMPTION ELECTRIC POWER: 600 VA**
- **SAFETY STANDARDS: ADHERE TO ISO14971 AND ISO13485**

5. SUCTION PUMP



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- **DIMENSIONS:** 210MM x 305MM x375MM (HxWxD)
- **WEIGHT:** MAX 10KG
- **FLOW RATE:** 3 LEVEL ADJUSTABLE – 40, 50 AND 60L/MIN
- **VACUUM:** -95kPA
- **LIQUID INGRESS PROTECTION:** \geq IP2
- **NOISE LEVEL:** BELOW 50dB
- **CONNECTIVITY:** MULTIPLE ASPIRATION BOTTLES
- **MODES:** WHISPER AND TURBO MODES
- **POWER:**
 - **VOLTAGE:** 100 -240V
 - **FREQUENCY:** 50/60Hz
 - **CONSUMPTION:** 120W

6. FLUSHING PUMP



- **DIMENSIONS:** 200MM x 173MM x 385MM (WxHxD)
- **WEIGHT:** MAX 5KG

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- **FLOW RATE**
 - INSTRUMENT CHANNEL: 750ML/MIN
 - AUXILIARY WATER CHANNEL: 230ML/MIN
- **CONTROL: FOOT SWITCH AND ENDOSCOPE BUTTON**
- **POWER**
 - VOLTAGE: 100 – 240V
 - FREQUENCY: 50/60Hz
 - CONSUMPTION: 100VA
- **USER INTERFACE**
 - BRIGHT LED DISPLAY
 - FLAT PANEL TOUCH BUTTONS
- **ACCESSORIES**
 - WATER CONTAINER – 2L
 - STERILE WATER TUBES
 - INSTRUMENT CHANNEL ADAPTER
 - INSTRUMENT CHANNEL CONSUMABLES
 - AUXILIARY CHANNEL CONSUMABLES
 - REMOTE CONTROL CABLE

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7. CO2 INSUFFLATOR PUMP



- **DIMENSIONS:** 125MM x 300MM x 115MM (WxDxH)
- **WEIGHT:** MAX 5KG
- **GAS FLOW RATE:** 50L/MIN
- **AIR FEEDING PRESSURE:** MAX 45kPA
- **APPLICABLE GAS:** MEDICAL GRADE CARBON DIOXIDE, CAN CONNECT TO CYLINDER WITH A COMPATIBLE GAS CYLINDER HOSE E.G. OLYMPUS MAJ-1080 (PIN) OR PIPELINE SYSTEM
- **POWER:**
 - **VOLTAGE:** 100 – 240V
 - **FREQUENCY:** 50/60Hz
 - **CONSUMPTION:** 40VA
- **CONTROL:** SIMPLE START/STOP BUTTON ON FRONT PANEL
- **INTEGRATED FLUID SENSOR**
- **DUAL GAS FILTERING**
- **DUAL COMPRESSION**
- **SUPPORT FOR DISPOSABLE AND AUTOCLAVABLE TUBING SETS**

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8. ELECTROSURGICAL SYSTEM



- **DIMENSIONS:** 370MM X 156MM X 465MM (WxDxH)
- **WEIGHT:** MAX 12KG
- **MODES:** MONOPOLAR AND BIPOLAR WITH VARYING CUT AND COAGULATIONS MODES
- **FOOT SWITCH:** WIRELESS WITH AUTOMATIC ASSIGNMENT AND TOGGLE FUNCTION
- **POWER:**
 - **VOLTAGE:** 100- 240V AC
 - **FREQUENCY:** 50 – 60Hz
 - **CONSUMPTION:** 120W
- **SAFETY FEATURES**
 - **FAST SPARK MONITOR**
 - **HIGH POWER CUT SUPPORT**
 - **CONTACT QUALITY MONITOR**
 - **LEAKAGE PROTECTION SENSOR**
- **ACCESSORIES**
 - **ENDOJAW BIOPSY FORCEPS**

