SPECIFICATION FOR TRANSPORT MONITOR

S.No.	Technical Specification
1	Monitor should have wall mount facility
2	Should have US FDA 510K /BIS certificate for usage in transportation of patient
3	Weight should not be more than 4.5 kgs with battery.
4	Should have provision to work on both AC mains and DC power supply.
5	Monitor should be capable to monitor ECG, respiration, NIBP, SpO2, invasive pressure and temperature.
6	Monitor should measure adult, pediatric and neonatal patient's parameters.
7	Display should be between minimum 8inches or moreTFT color screen with full touch operation.
8	It should be a high-resolution touch display with configurable screen layouts.
9	Rechargeable battery should be available with back up of minimum 4 hrs.
10	Monitor should have minimum 48hrs of trend memory
11	Audio and visual alarms should be available and it must have inbuilt score system with dedicated screen layout giving early indication on patient condition deterioration.
13.	Monitor should be able to display 12 leads of ECG simultaneously on screen through 5/6 lead ECG cable along with ST segment analysis & maps.
14	**ECG** a)12 lead ECG through 5/6 Leads ECG cable b)Heart rate range 30-300 bpm, This should be the minimum range a range if wider than this is also acceptable. c) Accuracy should be min. (+/-) 1 % and resolutions should be min. 1 bpm d) Advanced Arrhythmia analysis along with ST Maps facility is mandatory.
15	**Respirations** a) Range 0-120 rpm ((This should be the minimum range a range if wider than this isalso acceptable) b) Resolution should be minimum (+/-) 1 rpm
16	**NIBP** a) Oscillometric method, should be operate on manual , automatic and STAT modes b)Can be used to Adult , pediatric and neonatal patients c)Range should be 10-260 mmHg; Measurement unit should be mmHg /Kpa
17	**Temperatures** a) C & F selectable b) Temperature range 25-45 degree C
18	**SPO2** a) Masimo Rainbow technology/ FAST SpO2/ or equivalent, Range1-100%; monitor must be upgradable to have non-invasive hemoglobin&Plath variability index.

Prof. Avinash Agrawal
MD, IDCC, IFCCM, FICCM, FCCP, FCCP (USA)
Head, Department of Critical care,
King George's Medical University, UP, Lko.

S.No.	Technical Specification
19	Monitor should have the feature to upgrade to have micro-stream/Mainstream ETCO2, dual IBP, Non-invasive Hemoglobin and AGM.
20	Accessories should be supplied along with monitor a ECG 5 lead cable x 1no. b SPO2 adult Sensors x 1 no. each c NIBP adultCuffs x 1 no. d Temperature skin probe x 1 no. e Wall Mount
21.	Should meet mandatory safety standards to be used in transport environment(such as EN1789, bump test, vibration test, free fall test etc.)
22	Transport monitoring system should be upgradable to connect with same make automated data charting system to have access of data such as patient vitals & all ward scores from anywhere in the hospital with capability to integrate HIS, Lab, ABG etc.

Conditions for tender:

1. All accessories should be from the same Original Equipment Manufacturer for the main unit.
2. Instruments must be ISO certified and a copy should be enclosed. (The ISO Certificate must be issued by any organization accredited by the Bureau of Indian Standard or accredited by the international accrediting forum "IAF" (Certificate to be attached).
3. Should be USA FDA and/ or European CE be approved by 4 digits notified body.
4. Other necessary certifications if any required will be provided by the bidder for the smooth functioning of the machine.
5. Installation process should be performed by O.E.M trained service engineers/ service representatives on OEM letterhead or Service Report within 15 days of supply, with the mandatory provision of providing preventive services visit of OEM trained Service Engineer/ Service Representative quarterly per year till the completion of warranty period (i.e., 20 visits for the first 05 years) & further quarterly visits (04 visits/year) year till the completion of CMC period.
6. The supplied equipment to be covered under a 5years comprehensive warranty and post-completion 5 years paid CAMC, in which all accidental damages/ breakage, leakage/ punctures, manufacturing defects and wear and tear of all sorts will be covered.

