

Request for Quotation

Reference No. MOPH-RFQ-COVID19-002

Date: March 25, 2020

INVITATION TO QUOTE

To:

Gentlemen:

1. You are invited to submit your price quotation(s) for the supply of the items in the attached list.
2. The Government of Lebanon has received a loan from the International Bank for Reconstruction and Development (IBRD) and intends to apply the proceeds of this loan to eligible payments under the contracts for which this invitation for quotation is issued.
3. You may quote for **the items** under this invitation. Each item shall be evaluated, and contract awarded separately to the firm(s) offering the most fit quotation under emergency conditions.
4. Your quotation(s) in the required format (Purchase Order) should be addressed and submitted to:

Ministry of Public Health
Attn: Office of the minister of Public Health – LHR – Procurement
Ministry of Public Health
4th Floor, Bir Hassan, Beirut, Lebanon
e-mail: LHR.COVID19@gmail.com
5. Your quotation in English language, should be accompanied by:
 - a) adequate technical documentation and catalogue(s) and other printed material or pertinent information (in English language) for the items quoted, including cost of accessories/consumables per 1000 hours of operation; to fill spare parts section in attachment 2
 - b) compliance certificate (as per the Lebanese regulation regarding compliance with international safety standards: For example, CE, FDA, etc.) / the related Lebanese regulation can be found on the following link:
<https://www.moph.gov.lb/userfiles/files/HealthCareSystem/Medical%20Technology/Laws%20and%20Regulations/karar%20455-2013.pdf>
 - c) names and addresses of firms providing supplies/after sale service facilities in Lebanon; a letter of acceptance by the local firm to provide after sale services can be provided after signature of the purchase order, in less than four weeks after the date of the purchase order. MANDATORY
 - d) the delivery schedule¹;

¹ Partial delivery is allowed

e) the Bank account details that payments should be transferred to.

6. The deadline for receipt of your quotation (s) by the Purchaser at the addressed indicated in Paragraph 5 is: **Tuesday 31th, 2020 at 3pm Beirut time**

7. Quotations by e-mail are acceptable.

8. Your quotation(s) should be submitted as per the following instructions and in accordance with the Terms and Conditions of supply in the attached draft Purchase Order.

(i) **PRICES:** The prices should be quoted for delivery CIP Beirut/Lebanon, at one of the Governmental hospitals (as referred to in annex 3) in Lebanon for imported goods and EXW (EX-WORKS) plus delivery to the nominated hospitals (as referred to in annex 3) for domestically supplied goods, according to INCOTERMS, 2010. Prices can be quoted in any Bank member country currency, including USD, but no more than three currencies.

(ii) **EVALUATION AND AWARD OF PURCHASE ORDER:** Offers determined to be substantially responsive to the technical specifications will be evaluated by comparison of their prices by converting their CIP/Ex-Works price to USD based on the selling exchange rate published by the Central Bank of Lebanon on the date for submission of quotations, specified in Paragraph 7 above. The award will be made to the firm offering the most fit quotation under emergency conditions and that: (1) meets the required standards of technical requirements; (2) the delivery period proposed (3) the future cost of operations and maintenance.

The Goods specified in the List of Goods are required to be delivered within the time range of one week from signing of purchase order, to maximum 3 months after award. Within this acceptable period, an adjustment of 1% of the quoted price per day, will be added, for evaluation purposes only

(iii) **VALIDITY OF THE OFFER:** Your quotation(s) should be valid for a period of 15 days from the date of receipt for quotation(s) as indicated in Paragraph 7 of this Invitation to Quote.