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- HAEMOSTATIC FORCEPS
- BICOAG BIPOLAR PROBE
- ELECTROSURGICAL KNIFE
- GROUNDING PAD (REUSABLE) FOR MONOPOLAR USE

9. MOBILE CART (WORK STATION)



- **DIMENSION:**
 - **HEIGHT:**
 - 2140MM (WITH SCOPE POLE IN HIGHEST POSITION)
 - 1400MM (WORK STATION ONLY)
 - 1150MM (TO TOP TRAY)
 - 2073MM (WITH A 26INCH LCD MONITOR IN HIGHEST POSITION)
 - **DEPTH: 655MM**

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- **WIDTH: 675MM**
- **WEIGHT, UNLOADED: MAX 85KGS**
- **LOAD CAPACITY**
 - **TOP TRAY: MAX 20KGS**
 - **INTERMEDIATE SHELVES: 30KGS**
 - **BASE PANEL: MAX 35KGS**
- **MATERIAL: STAINLESS STEEL**
- **MOBILITY: 4 CASTOR WHEELS, 2 ANTISTATIC (CONDUCTIVE) BRAKES AND 2 NON-ANTISTATIC (NON-CONDUCTIVE) BRAKES**
- **HOLDER FOR VIDEO MONITOR, KEYBOARD, SCOPES, DRIP STAND, CO2 CYLINDERS**
- **SMOOTH SURFACE FOR EASY CLEANING**
- **SEPARATION TRANSFORMER – COMPATIBLE WITH MOBILE CART**

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10. VIDEO ENDOSCOPES

a) GASTROSCOPE E.G. OLYMPUS GIF H-190



OUTER DIAMETER	9.2MM
WORKING LENGTH	1030MM
INSTRUMENT CHANNEL	2.8MM
ANGULATION	UP 210°, DOWN 90°, RIGHT 100°, LEFT 100°
OPTICAL SYSTEM	FIELD OF VIEW 140° DEPTH OF FIELD NEAR 2-6MM MINIMAL VISIBLE DEPTH: 3MM FROM DISTAL END
OTHER FEATURES	DUAL FOCUS NARROW BAND IMAGE TECHNOLOGY WATER JET
COMPATIBILITY	VIDEO SYSTEM CENTRE – OLYMPUS CV-190

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	XENON LIGHT SOURCE – OLYMPUS CLV-190
ACCESSORIES	

b) GASTROSCOPE E.G. OLYMPUS GIF – 1TH190 (BOTH DIAGNOSTIC AND THERAPEUTIC)



OUTER DIAMETER	10.0MM
INSERTION TUBE OUTER DIAMETER	10.9MM
WORKING LENGTH	1030MM
TOTAL LENGTH	1350MM
INSTRUMENT CHANNEL	3.7 MM
ANGULATION	UP 210°, DOWN 90°, RIGHT 100°, LEFT 100°

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OPTICAL SYSTEM	FIELD OF VIEW 140° DIRECTION OF VIEWING: FORWARD VIEWING DEPTH OF FIELD NEAR 2-6MM MINIMAL VISIBLE DEPTH: 3MM FROM DISTAL END
OTHER FEATURES	DUAL FOCUS NARROW BAND IMAGE TECHNOLOGY WATER JET
COMPATIBILITY	VIDEO SYSTEM CENTRE – OLYMPUS CV-190 XENON LIGHT SOURCE – OLYMPUS CLV-190
ACCESSORIES	

c) DUODENOSCOPE E.G. OLYMPUS TJF-Q190V



OUTER DIAMETER	13.5MM DISTAL END ENLARGED
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INSERTION TUBE OUTER DIAMETER	11.3MM
WORKING LENGTH	1240MM
TOTAL LENGTH	1560MM
INSTRUMENT CHANNEL	4.2 MM
ANGULATION	Up 120°, Down 90°, Right 110°, Left 90°
OPTICAL SYSTEM	FIELD OF VIEW: 100° DIRECTION OF VIEWING: BACKWARD SIDE VIEWING 15° DEPTH OF FIELD: 5-60MM MINIMAL VISIBLE DEPTH: 10MM
OTHER FEATURES	DUAL FOCUS NARROW BAND IMAGE TECHNOLOGY WATER JET
COMPATIBILITY	VIDEO SYSTEM CENTRE – OLYMPUS CV-190 XENON LIGHT SOURCE – OLYMPUS CLV-190
ENDO-THERAPY ACCESSORIES	