Prof. Avinash Agrawal
MD, IDCC, IFCCM, FICCM, FIACCM, FCCP (USA)
Head, Department of Critical care,
King George's Medical University, UP, Lko

7. The equipment should have a Brand name/ Model Number embossed/etched on the equipment.
8. All the technical specifications in the compliance statement must be supported by Original Literature from the firm/ O.E.M with highlighting Numbering & flagging of all technical certificates.
9. Offered Equipment should have a strong Government Installation base.
10. Offered Equipment should have a Regional Sales Service Centre of the Original Equipment Manufacturer in the region for a 95 % uptime guarantee.
11. For the offered main unit, the essential, optional required consumables'/accessories' shelf life should be declared on the Original Equipment Manufacturer's letterhead.
12. In case of technical snag/failure/breakdown the response time for the inspection should be within 24 hours and repair within 05 days otherwise provide a service machine/ alternate arrangement to be made till the period of recovery of the breakdown of the unit, failing which attracts penal action as per the decision of institute/ hospital.
13. For offered equipment the Training of technical staff and users should be performed by Original Equipment Manufacturer trained Service Engineers at the proper designated place- at bidders' cost.
14. Company should quote their latest model and need to provide an affidavit for the same.
15. As a tendering process the Demonstration of the offered Equipment is Mandatory at hospital/institute premises or other designated places at the bidder's cost.
16. The bidder must comply with the General Financial Rules and their modifications if any issued by the Government of India- 2017.
17. Any bidder from a country that shares a land border with India will be eligible to bid in the tender only if the bidder is registered with the Competent Authority (i.e., Registration certificate issued by the Ministry of Commerce and Industry (Department for Promotion of Industry and Internal Trade- DPIIT after October 2020). If any such bidder is not registered with DPIIT they will be liable for technical disqualification.
18. Principal (OEM) must authorize only one agent to be quoted in the bid otherwise multiple quotes through different agents in the same bid will be canceled.
19. The Bidder and its OEM both have to submit a notarized affidavit on the Indian Non-Judicial Stamp Paper of Rs.100/- that the bidder has not quoted the price higher than the

Prof. Avinash Agrawal
MD, IDCC, IFCCM, FICCM, FIACCI, FCCP (USA)
Head, Department of Critical care,
King George's Medical University, UP, Lko.

current financial year and last financial year supplied to any government Institute/ Organization/ reputed Private Organization. OEM also has to submit that the price quoted by the bidder in the bid is on its behalf and the lowest in the current and last financial year in the country. Therefore, if at any stage it has been found that the supplier and its OEM have quoted lower rates than those quoted in this bid; the Institute (the purchaser) would be given the benefit of lower rates by the Supplier and any excess payment if any, will become immediately payable to the Institute (the purchaser). If such an affidavit is not submitted, the bid will be outrightly rejected. (Part of technical bid).

20. Guarantee / Warranty Period: Separate offers of Comprehensive Maintenance Contract (CMC on main equipment) and Annual Maintenance Contract (AMC on main equipment) for further 5 years after expiry of 5 years of warranty (i.e., 6^{th}, 7^{th}, 8^{th}, 9^{th} and 10^{th} years) in rupees only (and on basis of percentage of price) should be included in a financial bid in the absence of which the offer is liable to be rejected. Payment for CMC/AMC shall be made only after the expiry of the warranty of 5 years, in case the Institute (the purchaser) decides for availing of CMC/AMC services. Contract for CMC/AMC shall be decided on expiry of warranty but rates (not more than 5% inclusive of all taxes for 6^{th} to 10^{th} year) will be frozen at the price of an issued purchase order before the release of payment by the Institute (the purchaser). However, the Institute (the purchaser) may decide not to enter into any CMC/AMC contract without assigning any reason for the same, which shall be binding upon the bid.

Prof. Avinash Agrawal
MD, IDCC, IFCCM, FICCM, FIACCM, FCCP (USA)
Head, Department of Critical care,
King George's Medical University, UP, Lko.