

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
CARDIO-THORACIC & NEURO-SCIENCES CENTRE
ANSARI NAGAR, NEW DELHI-29
STORE SECTION(CNC)**

Dated: 03.04.2025

TENDER CORRIGENDUM

The Tender No. 146/CNC/NIandINR/2024-25/St. with Tender ID: 2025_AIMSD_849469_1 was published in CPP Portal (e-Procurement) on dated 15.02.2025 for the purchase of "Biplane Flat Panel DSA System with 3-D Rotational Angiography on Turnkey and Buy-Back basis)-01No." for the department of NI&INR, CNC, AIIMS. As per schedule the pre-bid meeting was held on 24/02/2025 at 03:30 PM wherein various bidders (M/s.Siemens Healthcare, M/s.Canon Medical India and M/s.Philips India Ltd) have attended the meeting and discussed their issues before the TSEC.

Upon the request of potential vendors & recommendation of TSEC, few amendments have been carried in the published specification.(Amended specification is attached at Annexure-I) The site plan/layout is attached at Annexure-II. The bid submission End date and Opening date are also being extended as under:-

Description	Existing	Amended as
Bid Submission End Date & Time	10-04-2025 at 04.00 pm	23-04-2025 at 04.00 pm
Bid Opening Date & Time	11-04-2025 at 04.00 pm	24-04-2025 at 04.00 pm

All remaining specifications/terms & conditions of floated tender will remain same. The bidder must see the above amendment and quote their product accordingly.

Fazendk
21/4/25
Stores Officer (CNC)

SECTION-VII
 TECHNICAL SPECIFICATION AND GENERAL POINTS
 DEPARTMENT OF NI&INR

ItemName:Purchaseof'BiplaneFlatPanelDSASystemwith 3-DRotationalAngiographyonTurnkeyandBuyBackBasis(Qty:01No.)		Amended
TECHNICALSPECIFICATIONS		
2.9	Tablesideside controls for 3D reconstruction and C-arm positioning with respect to 3D image & selection of 3D image positioning should be provided.	Tablesideside controls for 3D reconstruction and C-arm positioning with respect to 3D image & selection of 3D image positioning should be provided. The Table Side touch control panel should have facility to measurement tools take two point measurement on 3D images, distance for stent deployment, size of the anatomy etc for improved workflow.
1	X-RAYGenerator:	
3.2	Shouldspecifyifgridpulsedfluoroscopycapabilityavailableornot.	grid controlled pulsed fluoroscopy capability should be available
4.5	The small focal spot should provide 15KW or more & the large focal spot at least 65 KW output for extended runs.	The small focal spot should provide 15KW ormore& the

DR Kavayasechi
 Tain, (HOD, NI & INR)
 NI & INR

Prakash
 (Dr. P. RAJASHEKAR)

Rajesh
 27/3/25

Handwritten signatures and initials are present at the bottom of the page.

		large focal spot at least 65KW output for extended runs.
6.	Flat panel detector system with 2k imaging capability both detectors:	<i>Flat Panel detector system with 2K imaging capability at least with One detector</i>
6.1.4	The spatial resolution should be 3.25 LP/mm or more.	The spatial resolution should be 3.25 LP/mm or more.
6.1.7	Detector quantum efficiency 70% or more.	Detector quantum efficiency 70% or more.
6.1.9	Pixel size should be 160 micrometer or smaller.	Pixel size should be 160 micrometer or smaller.
6.2.1	Detector size should be 38 x 30cm or bigger with 1920 x 2480 pixel matrix elements or more.	<i>Detector size should be 30 X 30 cm or bigger with 1400x1500 pixel matrix or more</i>
6.2.4	The spatial resolution should be at least 3.25 LP/mm or more.	<i>The spatial resolution should be at least 3.25lp/mm or more.</i>
6.2.5	Acquisition speed for DSA should be 0.5 frames/sec to 7.5 frames/sec or higher at 2048 x 2048 matrix or beyond at 1024 x 1024 matrix. The system should have of 2K display imaging capabilities as an essential requirement in both the planes.	<i>No Change</i>