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d) COLONOSCOPE E.G. OLYMPUS PCF-PH190L/L AND PCF-H190DL/L



OUTER DIAMETER	9.5MM - 9.7MM
WORKING LENGTH	1330MM – 1680MM
INSTRUMENT CHANNEL	3.2MM
ANGULATION	UP 180°, DOWN 180°, RIGHT 160°, LEFT 160°
OPTICAL SYSTEM	FIELD OF VIEW: 140° DIRECTION OF VIEW: FORWARD VIEWING DEPTH OF FIELD: 2-100MM MINIMAL VISIBLE DISTANCE: 3MM FROM DISTAL END
OTHER FEATURES	RESPONSE INSERTION TECHNOLOGY HDI IMAGE QUALITY NBI TECHNOLOGY WATER JET PREFREEZE FUNCTION

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	SCOPE GUIDE CAPABILITY
COMPATIBILITY	VIDEO SYSTEM CENTRE – OLYMPUS CV-190 XENON LIGHT SOURCE – OLYMPUS CLV-190
ACCESSORIES	

e) DIAGNOSTIC BRONCHOSCOPE E.G. OLYMPUS BF-XP190



OUTER DIAMETER	3.1MM, TAPERED TIP OF 2.9MM
INSERTION TUBE OUTER DIAMETER	2.8MM
WORKING LENGTH	600MM
INSTRUMENT CHANNEL	1.2 MM INNER DIAMETER
ANGULATION	UP 210°, DOWN 130°, RIGHT 120°, LEFT 120° WITH ROTATORY FUNCTION

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OPTICAL SYSTEM	<p>FIELD OF VIEW: 110°</p> <p>DIRECTION OF VIEWING: 0° FORWARD VIEWING</p> <p>DEPTH OF FIELD: 2-50MM</p> <p>MINIMAL VISIBLE DEPTH: 1.5MM FROM DISTAL END</p>
OTHER FEATURES	<p>NARROW BAND IMAGE TECHNOLOGY</p> <p>WATERPROOF ONE-TOUCH CONNECTOR</p>
COMPATIBILITY	<p>VIDEO SYSTEM CENTRE – OLYMPUS CV-190</p> <p>XENON LIGHT SOURCE – OLYMPUS CLV-190</p>

f) THERAPEUTIC BRONCHOSCOPE E.G. OLYMPUS BF-1TH190



OUTER DIAMETER	6.2MM, DISTAL END
INSERTION TUBE OUTER DIAMETER	6.0MM
WORKING LENGTH	600MM

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TOTAL LENGTH	880MM
INSTRUMENT CHANNEL	2.8 MM
ANGULATION	UP 180°, DOWN 130°, RIGHT 120°, LEFT 120° WITH ROTATORY FUNCTION
OPTICAL SYSTEM	FIELD OF VIEW: 120° DIRECTION OF VIEWING: 0° FORWARD VIEWING DEPTH OF FIELD: 3-100MM MINIMAL VISIBLE DEPTH: 10MM
OTHER FEATURES	NARROW BAND IMAGE TECHNOLOGY
COMPATIBILITY	VIDEO SYSTEM CENTRE – OLYMPUS CV-190 XENON LIGHT SOURCE – OLYMPUS CLV-190
ENDO-THERAPY ACCESSORIES	PULMONARY BIOPSY FORCEPS CYTOLOGY BRUSHES ELECTROCAUTERY UNIT AND ACTIVE CORD REUSABLE ELECTRO-CAUTERY ACCESSORIES I.E. COAGULATION ELECTRODE, HOT BIOPSY FORCEPS, KNIFE, SNARES, ELECTROCAUTERY HANDLE

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g) FLEXIBLE CYSTO- NEPHROSCOPE E.G. OLYMPUS CYF-V2



