

INVITATION TO QUOTE
ITQ REF NO: NKF/RT/2024/012
Date: 10 October 2024

The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers

1. Introduction

The National Kidney Foundation (“NKF”) wishes to invite vendor (the “Vendor”) to quote for the provision to supply, delivery, installation and commissioning of vital sign monitor for various NKF DCs.

1.1 This Invitation to Quote incorporates the following documents:

- Requirement Specifications (Annex A and B)
- Information about Vendor (Annex C)
- ITQ Terms
- Agreement to Terms and Conditions

2. Requirement Specification

2.1 Please refer to Annex A and B for details.

3. Submission of ITQ

3.1 If you wish to submit a proposal for the above requirement, you must complete and submit the documents mentioned in paragraph 1.1 above and supporting documents and materials (if any) referred to in the above documents (e.g., brochures, catalogues, handbooks, artwork and samples).

3.2 Two (2) copies and a thumb drive of the saved documents referred to in paragraph 1.1 above that is, one original copy and one duplicate copy, plus a thumb drive must be submitted with vendor’s stamp on all pages. The proposals are to be delivered in a sealed envelope which is not to bear any mark of identification of the Vendor (defined in the Conditions of Contract). The envelope is to be endorsed with the words “Invitation to Quote Ref No: **NKF/RT/2024/012**: ITQ for **“The Provision To Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers”** and delivered to:

ITQ Box A
Security Counter
National Kidney Foundation
81 Kim Keat Road
Singapore 328836
Attn: Mr. Raymond Thong

3.3 All submissions should be received no later than 23 October 2024, Wednesday, 3.00pm (the “Closing Date”). ITQ received after this deadline shall not be considered.

3.4 The submitted quotation shall be irrevocable and open for acceptance by NKF for 180 days from the Closing Date.

3.5 The Vendor, at the point of submission of its bid, is required to provide the following information and/or documents to NKF.

3.5.1 All documents stated in point 1.1;

- 3.5.2 Extract of company/business registration from the Accounting & Corporate Regulatory Authority (ACRA), showing a full list of directors/partners of the Vendor (ACRA should not be more than 3 months from the point of submission);
- 3.5.3 Latest audited financial report or published accounts;
- 3.5.4 Any other documents relevant to the ITQ.

4. Briefing on Proposal Bids

- 4.1 Vendors are required to attend a **compulsory** briefing (either personally or through a company's representative) which will be conducted as follows:

Date: **14 October 2024, Monday**

Time: 9.30 – 11.00 am

Venue: NKF Centre, 81 Kim Keat Road, Singapore 328836

To participate in the briefing session, vendors are required to email to the following to register latest by **11 October 2024 before 10am**, providing details: company's name, personnel attending, their email address and contact no.

- **Raymond Thong @ email:** raymond.thong@nkfs.org

5. Terms and Conditions

- 5.1 The Terms and Conditions as set out in **the Conditions of Contract** shall form part of the binding contract between the successful Vendor and NKF. The Vendor shall perform the Services according to the requirements specified in **Annex A and B**.
- 5.2 The successful Vendor may be required to enter into further documentation with NKF and shall do so, if required by NKF.
- 5.3 NKF is not obliged to accept and reserves the right to reject the lowest or any quotation, or part or all of any quotation or assign any reason for rejecting any quotation. NKF reserves the right in the exercise of its absolute discretion to accept any part or all of any quotation.

6. Price Quotations

- 6.1 All prices quoted by the Vendor shall be in the lawful currency of the Republic of Singapore.
- 6.2 All prices quoted by the Vendor shall represent the total cost to NKF.

7. Vendor Introduction and Presentation

- 7.1 Each vendor shall provide company introduction and presentation for the submitted proposal upon request through email. Vendor will be given 3 days advance notice for preparation.
- 7.2 Second round of presentation may be required upon request.

8. Clarifications or Enquiries

- 8.1 For any enquiries pertaining to the ITQ, please contact:
Mr. Raymond Thong at email: raymond.thong@nkfs.org



Annex A

REQUIREMENT SPECIFICATIONS

The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers

PRICE SCHEDULE - A1

No.	Description	Estimated Quantity Required	Brand/ Model	Manufacturer / Country of Manufacture	Year of Manufacture	Unit Price with 2 years warranty (exclusive of GST)	Leadtime upon issue of purchase order (working days)	HSA Registration Class A/B/C/D and Number (if any)
1	Supply, Installation & commissioning of Vital Signs Monitor . Please refer to "Requirement Specification ", Annex B1 for details of Vital Signs Monitor specifications, Annex B2 for the Required quantity and location list	1 to 10 units						
		11 to 20 units						
		21 to 24 units						