9. Further information can be obtained from:

Ministry of Public Health
Attn: Mr. Hicham Fawaz
Ministry of Public Health
1st Floor, Bir Hassan, Beirut, Lebanon
e-mail LHR.proc@moph.gov.lb

10. Please Confirm by e-mail the receipt of this invitation and whether or not you will submit the price quotation(s).

Sincerely,

Ministry of Public Health

Attachments: (1) Draft purchase order
(2) Schedule and description of required goods type 1 (Vent 001) and type 2 (Vent 002)
(3) List of Governmental Hospitals in Lebanon

Draft Purchase Order

Purchase Order No. _____

Date of Purchase Order _____

Name of the Purchaser _____

Complete Postal Address of Purchaser _____

Telephone No. _____

Fax No. _____

Subject: SUPPLY OF _____

TO: {Please insert Supplier's name and address}

Dear Sirs:

Your price quotation No. _____ Dated _____ for the supply of the above goods is accepted by the Purchaser for an amount of _____ as per the Terms and Conditions described in Attachment 2 to this Purchase Order. Please complete your supply in accordance with the terms and conditions contained in the attachment to this Purchase Order.

Please acknowledge receipt within 10 (ten) days from the date of receipt of this Purchase Order.

Sincerely,

Purchaser

INTERNATIONAL SHOPPING
Terms and Conditions of Supply

Project Name: _____ Purchaser: _____
Consignee: _____ Package No: _____

1. **Prices and Schedules for Supply**

<u>S.No.</u>	<u>Item No.</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total Price</u>	<u>Delivery Time</u>
1.					
2.					

{**Note:** In case of discrepancy between unit price and Total derived from unit price, unit price shall prevail}

<u>Spare Parts</u>	}
<u>Tools and Accessories</u>	}
<u>Manuals and all necessary technical and operational document</u>	}
<u>Maintenance Requirements on a yearly basis</u>	}

2. **Fixe Price** The prices indicated above are firm and fixed and not subject to any adjustment during contract performance. (including all costs and taxes)

3. **Country of Origin:** The goods offered should have their origin in World Bank member countries, and you will be required to furnish a certificate of origin for each item.

4. **Delivery Schedule:** The delivery should be completed as per above schedule but not exceeding three months from the date of signature of the Purchase Order.

5. **Payment** for your invoice will be made:

- 60% against delivery of shipping documents for each partial shipment, through World Bank Direct Payment
- 30% of the invoice will be paid on Acceptance of the Goods at final destination (including installation, initial operation and training [as shown in attachment 2] for equipment through World Bank Direct Payment;
- 10% upon completion of 12-months warranty period.

Invoices settlements are due within 10 business days, starting from the day of invoice acceptance by MoPH

6. **Warranty:** Goods offered should be covered by manufacturer's warranty including consumables for 12 months from the date of delivery to the Purchaser. Please specify warranty terms in detail.

7. **Packaging and Marking Instructions:** Manufacturer's standard packaging.

8. **Required Technical Specifications**
As per the attached list.

The Supplier confirms compliance with above specifications {In case of deviations supplier to list all such deviations}

9. **Failure to Perform**: The Purchaser may cancel the Purchase Order if the Supplier fails to deliver the Goods, in accordance with the above terms and conditions, in spite of being given 21 days notice by the Purchaser, without incurring any liability to the Supplier.

NAME OF THE SUPPLIER _____

Authorized Signature _____

Place:

Date:

Attachment (2)

Schedule and description of required goods type 1 (Vent 001) and type 2 (Vent 002)

Description	Quantity	Unit Price	Total Price	Delivery Schedule
Ventilators type 1 – Vent001	60			
One-year maintenance during 12-months warranty period				
One-year maintenance after defects liability period				
Cost of 1000 hours of operations including accessories and consumables				
Ventilators type 2 – Vent002	10			
One-year maintenance during 12-months warranty period				
One-year maintenance after defects liability period				
Cost of 1000 hours of operations including accessories and consumables				

Kindly fill the following table for spare parts cost

<u>Spare part</u>	<u>Price</u>	<u>Frequency of replacement (Weeks)</u>
Air/ oxygen Hose		
Adult/ pediatric expiratory filter reusable		
Reusable patient circuit (adult and pediatric)		
Nebulizer system		
Mixer filter		
Disposable flow sensor adult and pediatric		
Disposable Air intake filter		

Training required

Per Hospital / per delivery: to train the operator / Hospital engineer / technician on usage, operation, connection, basic support and maintenance.