OUTER DIAMETER	2.7 MM, BULLET SHAPE
INSERTION TUBE OUTER DIAMETER	5.5 MM (Fr16.2)
WORKING LENGTH	380 MM
TOTAL LENGTH	660 MM
INSTRUMENT CHANNEL	2.2 MM (Fr6.6)
ANGULATION	UP 210°, DOWN 120°
OPTICAL SYSTEM	FIELD OF VIEW: 120° DIRECTION OF VIEWING: 0° FORWARD VIEWING DEPTH OF FIELD: 3-50MM
OTHER FEATURES	NARROW BAND IMAGE TECHNOLOGY

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	ERGONOMIC CONTROL SECTION
COMPATIBILITY	VIDEO SYSTEM CENTRE – OLYMPUS CV-190 XENON LIGHT SOURCE – OLYMPUS CLV-190
ENDOTHERAPY ACCESSORIES	BIOPSY FORCEPS, GRASPING FORCEPS, SNARES, INJECTION NEEDLES, STONE BASKETS, SHEATHS, CATHETERS, CLEANING BRUSHES, CYTOLOGY BRUSHES, 3-WAY CYSTOSCOPY TAP, TUBINGS, TIP PROTECTORS

	EQUIPMENT NAME	SPECIFICATIONS
2	WHEEL CHAIR	<p>THE PUSH WHEELCHAIR SHOULD HAVE THE FOLLOWING GENERAL FEATURES:</p> <ul style="list-style-type: none"> - CARRYING CAPACITY: AT LEAST 120KG - FOLDING: MANUAL FOLD - CHROMED PLATED FRAME - FIXED ARMREST, PVC PAD - FIXED FOOTREST, FLIP-UP PLATE WITH LEG STRAP - 20CM OR 8 INCHES SOLID FRONT CASTORS - 61CM OR 24 INCHES SOLID REAR WHEELS - LOCKING BRAKES ON REAR WHEELS - LARGE POCKET ON THE BACK - SEAT AND BACKREST PROVIDING SITTING SUPPORT FOR THE USER - FIXED BACKREST HEIGHT AT LEAST MID-THORACIC HEIGHT




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3	MULTIPARAMETER PATIENT MONITOR	<p>MULTIPARA-METER PATIENT MONITOR WITH</p> <p>1. SPO2 PROBE</p> <p>DISPLAY WAVEFORMS AND DIGITS MEASUREMENT RANGE OF 0-100% PULSE RANGE:30-250BPM ACCURACY; $\pm 2\%$</p> <p>2. ECG PROBE</p> <p>ECG INPUT: 5 OR 3 LEADS SYSTEM CABLE ECG LEAD: I,II,III,AVR,AVL, AFV,V SCANNING SPEED(MM/SEC):6.25,12.5,25,50 HEART RATE RANGE:15-380BPM ECG CALIBRATION:1MV FREQUENCY RESPONSE:0.05-100Hz</p> <p>3. TEMPERATURE PROBE</p> <p>MEASUREMENT RANGE;25.0-45.0 °C DISPLAY: T1,T2, AND TEMPERATURE DIFFERENCE</p> <p>4. NIBP PROBE</p> <p>MEASUREMENT METHOD: AUTOMATIC OSCILLOMETRIC PATIENT TYPE: ADULT, PEADRIATIC AND NEONATES MEASUREMENT PARAMENTERS: SYSTOLIC, DIASTOLIC AND MEAN MEASUREMENT RANGE: 10-300MMHG UNITUS OF MEASUREMENT:MMHG/KPH</p> <p>5. CO2 PROBE(OPTIONAL)</p> <p>MEASUREMENT TYPE;MAIN STREAM OR SIDE STREAM MEASUREMENT RANGE:0-120BPM NB: THE MACHINE SHOULD HAVE AN ALARM SETTINGS FOR THE ABOVE PARAMETERS. THE ALARM SHOULD BE TRIGGERS IF READINGS ARE OUT OF RANGE THE MACHINE SHOULD COME WITH STAND VOLTAGE RATING:220V-240VAC THE MACHINE SHOULD COME WITH STAND</p>
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4	DENTAL HANDPIECE (FAST HANDPIECE) 	-4 HOLES STANDARD FAST HAND PIECE - WATER SPRAY: WITH TRIPLE WATER SPRAY -AUTOCLAVABLE -WORKING PRESSURE:0.22-0.25MPA -TORQUE OF HANDPIECE(ROTATIONAL SPEED): OVER 360,000 REVOLUTION PER MINUTE -WITH LED LIGHT - MATERIAL: STAINLESS STEEL
5	CENTRIFUGE	-16 HOLES LABORATORY CENTRIFUGE -SAMPLE CAPACITY:16 HOLES OF 2.0ML/1.6ML/0.5ML/0.2ML CENTRIFUGE TUBES -CENTRIFUGAL SPEED: ADJUSTABLE HIGH SPEED BETWEEN 1000-20000 REVOLUTION PER MINUTE
6	EXAMINATION COUCH 	MATERIAL: Stainless steel with manual adjustable bed rest Size : 1920 x 650 x 530-780mm
7	DRUG TROLLEY 	CONSTRUCTION: STAINLESS STEEL OR ALUMINIUM ALLOY DRAWERS: AT LEAST 6 DRAWERS CASTORS: PVC OR RUBBER CASTERS WITH BARKES DIMENSIONS: AT LEAST 750x475x930MM
8	AED (AUTOMATIC EXTERNAL DEFIBRILLATOR)	KEY FEATURES WEIGHT: LIGHT WEIGHT MAX ENERGY:300J ENERGY SEQUENCY ADULT MODE: 150J,150J, 200J,120J PEDTRIATIC MODE: 50J, 50J, 75J, 50J,30J

