



**REQUEST FOR QUOTATION:  
SUPPLY AND INSTALLATION OF THE MMH  
ECHOCARDIOGRAPH MACHINE**

## 1.0 INTRODUCTION

The Mater Misericordiae hospital seeks for qualified bidders to Supply and Installation of a **High end Echocardiograph Equipment Standalone**) – for use in the Cardiac clinic as per the tabled specifications.

## NOTICES

Kindly take note of the following:

### I. Submission of Bids

- Bidders are expected to submit two separate bids:
  - Technical bid – one original copy
  - Financial bid – one original copy
- Completed RFQ documents are to be enclosed in plain sealed envelopes, marked and clearly Labeled with the instructions “Do not open before **Wednesday, 9<sup>th</sup> December, 2020 at 1600 hours** (East Africa Time). The bids will be dropped in the tender box on 3<sup>rd</sup> floor (Do not email your bids). The bids will be:

Addressed to

**THE CHIEF EXECUTIVE OFFICER  
THE MATER HOSPITAL  
P. O. BOX 30325 - 00100,  
NAIROBI**

- Dropped at the **Tender Box located at the reception of the Administration Block, 3<sup>rd</sup> Floor**
- Due to the Covid-19 Regulations, The Hospital will not allow the bidders to attend bids Opening process. However, a copy of opening minutes can be shared with on request.

### II. For any clarifications or enquiries, you are requested kindly contacts Procurement Department on:

**0732163025 or 0732163281 or 0732163203**

## 2.0 EVALUATION CRITERIA

The Mater Hospital will consider the following five categories of criteria to evaluate the RFQ.

Stage 1. Compliance to Mandatory requirement

Stage 2. Compliance to the specifications

Stage 3. Compliance to technical requirements on capacity to deliver the contract.

Stage 4. Financial evaluation

Stage 5. Due Diligence

## 3.0 MANDATORY REQUIREMENTS

- i. Copy of a company or firm's registration / Incorporation certificate.
- ii. Copy of a valid tax compliance certificate.
- iii. CR 12 that is not older than 3 months.
- iv. PIN Certificate
- v. Copy of valid Business permit
- vi. Manufacturer's authorization Certificate for the Echocardiograph Machine.
- vii. Business questionnaire duly completed, signed and stamped.

**Important Note:** The Bidders who do not satisfy any of the above mandatory requirements shall be considered as non-responsive and will not be evaluated further.

## 4.0 TECHNICAL REQUIREMENTS

The tabled technical requirements will form basis of evaluation criteria and awarding of marks.

No.	Technical Requirements	YES/NO
I	<b>Experience:</b> Your brief company profile should list down at least 2 reputable organizations that you have supplied with the Echocardiograph Equipment in the last three years. Reference checks will be conducted. Attach Evidence of supply (Recommendation letters/Certificates).	
II.	<b>Educational and other Qualifications for Technical Staff</b> Provide CVs and experience of at least 2 technical staff proposed to support the Hospital in event of award.	
III.	Customer service and maintenance. i. Draft of Service Level Agreement with terms and conditions of engagement ii. List of Relevant spare parts ( <i>Kindly attach the draft copy-this must be provided</i> )	
IV.	Provide copies of the Audited Accounts for the last two years. (2018 and 2019)	

**Important note: Bidders that submit all of the above requirements will proceed to the financial level.**

## 5.0 TECHNICAL SPECIFICATIONS

### Note:

- Any machine quoted must meet the below outlined minimum requirements/specifications. *Only bidders that meet 100% of the below specification would proceed to the technical evaluation*
- You are required to quote for all items included in the specifications.
- Any specification that is not available in the machine on offer should be clearly stated in the comments column.
- If all the specifications per bullet are met, kindly note in the remarks column.
- Any proposal that does not clearly indicate the availability of the minimum specifications listed below as instructed above may be disqualified.
- Additional specifications can be listed on a separate attachment or in the comments column. This will be an added advantage.

No.	Description	Comments (Kindly note any specs not available in this column)	Remarks (Kindly state here if all specs are met)
	The equipment should be a <b>High End</b> state of the art Color Doppler system with full digital technology applications for full cardiac and peripheral vascular applications for adult, pediatric, & Foetal applications. This equipment should offer better resolution& penetration of images. It should be <b>2Dand 3D</b> System upgradable to the next generation system. System should be DICOM ready and capable of being interfaced with HIS/RIS/PACS.		
1.	Power: 100-240Vac 50Hz		
2.	Mobile unit with brakes.		
3.	Display screen: 19"		
4.	User defined system & application presets for multi-user department.		
5.	Patient data input, review & editing of complete patient studies.		
6.	Transducer ports: 3 or more.		