VENT001	Ventilator, Adult/Pediatric
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Microprocessor controlled ventilator with integrated nebulizer can ventilate patients from 5kg and up to adults featuring:

- Modes of Ventilation:
 - Volume and Pressure Assist/control modes e.g. CMV-CMVA, MMV, PCV.
 - SIMV, SIMV with PS.
 - CPAP, BIPAP.
 - Flow and pressure triggering facility (Mandatory).
 - Pressure support (PS, VAPS).
 - Automatic ventilation for patients with Apnea.
 - Non-Invasive Ventilation e.g NIV, NPPV.
 - Other optional modes: combination modes (specify).

- Controls/Settings ranges:
 - VT (Tidal Volume): approx. 20 to 2000 ml
 - Inspiration flow: approx. 0 to 180 L/min
 - Inspiratory Pressure: 0 – 80 cm H₂O
 - Respiratory rate: approx. 1 to 120 /min.
 - Inspiratory time: 0 -3s
 - Expiratory time: 1- 8 s
 - I/E ratio: 1:4 to 4:1
 - Inspiratory Hold: 0 – 3 s
 - Expiratory Hold: 0 – 3 s
 - FiO₂: 21 – 100 %
 - Manual Breath button
 - PEEP/CPAP: Approx.0 to 45 cm H₂O
 - Pressure Support: 0 – 45 Cm H₂O
 - Nebulizer
 - Compliance - compensated and corrected to body temperature and pressure saturated.
 - Flow and Pressure trigger mechanism
 - Flow trigger sensitivity: approx. 1 to 18 l/min
 - Sigh breath function
 - Auto 100% O₂ button
 - Control panel lock

- Monitored and Displayed Parameters:
 - Peak Inspiratory Pressure.
 - Mean Airway Pressure.
 - PEEP.
 - Tidal Volume.
 - Minute Volume.
 - Spontaneous Minute Volume.
 - Analyzed / measured FiO₂ %.

- Respiratory Rate.
 - Inspiratory Time.
 - Expiratory Time.
 - I/E.

 - Patient Alarms:
 - High respiratory rate: 5 to 100 /min.
 - Low/high inspiratory pressure
 - Loss of PEEP.
 - High PEEP.
 - Apnea.
 - High pressure.
 - Inverse I/E.
 - Low/high minute volume.
 - Low/high FiO₂.
 - Breathing circuit Disconnect.

 - Equipment Alarm:
 - Gas Supply Failure.
 - Power failure.
 - Vent Inoperative or system failure
 - Self-Diagnostics and Self-test facility.

 - Gas sources:
 - Comes with all necessary hoses and connectors (British Standards compliant).
 - Wall compressed Air.
 - Wall oxygen supply.

 - The ventilator shall have the following:
 - Message display, reporting ventilator alarms and patient status.
 - Alarm silence.
 - Alarm reset.
 - Battery backed memory for all ventilator settings.
 - Power: works on mains supply and on batteries.
 - Mains : 220-240 volt 50 Hz.
 - Battery: Sealed rechargeable type with a capacity at least 2 hours.
 - Battery charge level indicator should be available.
 - The ventilator should be delivered complete with its mobile cart, flex arm, Air hose with connector, oxygen hose with connector, test lung, and three complete reusable patient circuits, and 2 sets of all necessary filters; if disposable accessories are needed, 100 units of each should be delivered
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Microprocessor controlled transport ventilator can ventilate all types of patients (Adults, pediatric and premature neonatal) featuring:

- Modes of Ventilation:
 - Volume and Pressure Assist/control modes.
 - SIMV, SIMV with PS.
 - CPAP, BIPAP.
 - Pressure support (PS).
 - Apnea back-up ventilation.