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		<p>VISUAL PROMPTS: LED INDICATORS AND LCD SCREEN</p> <p>PATIENT IMPEDANCE SCOPE: 20 TO 200 OHMS</p> <p>AED PADS: ADULT AND PEDIATRIC</p> <p>OUTPUT ENERGY ACCURACY: ±15% OR 3J</p> <p>IMPORTANT NOTE: THE MACHINE SHOULD HAVE RECHARGEABLE BATTERY AND A CHARGER</p>
9	<p>MOBILE SCALING MACHINE</p> 	<p>KEY FEATURES:</p> <ul style="list-style-type: none"> - ULTRASONIC FREQUENCY: 28KHZ TO 36KHZ - WATER PRESSURE: 1 TO 5 BARS - SUPPLY VOLTAGE: 230-240VAC, 50/60Hz <p>TECHNOLOGY USES: NEWTRON TECHNOLOGY (LINEAR VIBRATIONS FOR PRECISE AND PAINLESS TREATMENT)</p> <p>HAND PIECE TYPE: LED TYPE AND SHOULD BE AUTOCLAVEABLE AT 134 DEGREES CELSIUS</p> <p>- LED HAND PIECE: IT SHOULD BE NEWTRON LED LIGHT HAND PIECE FOR VISIBLE PLAQUE DETECTION</p>
10	<p>HIGH PRESSURE GAUGE OXYGEN REGULATOR</p>	<p>OUTPUT: GREATER THAN 25 LITERS PER MINUTE</p> <ul style="list-style-type: none"> • BULL NOSE OXYGEN PRESSURE REGULATOR TYPE • COMBINED PRESSURE AND FLOW REGULATOR
11	<p>BASIC PATIENT TROLLEY</p> 	<p>SIZE: 1950L x 650W x 680 / 900H MM.</p> <ul style="list-style-type: none"> - FRAME WORK MADE OF STAINLESS STEEL - S.S. SAFETY GUARD RAILS ON EACH SIDE - MOUNTED OF FOUR CASTERS (ALL INDIVIDUAL BREAKS). - PROVISION FOR IV ROD. - SUPPLIED COMPLETELY WITH S.S. SIDE RAILINGS AND IV ROD.


