TENDER # 0571-1707

SUPPLY OF MOBILE C-ARM RADIOGRAPHY/FLUOROCOPY SYSTEM FOR WESTERN HEALTH

Amendment Notice issued April 13,2017

1. **The closing date time is amended to May 5th,2017 2:00PM**
2. **The specifications in Schedule A are amended as below to allow for bidding of systems that have (1.) dual focus stationary or rotating, (2.) 2.5kW or greater generator output rating, (3) systems that work with 15 amps or 20 amps electrical service and (4) the requirement for a Minimum Pulse rate is removed.**

CLOSING DATE: **April 21, 2017**

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

SCHEDULE "A"

Specifications:

Western Health invites interested vendors to provide Bids on a mobile C-Arm Radiography/Fluoroscopy System for use at the Sir Thomas Roddick Hospital. The system is primarily for use in a Pain Management clinic and use for needle placement purposes. The system must be suitable for the intended clinical purposes.

If Central Health, Eastern Health or Labrador Grenfell Health would like to participate in this contract will you protect your pricing and allow any of the other three Newfoundland and Labrador Health Authorities to opt into this contract with thirty

(30) days written notice with all pricing and Terms and Conditions remaining unchanged as per this bid response?

Yes No

Mobile Analog C-Arm Radiography/Fluoroscopy

SPECIFICATIONS:

The Mobile Analog C-Arm Radiography/Fluoroscopy System **must:**

Be ergonomically designed and enable mobile fluoroscopy and radiography of the complete skeletal, chest and abdominal organs.

Yes ☐ No ☐

The system must have sufficient capability to provide high quality imaging on large and small clients, with no, or minimal deterioration in image quality.

Yes ☐ No ☐

The system must provide full output from standard wall outlet.

Yes ☐ No ☐

The system must have a minimum of 30” free space between the x-ray tube and the image receptor. Yes ☐ No ☐

The C-arm must provide a minimum of 115 degree C-arm orbital rotation, 90 degree under - and 40 degree over scan capabilities. Yes ☐ No ☐

The system must allow user to reverse the x-ray tube and I.I positions and maintain C-arm under-scan and over-scan capabilities. Yes ☐ No ☐

The C-arm must be able to rotate 180 degrees to facilitate angled projections.
Yes ☐ No ☐

The system must have a minimum of 16” of vertical C-arm travel for height adjustment.
Yes ☐ No ☐

The C-arm must provide side-to- side movement and horizontal travel to allow for “panning” during imaging.
Yes ☐ No ☐

The C-arms must counter balance in all positions. Yes ☐ No ☐

Please specify:
Distance between tube and I.I _____
Dept of Arc _____
Orbital Rotation _____

<u>GENERATOR REQUIREMENTS:</u>

The generator must be a 40 KHz or higher high frequency inverter type.
Yes ☐ No ☐

The output power rating of the generator must be 2.5 kW or greater.
Yes ☐ No ☐

The system must operate at full capacity on 120Volts AC, 15 amps or 20 amps.
Yes ☐ No ☐

The generator must be capable of providing a high dose fluoroscopic exposure at a minimum of 10mA
Yes ☐ No ☐

The generator must be capable of providing pulse fluoroscopy. Please state the minimum pulse rate of the system you propose.
Yes ☐ No ☐

The generator must be capable of pulsing 30 pulses per second to reduce imaging lag caused by patient motion or C-arm movement.

Yes ☐ No ☐

The generator must meet the following minimum power requirements:

Radiographic kVp range: 40 – 110 kVp	Yes ☐	No ☐
Radiographic mA range: 30 mA or higher	Yes ☐	No ☐
Fluoroscopic mA range 1-5 mA	Yes ☐	No ☐
Fluoroscopic kVp range 40 – 110 kVp	Yes ☐	No ☐

The vendor must complete the following;

Trade name of quoted generator: _____

- kW: _____

KHz high frequency:_____

kVp range: _____

Fluoroscopy mA range: _____

Pulsed fluoroscopy in pulses per second: ____

Digital spot maximum mA: _____

Pulsed fluoroscopy maximum mA at what PPS:

X-RAY TUBE SPECIFICATIONS:

The X-ray tube must be a dual focus stationary or rotating anode tube.

