



**SPECIFICATIONS FOR**

**TENDER # 0171-1041**

**SUPPLY OF EQUIPMENT FOR EYE CARE CENTER  
FOR WESTERN HEALTH**

**CLOSING DATE: 17 SEPTEMBER 2010**

**CLOSING TIME: 11:00 AM (Newfoundland Time)**



## **Invitation to supply equipment for Eye Care Center**

### **1.0 General Provisions**

#### **1.1 Intent**

This invitation to Tender is intended to obtain specialized new medical equipment for the operation of an Eye Care Center for the Western Regional Health Authority (Western Health) at Corner Brook.

The equipment specifications are listed in section 2 of this tender document and it is Western Health's intention to obtain the equipment listed or the equivalent in form, function and quality. All the equipment being bid must be approved by the appropriate authorities for use in a Canadian Medical facility and be suitable for the intended uses as determined by Western Health's Medical Staff. Potential bidders with questions regarding the suitability of products should contact the Purchasing department at Western Health a minimum of 24 hours prior to the closing date of this tender.

#### **1.2 Client Background**

Western Health was established by the Government of Newfoundland 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 products 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 Corner Brook. 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.
4. Successful Awards will be posted on Web Site.

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

Bidders are welcome to attend the public opening, please be advised that it may not release detailed bid information at the time of the opening. All bids will be subject to review for full compliance and only the names of the bidders may be released at the opening.

#### 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  
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 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.

## 2.0 Product Specifications

Please note that all equipment being bid must be approved by the required regulatory agencies for use in Canadian Health facilities and it must be suitable for the intended use as determined by Western Health's medical Staff. Bidders must be willing to provide details regarding the products they are proposing and be willing to demonstrate such products if deemed necessary by Western Health. The quantities indicated below are estimated quantities required. Actual items and quantities to be purchased will be provided to the successful on a purchase order after review of the tender bids.

### 2.1 Chairs ( Black )

- 2.1.1 **OR chairs:** Reliance model 540 or equivalent. Size Medium.  
TOTAL: 2
- 2.1.2 **Physician stools:** Reliance 5346 or equivalent. TOTAL: 8
- 2.1.3 **Technician stools:** Reliance 4240 or equivalent. TOTAL: 6
- 2.1.4 **Patient/examination chairs:** Reliance FX 920 or equivalent.  
TOTAL: 7
- 2.1.5 **Patient chairs for check-in rooms:** Reliance model 2000 exam/laser chair or equivalent. TOTAL 2

### 2.2 Slitlamps and examination accessories

- 2.2.1 **Instrument Stands:** Reliance 7900 (lamp included) or equivalent.  
TOTAL 7
- 2.2.2 **Slit lamps:** Haag Streit BP900 or equivalent. TOTAL 5
- 2.2.3 **Applanation Tonometers:** Goldmann Applanation Tonometer .  
TOTAL 5
- 2.2.4 **Phoropter:** TOTAL 6
- 2.2.5 **Indirect Ophthalmoscope:** Heine indirect Ophthalmoscope with head mounted rheostat or equivalent. TOTAL 5
- 2.2.6 **Ophthalmoscope:** TOTAL 7
- 2.2.7 **Retinoscope:** TOTAL 4
- 2.2.8 **Transilluminator/MS light:** TOTAL 2
- 2.2.9 **Rechargeable handles:** TOTAL 13
- 2.2.10 **Tonopen:** Reichert **Tono-Pen** AVIA or equivalent: TOTAL 1
- 2.2.11 **Potential Acuity Meter: (With rechargeable handles that plug into wall rather than instrument stand)** TOTAL 2
- 2.2.12 **Pachymeter:** Handheld, TOTAL 2
- 2.2.13 **Visual Acuity projector and screens:** TOTAL 10

## 2.3 Minor OR equipment

2.3.1 **Stand mounted light:** Heine exam/task lite HL 5000 – with stand (or equivalent): TOTAL 1

2.3.2 **Minor Procedure Instrument Trays:** Including Westcotts, 0.12 & 0.5 toothed forceps, non-toothed forceps, needle driver, chalazion curette & clamp, metal cup, punctal dilator (fine), skin hooks etc. TOTAL 2 trays