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N O.	ITEM	SPECIFICATIONS / CHARACTERISTICS
12	<p>WATER DISTILLER</p> 	<ul style="list-style-type: none"> • SUPPLY REQUIREMENTS: 400 V, 3/N/PE, 50/60 Hz • WATER CONSUMPTION APPROX.: EQUAL OR GREATER THAN 120L / HR. • DIMENSIONS (W x D x H) MM: EACH DIMENSION HAS TO BE EQUAL OR GREATER THAN WITH +10% 550 x 280 x 570 • MATERIAL: STAINLESS STEEL - SHOULD CONTAIN TWO CHAMBERS, HEATING CHAMBER AND CONDENSING CHAMBER - CONDENSING CAMBER CAPACITY: 15-20 LITRES - SHOULD CONTAIN WATER LEVEL SENSORS THAT TERMINATES THE HEATING PROCESS IN CASE OF UNAVAILABILITY OF WATER IN THE HEATING CHAMBER - SHOULD CONTAIN A WATER LEVEL INDICATOR THAT CORRESPONDS TO THE LEVEL OF WATER IN THE HEATING CHAMBER - SHOULD HAVE AN ON AND OFF SWITCH • INPUT SUPPLY: EITHER SINGLE PHASE OR 3 PHASE SUPPLY • OUTPUT: EQUAL OR GREATER 4L / HR • RATED CAPACITY KW: APPROXIMATELY 7KW • SENSORS: HIGH AND LOW WATER LEVEL SENSORS (SMART CUT OFF WHEN ITS LOW).

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13	<p>NONE-MAGNETIC PATIENT TROLLEY (MR SAFE ADJUSTABLE HEIGHT TROLLEY)</p> 	<ul style="list-style-type: none"> • APPLICATION: MRI • OPERATION: HYDRAULIC • FEATURES: HEIGHT-ADJUSTABLE, FOLDING, TRENDLENBURG • NUMBER OF SECTIONS: 2 • OTHER CHARACTERISTICS: NONE MAGNETIC • MAXIMUM LOAD: EQUAL OR GREATER THAN 220KG. • LENGTH: 1,900MM - 2200MM • WIDTH: 6900 – 720MM • HEIGHT: MAX.: 1,020 MM, MIN.: 650 MM <p>BASE SPECIFICS</p> <p>HYDRAULIC DUAL PEDAL PUMP FOR EASE OF ELEVATION AND PATIENT COMFORT.</p> <p>FOLDING COT SIDES TO PROTECT PATIENTS' SAFETY</p> <p>5-7 CM THICKNESS HIGH DENSITY MATTRESS IN A 4 PCS NON MAGNETIC CASTORS, 1 UNIT IV POLE AS STANDARD.</p>
14	<p>RESUSCITATOR (RADIANT WARMER)</p>	<ul style="list-style-type: none"> • ELECTRICAL REQUIREMENT ~ 220V 50Hz OR ~ 230V 60Hz • POWER CONSUMPTION ≤ 700VA • AIR MODE TEMP. RANGE 25.0°C~ 37.0°C • OVER TEMP. ALARM < 38.0°C • HIGH MODE TEMP. RANGE 37.1°C~ 38.0°C


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		<ul style="list-style-type: none"> • HIGH MODE TEMP. ALARM < 39.0°C • TEMP. DEVIATION ALARM $\pm 1.0^{\circ}\text{C}$ • SKIN SENSOR ACCURACY $\leq \pm 0.3^{\circ}\text{C}$ • MATTRESS TEMP. UNIFORMITY $\leq 2.0^{\circ}\text{C}$ <p>HEATING RATE $\leq 30\text{MIN}$</p> <p>NB: SHOULD COME WITH SPARE SENSING NOBE</p>
15	ELECTROSURGICAL DIATHERMY MACHINE	
		<ul style="list-style-type: none"> • FREQUENCY: 450KHZ- 1250KHZ KHz. • TISSUE MONITORING: ADVANCED MONITORING OF TISSUE IMPEDANCE FOR CONSISTENT ENERGY DELIVERY. • CONTROL SYSTEM: TOUCHSCREEN OR MEMBRANE KEYBOARD <p>MONOPOLAR MODES:</p> <p>POWER SETTINGS: CUT: 1-300 W, BLEND: 1-200 W</p> <p>COAG: SOFT: 1-120 W, FULGURATE: 1-120 W, SPRAY: 1-120 W</p> <p>PEAK VOLTAGE: CUT: 1287 V, BLEND: 2178 V, COAG: SOFT: 264 V, FULGURATE: 3449 V, SPRAY: 3933 V</p> <p>-BIPOLAR MODES: POWER SETTINGS: LOW: 1-15 W, MEDIUM: 16-40 W, HIGH: 45-95 W</p> <p>PEAK VOLTAGE: CUT: 742 V</p>