Yes ☐ No ☐

The Vendor must complete the following:

Small focal spot size: _____
Large focal spot size: ___
Anode heat capacity: ___
Anode cooling capacity:___
Cooling rate: _____
Housing heat capacity:___

What protection is provided for tube overload?

IMAGING SYSTEM SPECIFICATIONS:

ACQUISITION:

Display of collimator position on the fluoroscopic image without radiation.
Control and display of opening and closing of the iris diaphragm on the monitor without radiation.
State type of video capture device.
Monitors:

State resolutions of monitor:_____
Single or dual monitors? _
State size of monitors.____
Are the monitors anti-glare? Yes ☐ No ☐

DIGITAL IMAGE PROCESSING SPECIFICATIONS:

Automatic brightness control:	Yes	No
Noise filter:	Yes	No
Motion artifact and noise reduction:	Yes ☐	No
Edge enhancements:	Yes	No
Maximum Image Storage:	Yes	No
Last Image Hold:	Yes	No
Patient Information annotation:	Yes	No
Dose summary:	Yes	No

SYSTEM FUNCTIONS AND IMAGE MANAGEMENT SPECIFICATIONS:

The system must provide a simple method to input patient information.
Yes No

The system must allow for the change of image orientation on the display screen during exposure or using the last image hold. Functions should include: image rotation, left to right and top to bottom image reversals.

Yes ☐ No ☐

The system must provide a DICOM 3.0 interface capability that can be connected to the Hospital's network to facilitate the transfer of images for archiving and print purposes.

Yes ☐ No ☐

NETWORKING SPECIFICATIONS:

The system must be PACS/ DICOM 3.0 compatible/ compliant.

Yes ☐ No ☐

The system **MUST** support the following DICOM 3.0 interfaces.

- DICOM print/ store: Yes ☐ No ☐
- DICOM Modality Worklist Management: Yes ☐ No ☐
- DICOM Send/ receive: Yes ☐ No ☐
- DICOM Query/retrieve: Yes ☐ No ☐
- DICOM Modality Performed Procedure Step: **Yes** ☐ **No** ☐

ERGONOMICS:

The Vendor **WILL** be required to provide a two week on site evaluation of the proposed system. Yes ☐ No ☐

Please list ergonomic advances of the quoted units:

Unit Movement:
C- Arm movement:
Technical Controls:
Locks:
Positioning:

Bidders **must** complete and submit the Bid Sheet. Type or legibly print the information required on the Bid Sheet. All questions or areas on the Bid Sheet must be answered, even if it is only to indicate that the referenced item is not available; blank items will be assumed to be unavailable and may result in rejection of the Bid. Where yes/no questions are asked and the space is left blank by the Bidder, the assumption will be that the answer to the question is no.

MOBILE C-ARM RADIOGRAPHY/FLUOROCOPY SYSTEM

Mobile Analog C-Arm Radiography/Fluoroscopy Unit Price:
$_____

OPTIONS:

In your tender response please include pricing for the following options as a separate line item from the price of the unit.

Training of In-house Bio-Med technologist to service unit. $____

Please list optional pricing for 12" tri-mode image intensifier $____

Five year post-warranty, service contract.

	Full	Shared
Year 1:		
Year 2:		
Year 3:		
Year 4:		
Year 5:		

Failure to submit this signature page will render the bid NON-COMPLIANT and bid will be disqualified.

Required Signature:

_____ _____

Authorized Company Representative Signature Date Vendor Information:
Company Name and Address:

Telephone Number

Fax Number

Email

Web Address:

IN SIGNING THIS PAGE AND SUBMITTING YOUR BID, BIDDER ACKNOWLEDGES HAVING READ, UNDERSTOOD AND AGREED TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.