



**SPECIFICATIONS FOR
TENDER #0171-0832
SUPPLY OF ORTHOPEDIC INSTRUMENTATION
FOR WESTERN HEALTH**

CLOSING DATE: 29 February 2008

CLOSING TIME: 11:00 AM (Newfoundland Time)



Invitation to Tender for Orthopedic Instrumentation

1.0 General Provisions

1.1 Intent

This invitation to Tender is intended to obtain Orthopedic Instrumentation for the Western Regional Integrated Health Authority (Western Health) at the Western Memorial Hospital.

This Tender is concerned with the acquisition of Orthopedic Instrumentation for the Western Memorial Hospital with consideration of the following:

- Ongoing service and maintenance support.
- All manuals, documents and initial supplies.
- The right to reproduce any printed materials supplied with the product for the purpose of using the product.
- Training and training manuals.
- Future enhancement availability.

1.1.1 Western Health reserves the right to order additional units at the same price for a period up to and including 31 December 2008.

1.2 Client Background

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

1.3 Vendor Response

1.3.1 Vendor's tender must contain an Executive Summary which shall contain:

- a. A brief description of the product being quoted.
- b. The name, title and address of the Vendor's representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars, FOB Western Memorial Hospital. All Tenders will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

1.4 **Release of Information**

1.4.1 **While Tender is Open:**

The names of individuals or companies who have picked up the tender documents will **not** be released.

1.4.2 **At Tender Opening:**

Only the names of the bidders will be read out.

1.4.3 **After Tender Opening:**

1. No further information will be released until after the contract is awarded.
2. After award, only the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.

1.4.4 **FYI, Statements that are included as part of our Tender calls:**

While bidders are welcome to attend the public opening, please be advised that it is not our policy to release bid information. Only the names of the bidders will be released.

1.5 Communication During Tendering

- 1.5.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. John Piercey
Regional Director, Materials Management
Western Health
P.O. Box 2005
1 Brookfield Avenue
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 637-5511
Fax: (709) 634-2649
Email: johnpiercey@westernhealth.nl.ca

- 1.5.2 Western Health may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.
- 1.5.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health's Materials Management Department no later than **Five** working days following the Tender closing date.
- 1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Materials Management Department, Western Health, Western Memorial Regional Hospital, Lower Level, P.O. Box 2005, Corner Brook, NL A2H 6J7.
- 1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.
- 1.5.6 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.
- 1.5.7 In order to contribute to waste reduction and promote environmental protection, the Western Health will endeavour to

acquire goods and services that support these principles, therefore, product(s) quoted should include:

- maximum level of post-consumer waste and/or recyclable content
- minimal packaging
- minimal environmental hazards
- maximum energy efficiency
- potential for recycling
- disposal costs
- must not reduce the quality of the product required or affect the intended use of the product
- must not significantly impact the acquisition cost

1.5.8 Are the quoted price(s) on this tender (where applicable) available to our employees?

Yes No N/A

Administratively the Western Integrated Health Authority will not be involved in ordering, servicing, warranty and payment; the employee(s) would deal directly with the company.

1.6 **Tender Acceptance**

1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.

1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.

1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

1.7 **Warranty**

The Vendor shall warrant that the product supplied to Western Health shall equal the published specifications.

The Vendor shall provide no less than a 1-year warranty on the system. The Vendor agrees to provide free of charge all parts and labour necessary to repair the system during the first year of operation.

2.0 **Product Specifications**

- Small Fragment LCP Set
- Medial Distal Tibia LCP Set
- Distal Radius LCP Set
- Periarticular Instrument and Screw LCP System
- Proximal Femur LCP Set
- Distal Femur LCP Set
- Proximal Tibia LCP Set

Medical Device License Number for the product tendered _____

3.0 **Presentation / Training / Service**

3.1 **Presentation**

A presentation of the Tender and / or a demonstration of the product / system shall be provided, if requested, at the Vendor's expense.

3.2 **Training**

The Vendor shall provide on-site training to staff in the use of the **Orthopedic Instrumentation**. All costs associated with this training shall be included in the total Tender price. The length of such training shall be what is reasonably required to train the users of the equipment and shall be documented.

3.3 **Service**

3.3.1 The Vendor shall confirm in writing that Parts and Labour will be available for the quoted system for not less than nine (9) years after the warranty period.

4.0 **Product History and Vendor Reputation**

4.1 The Vendor shall provide a list of three (3) organizations where a similar Unit has been installed. Include a contact person for each organization.

5.0 **Financial Considerations**

5.1 All applicable taxes shall be indicated in the Tender.

5.2 The cost for installation, initial set-up and programming shall be included in the Tender price.

5.3 All costs for training shall be included in the Tender. This includes any travel, meals and accommodation.

5.4 **Terms of Payment**

The Authority agrees to pay the full invoiced amount within 30 days following acceptance of the installed system by Western Health. Acceptance testing will be completed within 30 days following the complete installation of the system.

6.0 **Vendor Confirmation** (please sign)

I confirm that our Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Signed _____

Title _____

Company Name _____

Address _____

Phone _____

Tender Price \$ _____

Tax Extra Yes _____ No _____

TENDER CHECKLIST

TENDER #0171-0832

DID YOU INCLUDE

- | | | |
|---|------------------------------|-----------------------------|
| HAS TENDER SUBMISSION BEEN SIGNED | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF REQUIRED TENDER DOCUMENTS | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF BROCHURES (IF REQUESTED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF PROOF OF INSURANCE (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| OPTIONAL PRICING FOR TRAINING INCLUDED | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER “NO” TO ANY OF THE ABOVE QUESTIONS.