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		<p style="text-align: center;">COAG: 318 V</p> <p>-LIGASURE TECHNOLOGY:</p> <ul style="list-style-type: none"> - VESSEL SEALING: UP TO 7 MM IN DIAMETER - SEALING TIME: UP TO 50% FASTER - JAW TEMPERATURE: LOWER BY 2 DEGREES <p>- ADDITIONAL FEATURES:</p> <ul style="list-style-type: none"> - TISSUEFECT TISSUE SENSING TECHNOLOGY: AUTOMATIC ADJUSTMENT OF ENERGY OUTPUT BASED ON TISSUE COMPOSITION - RETURN ELECTRODE MONITORING (REM): MONITORS THE QUALITY OF ELECTRICAL CONTACT BETWEEN THE PATIENT RETURN ELECTRODE AND THE PATIENT - FOOT PEDAL: SUPPORTS MONOPOLAR AND
16	<p>IV FLUIDS WARMER</p> 	<ul style="list-style-type: none"> • CONFIGURATIONS: 3 STRANDS/DECKS MACHINE • DIGITAL DISPLAY • TIME INDICATORS: FLUID WARMER RECORDS HOW LONG EACH BAG HAS BEEN WARMED • WITH SEISMIC WALL MOUNT • WITH MOBILE EQUIPMENT STAND AND MOUNTING • ANODIZED ALUMINIUM HEAT PLATE • LIGHTWEIGHT, MEDICAL GRADE PLASTIC HOUSING • ACCOMMODATES 0.5L, 1L, 2L & 3L BAGS

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		<ul style="list-style-type: none"> • FIELD CUSTOMIZABLE POD CONFIGURATION • INTELLIGENT BAG SENSORS • DUAL TEMPERATURE SENSORS
17	INFUSION PUMP	<p>-Volumetric infusion pump</p> <p>- Flow range: 1- 2000ml/hr with an incremental of 1ml</p> <p>-Display: A large colored LED display for easy monitoring</p> <p>-power input:220-240VAC</p> <p>-Operating modes</p> <ol style="list-style-type: none"> 1. Flow rate mode 2. Time mode 3. does mode/weight mode 4. Sequential mode 5. Bolus function <p>- Safety features</p> <ol style="list-style-type: none"> 1. Occlusion detection: The machine should have three levels of occlusion pressure alarms and anti-bolus function to reduce pressure surges and occlusion release 2. Alarms: Visual and audible alarms for issues like loose, error, near empty, battery empty and infusion complete 3. Anti-free flow: The machine should have built in features to reduce the risk of accidental free flow 4. other alarms: Door open, air inline
18	RECOVERY TROLLEY	<p>Approximate dimensions:</p> <ol style="list-style-type: none"> 1.Overall size: 2220l x 700 W X600-810H 2.Back rest angle: 75 degrees 3.Trendelenburg/Reverse Trendelenburg: 5/9 degrees <p>Material: Stainless steal</p> <p>Height Adjustment: Hydraulic adjustment</p>

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Castors: Heavy duty four swivel casters with at least two having brakes for secure position
Locking system: central locking system or individual wheel locking system
Iv pole: A telescopic IV pole with sockets at the corners
Mattress: Should come with ant-bacterial washable and water proof mattress



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The following attachments are appended to clarify the Description of the Goods:

[List any attachments providing an additional specification of the goods required]

Authorised By:

Signature: _____

Name: _____

Position: _____

Date: _____

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BENEFICIAL OWNERSHIP DISCLOSURE FORM

INSTRUCTIONS TO BIDDERS: DELETE THIS BOX ONCE YOU HAVE COMPLETED THE FORM

This Beneficial Ownership Disclosure Form ("Form") is to be completed by the Bidder. In case of a joint venture, the Bidder must submit a separate Form for each member of the Joint Venture.

