



**SPECIFICATIONS FOR  
TENDER # 0171-1718  
SUPPLY OF EEG/EMG SYSTEM  
FOR WMRH**

**CLOSING DATE: 30<sup>th</sup> of August 2017**

**CLOSING TIME: 2:00 PM (Newfoundland Time)**



## **Invitation to Tender for One Phototherapy Cabinet**

### **1.0 General Provisions**

#### **1.1 Intent**

This invitation to Tender is intended to obtain an EEG/EMG system for the Western Regional Health Authority (Western Health).

This Tender is concerned with the acquisition of EEG/EMG system that will meet the functions as specified in Section 2 of this tender document. Western Health's clinical management team will review all submissions and will determine which proposal best meets the requirements for our needs. Consideration will also be given to 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 six months from the closing date. Other Regional Health authorities within Newfoundland will have the right to buy from this Tender with written notice to the successful vendor.

#### **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 Health site. 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. Amendments may be posted to the tender documents before the closing time and potential bidders will be responsible to check the web site for any amendments. An extension to the closing time may also be posted if deemed necessary to provide adequate time to vendors to review any changes posted.

#### 1.4.2 At Tender Opening:

The names of the bidders and total amount bid will be read out. However no official award will be made until a full review of the bids is done and a Purchase Order or written award letter is issued.

#### 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:**

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. Paul Wight  
Regional Director, Materiel's Management  
Western Health  
1 Brookfield Ave.  
Corner Brook, Newfoundland  
A2H 6J7  
Tel: (709) 637-5511  
Fax: (709) 634-2649  
Email: paulwight@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: Materiel's Management Department, Western Health, Western Memorial Regional Hospital, first floor, 1 Brookfield Ave., 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 received (vendors should allow plenty of time to avoid problems and also call to ensure their fax was received) as specified in the Tender information. Western Health Tender Authority will not be responsible for any damages or liabilities for faxed tenders that are not received on time. Vendors must also submit original signed documents which must be received within 5 working days of the closing time.
- 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

## **1.6 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

### EEG System:

- Minimum 32 channels with digital video/audio.
- Minimal 24" Flat widescreen high resolution monitor.
- Sound bar attached to monitor.
- Must be able to initiate Impedance check from monitor and head box.
- Must have remote input box and long cable for bedside.
- Programmable and adjustable montages, recording parameters and recording notations.
- Must have live recording and review window while recording.
- Must be capable to archive patient files to DVD and hospital network.
- Must have remote viewing capability.
- Must have LED Photic Stimulator capable of 60 Hzs stimulation with option to attach to bedside.
- One common database/patient information between EEG /EMG and portable units.
- Must be able to customize patient information panel to our site.
- Patient reporting panel must be included in patient information panel.
- EEG Amplifier must be IP addressable.
- EEG Amplifier must be connected via CAT5 networking cable.

### EMG System:

- Minimal 4 Channel EMG, 24 inch Flat widescreen high resolution monitor.
- Must be able to perform all motor and sensory Nerve Conduction Studies (NCS), EMG, F/H reflexes and single fiber.
- The system must be able to perform EMG studies using multiple display modes for acquisition, spontaneous, motor unit, maximal volitional and interference pattern analysis(IPA).
- The system must be able to record and display both triggered and free run EMG data, in independent windows.
- The software must allow for display parameters to be modified by using a pointing device or control panel, including time base, sensitivity, trigger level, markers and filters
- Must have foot peddle control.
- The system must allow selection of muscle and side being examined from the acquisition screen.
- The system must be able to replay stored EMG data and acquire additional triggered motor unit potentials during reanalysis.

Portable/ Dual System:

- One laptop computer with both EEG and EMG systems.
- EMG system only requires 2 channel EMG and no singer Fiber.
- Push button for patient event.
- Point of care cart
- Portable carrycase on wheels.

Review Station:

- Must have a minimum 24" flat widescreen high resolution monitor.
- Common database/ patient information for EEG, EMG and portable units.

Cart:

- Mobile Cart with mounts
- Must have a storage area on cart
- Printer must be stored on cart

### 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 **the system**. 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 fully train the users of the equipment and shall be documented.

The bid must include full training for two Biomed Engineers for regular maintenance and repairs. This must include any travel costs required for such training.

#### 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 seven (7) years after the warranty period.

3.3.2 The Vendor shall provide as an option, pricing for a one-year Service Contract including all parts and labour.

3.3.3 The Vendor shall provide all Service and Parts manuals required to service the equipment.

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 \_\_\_\_\_

Email Address \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**Total Equipment Price \$** \_\_\_\_\_

**Total Training costs \$** \_\_\_\_\_

**Tax Extra** Yes \_\_\_\_\_ No \_\_\_\_\_



## **TENDER CHECKLIST**

**TENDER #0171-1718**

### **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.**