Signatory's name: _____

Signatory's Title: _____

Vendor's name: _____

Vendor's stamp: _____

Authorised Signature: _____

Date: _____

The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers

PRICE SCHEDULE - A2

1. Price Schedule for Maintenance Services after the 2 years warranty

No.	Item Description	Unit Price (exclusive of GST)					
		Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
1	Comprehensive maintenance including all spare parts & unlimited labour charges after 2 years of warranty (from 3rd to 8th year)						
2	Comprehensive maintenance after 2 years warranty with unlimited labour charges (excluding spare parts) (from 3rd to 8th year)						
3	Ad-hoc service / breakdown per calls charges						

2. Maintenance Services Information Input

No.	Requirement	Vendor Input	Vendor Remark (if any)
1	Frequency of Preventive Maintenance (Yearly once mandatory)	Yes/ No	
2	Maximum length of downtime before replacement Article is supplied/part is available.		

Signatory's name: _____

Signatory's Title: _____

Vendor's name: _____

Vendor's stamp: _____

Authorised Signature: _____

Date: _____

The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers

PRICE SCHEDULE - A3

1. Price list for Common Accessories, Spare Parts and Components – VITAL SIGNS MONITOR

No	Item Description	Part Number	Country of Origin	Unit Price (exclusive of GST)	Delivery Leadtime upon purchase order (working days)	HSA Registration Class A/B/C/D And Number (If any)

- Number of engineers dedicated to support technical services during warranty period: _____
- Manufacture's guideline on replacement of backup battery set per machine: _____



The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF Dialysis Centers

PRICE SCHEDULE - A4

Price of Consumables for vital signs monitor

s/no	Item Description	Part Number	Unit Price	UOM (Unit of Measure)	Packaging	HSA Registration Class A/B/C/D And Number (If any)
1						
2						
3						
4						
5						

* Upon request, vendor shall submit samples for each item of the items in the full range of products set out in the requirement in respect of which vendor is quoting.

* Samples are FOC and non-returnable.

Signatory's name: _____

Signatory's Title: _____

Vendor's name: _____

Vendor's stamp: _____

Authorised Signature: _____

Date: _____

SPECIFICATION OF VITAL SIGNS MONITOR

Description of function			
Vital signs monitor is an essential medical device used to measure a patient's key physiological parameters like Blood pressure, pulse rate, Oxygen Saturation (SP02) .			
S.N.	General Specifications		
	Parameters	Specifications	Comply – Yes /No/ Specify
1	Measuring Parameters	Blood pressure (Systolic, Diastolic, MAP)	
		Pulse Rate	
		Oxygen Saturation (SPO2)	
2	Operating Voltage	220-240V, 50 Hz	
3	Battery	In-built rechargeable battery. Battery with operating time ≥ 4 hrs	
		Total re-charging time not greater than 6 hours	
Operating Specifications – NIBP			
4	NIBP(Non-invasive blood pressure) Accuracy	Mean error ≤ 5 mmHg, Standard deviation ≤ 8 mmHg	
5	Blood pressure accuracy (Super STAT)	Mean error ≤ 5 mmHg, Standard deviation ≤ 8 mmHg	
6	Pulse rate accuracy	± 3.5% or 3 bpm	
7	Maximum determination	120 s (adult/pediatric)	
8	Overpressure cut-off	Range 300 to 330 mmHg (adult/pediatric)	
9	Systolic	Range 30 to 245 mmHg (adult/pediatric)	
10	MAP	Range 15 to 215 mmHg (adult/pediatric)	
11	Diastolic	Range 10 to 195 mmHg (adult/pediatric)	
12	Pulse rate	30 to 200 BPM (adult/pediatric)	
Operating Specifications – SPO2			
14	SPO2	Measuring range 1 – 100%, ± 2 digits	
15	Pulse rate	Measuring range 20 to 250 BPM, ±3 digits	
16	Wavelength	Infra-Red (Please Indicate the measuring technology and wavelength)	
17	Power dissipation	30mW (MAX)	

