

Tel. No. 01525156
Fax No. 01524538
Email:



Zomba Central Hospital,
P.O Box 21, Zomba.
MALAWI

REQUEST FOR QUOTATIONS (FOR GOODS)

Procurement Number: ZCH/RFQ/Aut-Coag-Analyser/06/25/3

Date: 18th June, 2025

To

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The Procuring Entity named above invites you to submit your quotation for 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:** Procurement of **Automated Coagulation Analyser** for the Hospital Lab.
- 2) Quotation prices should be based on: **Malawi Kwacha**
For goods supplied from within Malawi: **DDP/ DAP (Delivery at Place) - Insured and delivered at Zomba Central Hospital**
- 3) The Delivery period required is **28** days from date of order.
- 4) Quotations must be valid for **30 days** from the date for receipt given below.
- 5) The warranty/guarantee offered shall be:
- 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: **2:00pm Local time on 24th June, 2025 deposited in the tender box.**
- 8) Quotations must be returned to:

The Chairperson, Internal Procurement and Disposal of Assets Committee [IPDC], Zomba Central Hospital, P.O Box 21, Zomba.

The attached Schedule of Requirements at 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.

Quotations that are responsive, qualified and technically compliant will be ranked according to price. Award of contract will be made to the lowest priced quotation by item or by total through the issue of a Local Purchase Order.

Signed:

Date: 18th June, 2025

Name **Luke Chikwiri** Title/Position: **Procurement and Disposal Officer. (0888860689)**

Authorised By:

Signature: _____

Name: _____

Position: _____

Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

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Procurement Number: ZCH/RFQ/Aut-Coag-Analyser/06/25/3

Date: 18th June, 2025

To

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For and on behalf of the Purchaser

Authorised By:

Signature: _____

Name: _____

Position: _____

Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

Zomba Central Hospital

Procurement Number: ZCH/RFQ/Aut-Coag-Analyser/06/25/3

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) Service 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) Warranty period (where applicable):.....months.
- 5) We attach the following documents:
 - i. Section C of the Request for Quotations completed and signed;
 - ii. A copy of our Annual Tax Clearance Certificate (for the last Financial Year),
 - iii. A list of recent three similar Government contracts performed for the past three years.
 - iv. A copy of a Coloured Identity Photo
 - v. A Copy of PPDA Certificate
 - vi. A copy of company registration certificate
- 6) 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 General Conditions of Contract for Local Purchase Orders.
- 7) 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.

Authorised By:

Sig nature: _____ Name : _____

Position: _____ Date: _____
(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

Address:

Authorised By:

Signature: _____ Name: _____

Position: _____ Date: _____
(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

Zomba Central Hospital

Procurement Number: ZCH/RFQ/Aut-Coag-Analyser/06/25/3

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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

Authorised By:

Signature: _____

Name: _____

Position: _____

Date: _____

(DD/MM/YY)

Authorised for and on behalf of:

Company: _____

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

Item No	Description of Goods	Detailed specification required	Bidders specification compliance offered (Comply with specification in the column below for item quoted)	Unit of Measure	Qty	Delivered Unit Price Kwacha	Delivered Total Price Kwacha
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Authorised By:

Signature: _____ Name: _____

Position: _____ Date: _____

(DD/MM/YY)

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Company: _____

Zomba Central Hospital

Procurement Number: ZCH/RFQ/Aut-Coag-Analyser/06/25/3

			Supplier must fill this Column				
1	Automated Coagulation Analyser	<u>AUTOMATED BLOOD COAGULATION ANALYSER SPECIFICATION.</u> General Specification 1. Fully Automated 2. Dimensions <ul style="list-style-type: none"> • Length: 566 mm • Height: 490 mm • Width: 490mm 		Each	1		

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		<p>3. Temperature control</p> <ul style="list-style-type: none">• Detector: 37 °C ±1 °C• Sample incubator: 37 °C ±1 °C• Reagent Pipette: 37 °C ±1 °C• Cooling Unit: 15 °C ±2 °C <p>4. Start up: within 30 minutes after switching on</p> <p>5. Protection type: Class 1 biosafety classification</p>					
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		Technical Specification 1. Storage capacity: <ul style="list-style-type: none">• Results:3000 tests or 600 samples• Reaction curves: 600 2. Electrical specifications <ul style="list-style-type: none">• Power requirement:10 0-240 V AC• Frequency:50/6 0Hz• Power consumption:<ul style="list-style-type: none">• 300 VA 3. Display					
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		<ul style="list-style-type: none">• 4.5 in x 3.4 in liquid crystal display with color LCD backlight• Touch panel type. <p>4. External input/output</p> <ul style="list-style-type: none">• RS-2 32C output for host computer• RS-2 32C output for external barcode leader• LAN port for CNCS Connections					
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5. Printer : A built-in thermal printer for analysing data and graphic prints

6. Environmental specifications

- Operating temperature: 15°C to 35°C
- Humidity: 30% - 80%
- Temperature compensation: Approx. 1.365 BUT/h (344

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		Analytical Specification <ul style="list-style-type: none">• Analysis Parameters<ul style="list-style-type: none">• Prothrombin Time (PT): Sec• Activated Partial Thromboplastin Time (APTT): Sec• Fibrinogen (Fbg): Sec• Thrombin Time (TT): Sec• Extrinsic Factors (II, V, VII, X): Sec					
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Authorised By:

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		<ul style="list-style-type: none"> • Intrinsic Factors (VIII, IX, XII): Sec • Protein C, Clotting: Sec • Batroxobin (BTX): Sec • Lupus Anticoagulant (Screening and Confirmation): Sec • Antithrombin II (AT-II): • Protein C, chromogenic • Heparin (Hep, LWM, U) • D-Dimer (DD) • Von Willebrand Factor (Ag, Ac) 					
		<ul style="list-style-type: none"> • Calculated Parameters 					

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- | | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | <ul style="list-style-type: none">• Prothrombin Time (PT):
%, PT Ratio, INR,
Derived Fbg (dFbg)• Fibrinogen (Fbn):
mg/dl or g/L• Extrinsic Factors (II, V,
VII, X): %• Intrinsic Factors (VIII,
IX, XI, XII): %• Protein C, Protein: %• Heparin (Hep, LMW,
U): IU/mL• D-Dimer (DD): Ug/L or
mg/L• Von Willebrand
Factor (Ag, Ac): % | | | | | |
|--|--|--|--|--|--|--|--|

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		<ul style="list-style-type: none">• Analysis Principle<ul style="list-style-type: none">• Coagulation Reaction Detecting Method (Scattered Light Detecting Method)• Coagulation Point Detection Method (Percent Detection Method)• Chromogenic Method (Colorimetric Method/Rate Method)• Immunoassay Method• Simultaneous random analysis of 5 parameters					
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		<ul style="list-style-type: none">• Others<ul style="list-style-type: none">• Should include a starter pack of consumables for at least 100 tests• Should include a 1-year warranty with a service contract including installation• The service contractor should have an authorization license from the product manufacturer• installation by machine's certified					
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		engineer and user training for both technical and nontechnical provide user and service manuals					
Sub Total							

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