

eProcurement System Government of India

Published Corrigendum Details

Date: 11-Nov-2024 04:06 PM



Organisation Chain: All India Institute of Medical Science-New Delhi Store IRCH - AIIMS N		
Tender ID :	2024_AIMSD_828719_1	
Tender Ref No :	IR-15/IRCH/COMMON/2024-25(CPP)	
Tender Title :	Procurement of ICU Ventilator with Integerated Metabolic Monitoring - 30 Nos inclusive 21Nos Buyback	
Corrigendum Type :	Date	

Corrigendum:1

Corrigendum Title	Corrigendum Description	Published Date	Document Name	Doc Size(in KB)
	Extension of Bid Submission date	11-Nov-2024 04:05 PM	20241111155610008.pdf 🎑	1349.25

Critical Dates				
Publish Date	01-Oct-2024 03:05 PM	Bid Opening Date	26-Nov-2024 05:05 PM	
Document Download/Sale Start Date	01-Oct-2024 03:05 PM	Document Download/Sale End Date	25-Nov-2024 05:00 PM	
Clarification Start Date	01-Oct-2024 03:05 PM	Clarification End Date	10-Oct-2024 05:00 PM	
Bid Submission Start Date	14-Oct-2024 10:00 AM	Bid Submission End Date	25-Nov-2024 05:00 PM	
Pre Bid Meeting Date	11-Oct-2024 02:30 PM			

Details Before Corrigendum

<u>Critical Dates</u>				
Publish Date	01-Oct-2024 03:05 PM	Bid Opening Date	12-Nov-2024 05:05 PM	
Document Download/Sale Start Date	01-Oct-2024 03:05 PM	Document Download/Sale End Date	11-Nov-2024 05:00 PM	
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Corrigendum Type : Technical Bid						
Corrige	endum Document Det	ail <u>s</u>				
Corr.No.	Corrigendum Title	Corrigendur Description		Published Date	Document Name	Doc Size (in KB)
1	Revised Tender Specifications	Revised Tender Specifications	-	11-Nov-2024 04:11 PM	20241111155610008.pdf 🤦	1349.2

ALL INDIA INSTITUE OF MEDICAL SCIENCE DR. B.R.A INSTITUTE OF ROTARY CANCER HOSPITAL (STORE SECTION)

Ansari Nagar, New Delhi-110029

Date:- 11.11.2024

T.No. IR-15/IRCH/COMMON/2024-25/(CPP)

CORRIGENDUM

Subject: Revised Tender Specifications & Extension of Bid Submission date - regarding

In the tender No. 15/IRCH/COMMON/2024-25/(CPP) (Tender ID: 2024_AIMSD_828719_1) for procurement of "ICU Ventilator with Integrated Metabolic Monitoring – 30 Nos." inclusive of 21 nos. on Buyback basis" for Dr. BRAIRCH, the following amendment has been made to the existing specifications which is enclosed at Corrigendum/Addendum -1. In addition, the following amendments have also been made on the date of opening and submission of bids:-

Particulars	Existing dates	Amended/extended dates
Bid Submission End Date & Time	11.11.2024 at 05:00 PM	25.11.2024 at 05:00 PM
Bid Opening Date & Time	12.11.2024 at 05:05 PM	26.11.2024 at 05:05 PM

The above is issued without prejudice to other specifications, dates and terms & conditions.

(Archna Sharma)

Sr. Stores Officer, DR. BRAIRCH, AIIMS

Annexure-1

ALL INDIA INSTITUTE OF MEDICAL SCIENCES DR. B.RA. INSTITUTE OF ROTARY CANCER HOSPITAL DEPARTMENT OF OA&PM

Subject: Revised Technical Specification of "ICU Ventilator with Integrated Metablic Monitoring" based on the representations received in the pre-bid meeting held on 11.10.2024.

- 1. An advanced technology time-cycled, volume-constant, pressure-controlled ventilator suitable for use in intensive care, ventilating all categories of patients, from pediatric to adults.
- 2. The product must be approved by a third-party competent agency with a Recall provision. A recall is a voluntary action taken by a company at any time to remove or rectify a defective product from the market.
- 3. The ventilator should have a graphical / Numerical pulmonary display to provide a helpful way to understand and interpret lung mechanics and respiratory parameters and visualise compliance, resistance, and spontaneous breathing.
- 4. The ventilator should work with an external medical-grade compressor
- The compressor should be the same make or from any reputed company with certification of US/FDA/EU/CE/BIS/ISI/CDSCO or equivalent as manufactures under MDR 2017 as the ventilator manufacturer.
- 6. The Ventilator should be US FDA/ European CE /SIS/CDSCO/BIS Indian certified or equivalent.
- 7. An inbuilt TFT/LED colour touchscreen monitors real-time waveform loops and monitor values. The screen size is minimum of 15", and the screen can be configured according to user preference.
- 8. The ventilator should have an automated protocol for weaning, NAVA OR Smart Care OR AVA OR ASA OR AMV equivalent
- 9. Should have proportional pressure support (PPS OR PAV OR transpulmonary pressure) management to amplify the patient's spontaneous breathing in proportion to the patient's effort or equivalent.
- 10. Should have inbuilt ultrasonic nebulizer for nebulizing drugs without interrupting mechanical ventilation.
- 11. The Expiratory Flow Sensor should be reusable and steam autoclavable. It should be at the machine end for easier maintenance and not at the patient end for adult and pediatric use.
- 12. Should have the following modes of ventilation
 - a. Volume control VC / PC CMV
 - b. Assist control VC / PC AC
 - c. Pressure control SIMVPRVC
 - d. CPAP with Pressure Support
 - e. Volume Support/VAPS
 - f. SIMV (Volume Control / Pressure Control) with Pressure support
 - g. BIPAP /BIVENT/Bi LEVEL having mandatory facility of setting ventilation rate