Shay

SB

[Signature]

[Signature]

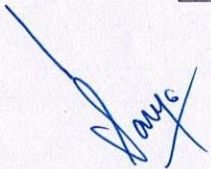



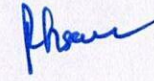


Rohit
- 27/3/25

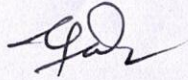

[Signature]

[Signature]

[Signature]

6.2.6	Detector quantum efficiency at least 70%.	Detector quantum efficiency 70% or more.
6.2.7	Pixel size should be 160 micrometers or smaller.	<i>Pixel size should be 184 micrometers or smaller.</i>
7.1.1	Large display monitor (ceiling suspended, 8 megapixel display matrix or more arranged as a 3840 x 2160 pixel array)-A 55-inch" or more single color monitor with contrast ratio of 4000:1 (medical grade) using high definition LCD screen for display of multiple images in a variety of layouts (at least should allow six images for display of live, reference and subtracted image) with high resolution flicker free display. It should support the native resolution of the large biplane flat detector using imaging chain of the high display monitor.	Not Changed

7.1.4	Additional 19" high-resolution color LCD monitors should be provided in the examination room TVstands for 3D image viewing (optional).	Deleted
8.14	<u>Digital rotational angiography facility should be possible in both the planes at a speed of 50 degree/sec. or more with acquisition frame rate up to 75 frames/sec. in 2k matrix with facility for dynamic display of subtracted images in 2k matrix should be available.</u>	<i>Digital rotational angiography facility should be possible in one planes at a speed of 55 degree/sec. or more with acquisition frame rate up to 60 frames/sec. in 2k matrix with facility for dynamic display of subtracted images in 2k matrix should be available.</i>

Handwritten signature

Handwritten initials

Handwritten initials

Handwritten signature

Handwritten signature

Handwritten signature

Handwritten signature

Handwritten signature

8.17	<p>Separate workstation should be provided with large independent memory for 3D reconstruction to free the main system for continuation of procedure immediately after 3D acquisition.(50TB internal/external storage in SSD).</p> <p><i>Specify the storage capacity of 3D workstation. DICOM File storage Server, 200tb memory space, latest technology with ISCSI and FC (Fibre channel) technique and to be supported for VM Ware virtualization.</i></p>	<p>Separate workstation should be provided with large independent memory for 3D reconstruction to free the main system for continuation of procedure immediately after 3D acquisition. (50TB internal/external storage in SSD).</p>
8.33	<p>The digital system should have software for vascular analysis and quantification including stenosis quantification, auto-calibration (to the catheter ID), automatic contour recognition, slicing, and measurement tools for distance, angle, surface area, and circumference & volume assessment.</p>	<p>The digital system should have software for vascular analysis and quantification including</p>

[Signatures: Sanyo, [unclear], [unclear], [unclear], [unclear], [unclear], [unclear], [unclear], [unclear]]

Bahelam
 27/3/25

		<p>stenosis quantification, autocalibration (to the catheter ID), automatic contour recognition, slicing, and measurement tools for distance, angle, surface area, and circumference & volume assessment.</p>
2	Integrated CT facility on both the "Planes" (cone beam CT, latest technology)	<i>Integrated CT facility on anyone Plane.</i>
9.1	<p>Should be supplied with a facility for acquiring cross sectional images resembling CT images using the same detector array with facility for calculating attenuation on the basis of 'the HU scale'. This CT Images Data acquisition should be possible without moving the second plane. Superb image quality and fewer breathing and motion artifacts through very fast imaging protocols</p> <p>Reduced metal artifacts from clips, coils & contrast-filled catheters</p>	<i>No Change</i>

A collection of handwritten signatures and initials in blue ink, including 'GAD', 'Sampo', 'RB', 'Rup', 'Phon', 'Rehman 27/13/75', and 'bc'.