 - Controls/Settings ranges:
 - VT (Tidal Volume): approx. 5 to 2000 ml
 - Inspiration flow: ≥ 60 L/min
 - Inspiratory Pressure: 0 – 80 cm H₂O
 - Respiratory rate: approx. 1 to 100 /min.
 - Inspiratory time: 0 -2s.
 - I/E ratio: 1:1 to 1:8.
 - FiO₂: 21 – 100 %.
 - Manual Breath button.
 - PEEP/CPAP: Approx.0 to 20 cm H₂O.
 - Pressure Support: 0 – 45 Cm H₂O.
 - Flow or Pressure trigger mechanism.
 - Auto 100% O₂ button.
 - Control panel lock.

 - Monitored and Displayed Parameters:
 - Peak Inspiratory Pressure.
 - Mean Airway Pressure.
 - PEEP.
 - Tidal Volume.
 - Minute Volume.
 - FiO₂ %.
 - Respiratory Rate.
 - Inspiratory Time.
 - Expiratory Time.
 - I/E.

 - Patient Alarms:
 - Low/high FiO₂.
 - Low/high minute volume.
 - Low/high inspiratory pressure
 - Loss of PEEP.
 - High PEEP.
 - Apnea.
 - High pressure.
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- Inverse I/E.
 - High respiratory rate.
 - Breathing circuit Disconnect.
 - Equipment Alarm:
 - Gas Supply Failure.
 - Power failure.
 - Vent Inoperative.
 - Self-Diagnostics.
 - Gas sources:
 - Comes with all necessary hoses and connectors (British Standards compliant).
 - Wall or bottle oxygen supply.
 - The ventilator shall have the following:
 - Compact and easy to handle intuitive design.
 - Weight: ≤ 6.8 Kg.
 - Power: works on mains supply and on batteries.
 - Mains : 220-240 volt 50 Hz.
 - Battery: Sealed modular internal rechargeable and easily replaceable type with a capacity at least 3 hours.
 - Battery charge level indicator should be available.
 - Alarm silence.
 - Alarm reset.
 - The ventilator should be delivered complete with its protective carrier, back up battery with external charger, oxygen hose with connector, test lung, and three complete reusable patient circuits, and 2 sets of all necessary filters; if disposable accessories are needed, 100 units of each should be delivered
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Attachment (3)

Mohafaza	Kadaa	Hospital Name
Beirut	Beirut	Karantina Governmental Hospital
		Rafik Hariri University Hospital
Bekaa	Hermel	Hermel Governmental Hospital
	Baalbeck	Baalbeck Governmental Hospital
	Zahle	President Elias Harawi Governmental Hospital
	Rachaya	Rachaya Governmental Hospital
	Bekaa Gharbeh	Mashaghara Governmental Hospital
		Kherbet Kanfar Governmental Hospital
Mount Lebanon	Baabda	Baabda Governmental University Hospital
	Chouf	Siblin Governmental Hospital
	Metn	Dahr El.Bachek Governmental University Hospital
	Batroun	Tannourine Governmental Hospital
	Kesserwan	Ftough Kesrwan Governmental Hospital
	Aaley	Shahar Gharbi Governmental Hospital
North Lebanon	Tripoli	Tripoli Governmental Hospital
		Orange Nassau Governmental Hospital
	Bcharri	Becharri Government Hospital
	Zgharta	Ehden Governmental Hospital
	Aakar	Halba Governmental Hospital
	Menyeh Donnieh	Menyeh Governmental Hospital
	Donnieh	Sir Donnieh Governmental Hospital
South Lebanon	Saida	Saida Governmental Hospital
	Sour	Tyr Governmental Hospital
		Qana Governmental Hospital
	Nabatieh	Nabih Berry University Governmental Hospital of Nabatieh
	Hasbaya	Hasbaya Governmental Hospital
	Marjeoun	Marjayoun Governmental Hospital
	Bint Jbeil	Meiss El Jabal Governmental Hospital
		Tibnin Governmental Hospital
		Bint Jbeil Governmental Hospital
Jezzine	Jezzine Governmental Hospital	