7	Real time compounding		
8.	Adaptive image processing for noise and artifact reduction		
9.	Ergonomic transducers designs with lightweight flexible cables		
10.	System should have automatic scanning feature that continually optimizes the image		
11.	System should have intelligent Tissue Specific Imaging		
12.	Dicom 3.0 print and store capability to internal drive or DVD/CD/USB		
13	System should have software to enable viewing of DICOM images on a PC		
14.	Integrated DVD/CD burning capability for storage of DICOM images or export in JPEG for Pc. Or USB		
15.	<b>Clinical Application software:</b>		
	<ul style="list-style-type: none"> <li>• Adult echocardiography</li> <li>• Pediatric Echocardiography</li> <li>• Neonatal Echocardiograph</li> <li>• Peripheral vascular application.</li> <li>• Foetal application</li> </ul>		
16.	<b>Imaging Modes</b> 2D and 3D		
	Should have B colour doppler		
17.	System should have Tissue Doppler Imaging [TDI]		
18.	Should have spectral Doppler		
19	Should have Stress Echo		
20	Should have Contrast Echo		
21	Should have valve interrogation program		
22	<b>Measurements and Calculations</b>		
	<ul style="list-style-type: none"> <li>• Adult Echo Cardiac Analysis</li> <li>• Pediatric Echo Cardiac Analysis</li> <li>• Feotal Echo cardiac Analysis</li> <li>• Full cardiac calculation package</li> <li>• Live [on screen] automatic Doppler analysis</li> <li>• Volume Flow measurements</li> </ul>		

23.	<b>Echocardiograph probes:</b> <ul style="list-style-type: none"> <li>• Pediatric sector transducer [3-8 MHz]</li> <li>• Adult sector transducer [1-5MHz]</li> </ul>		
24.	<b>Other probes:</b> Linear array		
25.	ECG facility should be included		
26.	<b>Peripheral Accessories:</b> <ul style="list-style-type: none"> <li>• A6 B/W thermal printer</li> <li>• High quality Laser printer</li> <li>• DVD drive. CD/DVD produced should be playable on any system.</li> <li>• USB</li> </ul>		
27.	<b>Safety:</b> <ul style="list-style-type: none"> <li>• CE /FDAMarked</li> <li>• Electrical /Electronic safety</li> </ul>		
32.	<b>User training:</b> Application Specialist training		
33.	<b>Warranty:</b>		

## 6.0 FINANCIAL PROPOSAL

### PRICE SCHEDULE FOR SUPPLY, INSTALLATION AND MAINTENANCE OF THE ECHOCARDIOGRAPH MACHINE

No.	Description	Total Kshs (VAT INCLUSIVE)
1.	The Cost for Supply, Installation and Commissioning of the Echocardiograph machine	
2.	Any other cost	
3.	Price Schedule for the Contract Maintenance for the Echocardiograph machine	
4.	Payment Terms would be 60 Days after Delivery, Installation and Commissioning of the Equipment.	
5.	Training period	
6.	Delivery should be within 4 - 6 weeks	
7.	Warranty Period of the Machine Preferably Two Years and Above	

## 7.0 REFERENCE CHECK

Reference Check will be conducted for the bidders that proceed for the Financial Evaluation.

## 8.0 Confidential Business Questionnaire

*You are requested to give the particular indicated in Part 1 and either Part 2(a), 2(b), or 2( c)*

### **PART 1.** Whichever applies to your type of business

You are advised that it is a serious offence to give false information on this Form.

Part \_\_\_\_\_ General:

Business Name .....

Location of business premises .....

Plot No. .... Street/Road .....

Postal Address ..... Tel. No. ....

Fax ..... Email .....

Nature of business .....

Registration Certificate No. ....

Maximum value of business which you can handle at any one time

Kshs. ....

Name of your bankers ..... Branch .....

### **PART 2(a)** – Sole Proprietor:

Your name in full ..... Age .....

Nationality ..... Country of origin .....

Citizenship details.....

### **PART 2(B)** – Partnership

Give details of partners as follows

	Name	Nationality	Citizenship Details	Shares
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....

**PART 2(C) – Registered Company:**

Private or public .....

State the nominal and issued capital of the company –

Nominal Kshs. ....

Issued Kshs.....

Give details of all directors as follows

Name	Nationality	Citizenship Details	Shares
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

Date.....

Signature of Tenderer .....

(Authorized Signatory)

***Stamp***

***If a citizen, indicate under “Citizenship Details” whether by Birth, Naturalization or Registration***