9.10	Perfusion imaging for stroke evaluation: It should be possible to generate multiplanar CT like images from the 3D rotational data and also use the data for perfusion imaging	<i>Perfusion imaging for stroke evaluation : it should be possible to generate multiplaner CT like images from the 3D rotational data /Preacquired CT and use the data for perfusion imaging</i>
9.11	Perfusion software should be provided along with software for ASPECT scoring).	Perfusion software should be provided . Software for Aspect scoring should based on CT data should be offered
9.12	The system should visualize blood flow patterns in the parent vessel and aneurysm sac and quantities blood flow rates in the parent vessel. Quantify the change in aneurysm flow immediately after flow diverter deployment.	The system should visualize bloodflow patterns in the parent vessel and aneurysm sac and quantities bloodflow rates in the parent

A collection of handwritten signatures and initials in blue ink, including a large signature on the left, several smaller initials, and a signature with the date '27/3/25' in the center-right.

		vessel. Quantify the change in aneurysm flow immediately after flow diverter deployment and/ OR 4DR should be offered
9.13	Aneurysmal flow estimation software to calculate the change in Mean Aneurysmal Flow Amplitude (MAFA value) before and after procedure, representing change in blood flow in aneurysm and/or 4D CT angiography.	Optional
16.13.1	UPS should be of appropriate capacity with 15-minute battery backup for the entire system, 3 phase input and output online UPS with built in isolation transformer, true online double conversion PWM	Deleted

	<p>invert using IGBT, manual by-pass switch in built static switch transient voltage surge suppresser (TVSS), LCD display screen, SNMP (Software Network Management Protocol) alarm / hooter copper cables with thimbles for input output and battery bank as per site requirement, for approx. 15 minutes back up, heavy duty rack for battery bank as per site requirement complete as reqd. Make of battery- Exide /Amar Raja/ Panasonic, make of UPS – Pegasus / APC-MGE/-250kVA</p> <p>Emerson/ Numeric/ GE/ Legrand, including all accessories using maintenance free dry batteries should be provided with 95% uptime warranty. Note - Fire Control panel shall be integrated with main fire panel of cath lab by 4-core 1.5-sqmm Cu armored cables.</p>	
16.13.2	<p>SplitA/Cunitsofhighestrating(5*,DaikinorHitachiorOGeneralorbetter)5x2TRand4x1.5TRforefficientambientairmanagementfortheexamination,consoleroom&Equipmentroom.Reception and UPS room to be provided. Split ACs; or ceiling fitted (of highest quality and efficiency) will be preferred for the console room.</p>	<p>Air-conditioningofTonnage 24TR (including standby unit) will be considered for Ranking / Evaluation purpose.SplitA/Cunitsof highest rating(5*,DaikinorHitachior O Generalorbetter)5x2TRand 4 x1.5 TRforefficientambientair managementforthe examination, consoleroom&Equipment room. ReceptionandUPSroomto be provided.SplitACs;orceiling</p>

A collection of handwritten signatures and initials in blue ink, including names like 'Raj', 'Rajesh', 'Raj', 'Raj', 'Raj', 'Raj', and 'Raj'.

		fitted (of highest quality and efficiency) will be preferred for the console room.
The set-up will be integrated with existing PACS of the department and the hospital		

[Signature]
 Dr. Sampasachi Jain

[Signature]
 Dr. S. Gaskind

[Signature]
 Dr. S. Thyagaraj

[Signature]
 Dr. Albert K. Suresh

[Signature]
 (Rohit Kumar)
 DGHS (Mumbai)

[Signature]

[Signature]
 27/3/25
 (Dr. P. RADASHEKAR)

[Signature]

[Signature]

[Signature]
 (Dr. Anju Gang)