The beneficial ownership information to be submitted in this Form shall be current as of the date of its submission.

For the purposes of this Form, a Beneficial Owner of a Bidder is any natural person who ultimately owns or controls the Bidder by meeting one or more of the following conditions-

- 1. Directly or indirectly holding 5% or more of the shares*
- 2. Directly or indirectly holding 5% or more of the voting rights*
- 3. Directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.*
- 4. Directly or indirectly has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;*
- 5. Has a significant stake in a company and on whose behalf activity of a company is conducted; or*
- 6. Exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee(s) beneficiaries, or anyone who controls the trust.*

Date: [insert date]

Procurement Reference No.: [insert procurement reference number]

Page [insert page number] of [insert total number of pages] pages.

To: [insert complete name of Procuring and Disposing Entity]

In response to the invitation for bid dated [insert date of invitation for bid] we hereby submit beneficial ownership information: [select one option as applicable and delete the options that are not applicable]

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We hereby provide the following beneficial ownership information.

Details of beneficial ownership

Identity Beneficial Owner	Directly or indirectly holding 5% or more of the shares (Yes/ No)	Directly or indirectly holding 5% or more of the Voting Rights (Yes/No)	Directly or indirectly having the right to appoint a majority of Board of Directors or an equivalent governing body of the Bidder (Yes/No)
[Include full name (Last, middle, first), nationality, country of residence, telephone number(s), email address, and postal and physical addresses]			

OR

- (i) We declare that there is no Beneficial Owner who has not been disclosed meeting one or more of the following conditions-
1. Directly or indirectly holding 5% or more of the shares
 2. Directly or indirectly holding 5% or more of the voting rights
 3. Directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
 4. Directly or indirectly has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;

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5. Has a significant stake in a company and on whose behalf activity of a company is conducted; or
6. Exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee(s) beneficiaries, or anyone who controls the trust.

OR

- (ii) We declare that we are unable to identify any Beneficial Owner meeting one or more of the following conditions. [If this option is selected, the Bidder shall provide explanation on why it is unable to identify any Beneficial Owner]
7. Directly or indirectly holding 5% or more of the shares
 8. Directly or indirectly holding 5% or more of the voting rights
 9. Directly or indirectly having the right to appoint a majority of the board of directors or equivalent governing body of the Bidder.
 10. Directly or indirectly has a substantial economic interest in or receives substantial economic benefit from, a company, whether acting alone or together with other persons;
 11. Has a significant stake in a company and on whose behalf activity of a company is conducted; or
 12. Exercises significant control or influence over a person through a formal or informal agreement, and where such ownership, control or interest is through a trust, the trustee(s) beneficiaries, or anyone who controls the trust.

Name of the Bidder: [insert **complete name of the Bidder**]¹

Name of the person duly authorized to sign the Bid on behalf of the Bidder: [insert **complete name of person duly authorized to sign the Bid**]²

Title of the person signing the Bid [Insert **complete title of the person signing the Bid**

¹ In the case of the Bid submitted by a Joint Venture specify the name of the Joint Venture as Bidder. In the event that the Bidder is a Joint venture, each reference to "Bidder" in the Beneficial Owner Disclosure Form (including this Introduction thereto) shall be read to refer to the Joint venture member.

² Person signing the Bid shall have the Power of attorney given by the Bidder. The power of attorney shall be attached with the Bid Schedules.

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Signature of the person named above-----

Date signed [insert **ordinal number**] day of [insert **month**], [insert **year**]