Signatory's name: _____

Signatory's Title: _____

Vendor's name: _____

Vendor's stamp: _____

Authorised Signature: _____

Date: _____

S.N.	General Specifications		
	Parameters	Specifications	Comply – Yes /No/ Specify
	Technical Specifications - Functions		
18	Operating Modes (NIBP)	Manual Measurement	
		Auto Cycle Mode	
		Configuration Mode	
19	Auto Cycle Mode	Stat, 1, 2, 3, 4, 5, 10, 15, 20, 30, 60, 90, 120 (minutes)	
20	Inbuilt Printer (Optional)	Thermal Printer	
21	Info Display	LCD / / bright color-coded digits	
22	History	>100 patients record with previous parameters reading.	
23	Alarms (Clearly visible optical alarms. Acoustic alarms not less than 45dB)	Systolic HIGH/ LOW	
		Diastolic HIGH/ LOW	
		Pulse rate HIGH/ LOW	
		SpO2 HIGH/ LOW	
		Memory Function	
		Battery LOW/ Failure	
		System Failure Alarm with Error Code	
	Documentation and Standards		
24	Technical Documentation	Operator, Service, Spare parts manuals	
		Certification of calibration	
		Check list of procedures for calibration and routine maintenance	
25	Standards and safety Classification	1)Products must be approved by FDA or CE and HSA	
		2)Class I / Class II	
26	Manufacturer Warranty	Manufacturer warranty must cover all the technical failure as well as the external parts damage due to the design flaws (not by the user mishandling)	
27	Supplier warranty (if any)	Must cover all the technical failures	
28	Accessories	Roll On Stand with open accessory Bin	
		BP Cuffs (Small, Medium, Large, Extra-large) Please Indicate Cuff size of each category	

Signatory's name: _____

Signatory's Title: _____

Vendor's name: _____

Vendor's stamp: _____

Authorised Signature: _____

Date: _____

Additional Information:

General Specifications		
Parameters	Specifications	Comply – Yes /No/ Specify
Dimension (cm)	Weight	
	Height	
	Width	
	Depth	
Service/breakdown calls response time	Service/breakdown calls response time during office hrs (Mon to Sat)	
	Service/breakdown calls response time after office hrs (Mon to Sat)	
	Service/breakdown calls response time on Public holiday/ Sunday.	
Components replacement period	List of components to be replaced in periodically	
	List of components to be replaced during Preventive Maintenance	
Manufacture recommendation	Preventive Maintenance	
	The lifespan of the machine – Please Indicate	
	Battery replacement schedule – Please Indicate	
	BP cuff replacement – Please Indicate the life span of the Cuff	
Training	User training must be provided with competency check.	
	Technical Training for BMEs with certification needs to be provided.	

Signatory's name: _____

Signatory's Title: _____

Vendor's name: _____

Vendor's stamp: _____

Authorised Signature: _____

Date: _____

List of Locations and Required QTY- Annex B2				
FY24/25 - ITQ for Vital Signs Monitor (List of DC)				
S/N	Budgetted DC	Estimated Delivery Date	Qty	Remarks
1	102 Aljunied DC	Jan-25	1	
2	128 Bukit Merah DC	Jun-25	2	
3	NKF Centre(Kim Keat DC)	Feb-25	3	
4	43 Bendameer DC	Jun-25	2	
5	271 Tampines DC	Feb-25	1	
6	203 Yishun DC	Jan-25	1	
7	639 Yishun 2 DC	Jan-25	2	
8	Yishun Community Hospital DC (YCH)	Jan-25	1	
9	565 Ang Mo Kio DC	Mar-25	1	
10	Punggol Oasis terrace DC	Feb-25	1	
11	201 Serangoon DC	Jan-25	1	
12	274 Bangkit DC	Jan-25	1	
13	One Punggol DC	Jan-25	3	
14	Fernvale DC	Apr-25	2	
15	Bidadari DC	Apr-25	2	
Sub total			24	

Signatory's name: _____

Signatory's Title: _____

Vendor's name: _____

Vendor's stamp: _____

Authorised Signature: _____

Date: _____

INFORMATION ABOUT VENDORITQ REF NO. NKF/RT/2024/012ITQ FOR The Provision to Supply, Delivery, Installation and Commissioning of Vital Sign Monitor for Various NKF DCs

1. Vendor's name: _____

2. Company/Business registration no.: _____

3. Registered address: _____

4. GST registration no. (If applicable): _____

5. Type of business (please select)

() Sole proprietorship () Private company (limited by shares)

() Partnership () Public company (limited by shares)

() Others (please specify _____

6. Contact person:

Name: _____

Title: _____

Tel No.: _____

Fax No.: _____

Email: _____

I declare that I/the Vendor is not related¹ to any person in NKF who is involved in this ITQ howsoever and whatsoever.

The above-named Vendor certifies and declares that all information, documents and materials provided in connection with its quotation bid are true and accurate to the best of its knowledge.

Authorized Signature: _____

Signatory's name: _____ Signatory's title: _____

Vendor's name: _____ Vendor's stamp: _____

¹Related refers to the following: Spouse, domestic partner, child, mother, father, brother or sister or close associates; any corporation, business or non-profit organization of which you are serving as staff, officer, board member, partner, participate in management or are employed by; any trust or other estate in which you have a substantial interest or as to which you serve as a trustee or in a similar capacity.