## 2.4 Lenses

2.4.1 **20 D indirect lens:** TOTAL 3

2.4.2 **28 D indirect lens:** TOTAL 3

2.4.3 **78 D indirect lens:** TOTAL 1

2.4.4 **90 D indirect lens:** TOTAL 5

2.4.5 **Dynamic Gonioscopy lens:** Volk or Posner or equivalent TOTAL 2

2.4.6 **Volk HR wide field laser lens:** no equivalent...this lens only, TOTAL 1

2.4.7 **Focal/grid laser lens:** TOTAL 1

2.4.8 **Rhodenstock & Mainster laser lenses:** TOTAL 1 each

2.4.9 **2 Mirror Gonio lens:** TOTAL 2

2.4.10 **3 Mirror Contact lens:** TOTAL 2

## 2.5 Diagnostics / Therapeutics

2.5.1 **AB-Scan ultrasound:** TOTAL 1

2.5.2 **Slitlamp camera:** TOTAL 1

2.5.3 **Autorefractor :** TOTAL 1

2.5.4 **Vitreotomy Machine:** Alcon Constellation

2.5.5 **Vitreotomy Machine accessories:** Alcon product or equivalent alternative. Laser with Endo laser and LIO. Also necessary equipment for laser attachment to slitlamp.

2.5.6 **Vitreotomy instrument trays:** TOTAL 4

2.5.7 **Fragmatome:** TOTAL 2

2.5.8 **Foreign Body Forceps:** TOTAL 2

2.5.9 **Foreign Body Magnet:** TOTAL 2

2.5.10 **All necessary bioms and inverters for current microscope to allow retinal surgery.** Total 4 bioms, 1 inverter and 1 laser filter. I believe Alcon and Zeiss have options.

2.5.11 **Kinetic Visual Field machine:** Goldmann VF machine or equivalent automated kinetic VF program

2.5.12 **Portable slitlamp:** Kowa SL – 15 TOTAL 1

2.5.13 **Handheld autorefractor:** Total 1

## 2.6 Other

2.6.1 **Chair Glide:** TOTAL 4

2.6.2 **Cardiff Acuity Cards:** TOTAL 1 set

- 2.6.3 **Teller Acuity Cards:** TOTAL 1 set
- 2.6.4 **Frisbee Stereo Test:** TOTAL 1 set
- 2.6.5 **Langs Stereo Test:** TOTAL 1 set
- 2.6.6 **Titmus Stereo Test:** TOTAL 1 set
- 2.6.7 **Ishihara color vision binder:** TOTAL 7 books
- 2.6.8 **Opto-Kinietic Nystagmus Drum:** TOTAL 1
- 2.6.9 **Vertical Prism Bars:** TOTAL 1
- 2.6.10 **Horizontal Prism Bars:** TOTAL 1
- 2.6.11 **Set of Loose Prisms:** TOTAL 1 set
- 2.6.12 **Set of loose lenses:** TOTAL 1 set.
- 2.6.13 **Remote control fixation device:** ie dancing bear or clapping clown. TOTAL 1
- 2.6.14 **Worth 4 dot:** 2 devices. One for near fixation and one wall mounted for distance fixation.
- 2.6.15 **Set of pediatric fixation tools:** for keeping childrens attention during exam at near fixation distance. TOTAL 1
- 2.6.16 **Pediatric trial frames:** TOTAL 1
- 2.6.17 **Adult trial frames:** TOTAL 1
- 2.6.18 **Red green glasses:** TOTAL 1 pair
- 2.6.19 **Maddox Rod glasses:** TOTAL 1 pair
- 2.6.20 **Near Vision Card:** TOTAL 6
- 2.6.21 **Sheridan Gardiner Visual Acuity Test:** TOTAL 1
- 2.6.22 **Hirschberg refraction clips:** TOTAL 1
- 2.6.23 **Exophthalmometer:** TOTAL 2
- 2.6.24 **Paddle Occluders:** Hand held Or mask style with occluder on one side pinhole on the other: TOTAL 6
- 2.6.25 **Pinhole Paddle Occluders:** Hand held: TOTAL 6

THIS TENDER DOES NOT INCLUDE CONTRACT FOR CONSUMABLES FOR RETINAL SURGERY.

Note 1 As indicated above the equipment being bid must be suitable for the intended use and therefore subject to review and acceptance by Western Health Medical Staff. Bidders can indicate more than one option per item listed above.

Note 2 If any of the equipment requires assembly and/or Installation, bidders must include it in their bid prices. The equipment must be supplied ready to use.

Note 3 All the equipment must be compatible with Western Health's Building Infrastructure.

### 3.0 **Presentation**

#### 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.

**4.0 Financial Considerations**

4.1 All applicable taxes shall be indicated in the Tender.

**5.0 Vendor Confirmation** (please sign)

I confirm that the items listed in our Tender bid meet or exceed 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 Pricing: Please indicate unit prices per item (indicating the item number) for the item listed in section 2 above that you wish to bid for.**



## TENDER CHECKLIST

TENDER #0171- 1041

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.**