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- h. Dual control modes, such as PRVC/Autoflow/PAV/APV/ASV or equivalent, allow for automatic adjustment of pressure and flow within a set PIP with unrestricted spontaneous breathing capability in expiratory time.
- Apnoea backup ventilation mode with adjustable settings for Volume & Frequency.
- NIV Mode in all spontaneous modes with leak compensation
- High Flow Oxygen Therapy with at least 60 LPM direct adjustable flow.
- 13. The ventilator should have built-in Fio2 Monitoring.
- 14. It Should have the following settings & features
 - a. Tidal Volume in Volume mode: 20 to 2000 ml
 - b. Inspiratory Pressure: 1 98 cmH2O
 - CPAP/PEEP /Intermittent PEEP: 0 50 cmH2O
 - Inspiratory Rate: 2 80 bpm
 - Inspiratory Time: 0.5 10 sec
 - Pressure support: 0 60 cmH2O above PEEP
 - FiO2: 21 100%
 - I: E Ratio: 1:4 to 4:1
 - Flow triggering up to 9 LPM
 - Pressure trigger up to -10cmh20
 - Maximum Continuous Flow for press assist/spontaneous breath 150 LPM or more.
 - Should have facility for Manual Breath, Inspiratory Hold, and Expiratory Hold.
 - m. Should be able to measure Intrinsic PEEP with a display of volume trapped.
 - Should have a display of weaning parameters like RSBI, Expiratory Time Constant etc.
- 15. It should display breath-to-breath measured values for Tidal Volume, Minute Volume, Spontaneous Frequency, FiO2, Peak/Mean Pressures, PEEP, Plateau, Resistance, Compliance, intrinsic PEEP, etc.
- 16. The inbuilt compressor and ventilator should have a built-in battery backup for at least 90 minutes in the event of power failure. An external rackmount UPS option should be available for the external compressor if needed.
- 17. It should have the facility for Oxygen enrichment for pre & post endotracheal suction.
- 18. At least three types of filled waveforms and loops should be displayed for each breath. Simultaneously, a minimum of three waveforms and one loops should be possible.
- 19. It should have at least 72hours of trend display
- 20. The ventilator should have Mainstream/ Side stream EtCO2 monitoring
- 21. Audiovisual visual alarm

It should have three levels (Advice/Caution/Warning) of ISO alarm management with different audio-visual colour-coded alarms.

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Peak inspiratory pressure

High & Low Talor. Bra

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- FiO2 high & low
- Respiratory rate high & low
- Tidal volume high & low
- Minute volume high & low
- Apnea
- · Gas supply failure
- 22. The screen should display the following waveforms:
 - a. Flow time,
 - b. Pressure time,
 - c. Volume time
 - d. And the following loops:
 - i. Pressure volume,
 - ii. Flow volume,
 - iii. Flow pressure
 - iv. Volume CO2 should be standard (optional)
- 23. The flow sensor should be a Hot Air Anemometer or Variable Orifice Differential Pressure type and usable for the entire range of patients from Adult to Pediatric for accuracy and reliability.
- 24. An auto-reusable expiration cassette/valve should be used for complete disinfection capability. For the Highly infectious patients, the vendor should supply at least two reusable and ten disposable expiratory valves/ cassettes with each ventilator.
- 25. Two reusable and 10 disposable per ventilator with a high-quality face mask for non-invasive ventilation should be supplied.
- 26. Should have facility for ventilation data transfer & network connection via HL7/RS232 port
- 27. The trolley and Hinge arm should be supplied from the same OEM & Corrosion free.
- 28. The scope of supply should include with each ventilator
 - a. Modular corrosion-free trolley of the same make.
 - b. Servo-controlled Heated Humidifier to be offered with ten adults & 2 pediatric reusable chambers
 - c. Reusable breathing circuit Adult and Pediatric -2 Nos each
 - d. Exhale Flow sensor with each ventilator 02 reusable and 10 Nos.
 - e. Breathing Circuit Disposable with each ventilator for infectious patients- 20 no
 - f. Reusable expiratory valve- 2 Nos.
 - g. 100 HME Filter
 - h. High Flow Nasal Oxygen Cannula with each Ventilator 5 Nos
 - i. Oxygen connecting Hose and Air connecting Hose (if needed) 1pc each
 - . Nebuliser inspiratory synchronised.

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- k. Hinged arm for rail (Support for patient circuit)
- 1. Test Lung and Instruction Manual
- 29. All firms should ensure that they have quoted their highest model that meets the above-mentioned specifications, and all components (except consumables, compressor, humidifier and accessories) should be for the same company.
- 30. The disposable and consumables of the quoted product should be available in the open market and should support other brands/makes.
- 31. The system should have integrated Metabolic Monitoring and should display these monitores parameter: Energy Expenditure, Minute Volume of CO2, Respiratoy Quotient and Oxygen Index.
- 32. Atleast 05 years experience of the similar or equivalent product.

