



National Kidney and Transplant Institute  
Special Bids and Awards Committee  
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## SUPPLEMENTAL BID BULLETIN NO. 22-014-1

**IB No. 22-014: Supply, Delivery, Testing and Commissioning of One (1) unit Digital X-Ray Machine  
(FY 2022 EARLY PROCUREMENT)**

### Bid Reference IB No. 22-014

This Supplemental Bid Bulletin No. 22-014-1 is being issued to clarify, modify and amend items/specifications in the Bidding Documents and to address key issues raised during the Pre-Bid Conference for the aforementioned project, to wit:

Particulars	Changes
<b>BID DATA SHEET</b>	<b>REVISED BID DATA SHEET</b>
<b>Clause 7.1</b> <i>Subcontracting is not allowed.</i>	<b>Clause 7.1</b> <i>Subcontracting is allowed <b>only for civil works.</b></i>
<b>Clause 21.2</b>	<b>Revised Clause 21.2</b>
<b>Supplier's/Bidders Profile</b>	<b>Supplier's/Bidders Profile</b>
<b>Item No. 1</b> The <i>supplier/bidder</i> should have a track record of at least fifteen (15) years international and ten (10) years local in handling, selling and maintaining radiologic equipment	<b>Item No. 1</b> The <b>manufacturer/principal</b> should have a track record of at least fifteen (15) years international and for <b>supplier/bidder</b> ten (10) years local in handling, selling and maintaining radiologic equipment. Notarized certification shall be submitted
<b>Item No. 2</b> Original notarized Certification from the <i>manufacturer/principal</i> that the radiologic equipment brand has been present for at least fifteen (15) years in the local and international market and the brand is currently in use in the local or international market, duly authenticated by the Philippine Consulate in the country of origin or locally notarized copy if from the local subsidiary	<b>Item No. 2</b> Original notarized Certification from the <b>manufacturer/principal</b> that the radiologic equipment brand has been present for at least fifteen (15) years in the local and international market and the brand is currently in use in the local or international market, duly authenticated by the Philippine Consulate in the country of origin <b>or apostille or equivalent</b> or locally notarized copy if from the local subsidiary
<b>Item No. 3</b> Original notarized Certificate of Exclusive Distributor/Authorized Dealer from the <i>manufacturer/principal</i> and duly authenticated by the Philippine Consulate in the country of origin or locally notarized copy if from the local subsidiary	<b>Item No. 3</b> Original notarized Certificate of Exclusive Distributor/Authorized Dealer from the <b>manufacturer/principal</b> and duly authenticated by the Philippine Consulate in the country of origin <b>or apostille or equivalent</b> or locally notarized copy if from the local subsidiary
<b>Equipment Warranty Service and Support</b>	<b>Equipment Warranty Service and Support</b>
<b>Item No. 1</b> Original notarized Certificate of <b>five (5) years</b> comprehensive warranty (Parts and Labor of the main machine including major accessories, e.g. X-ray tube,	<b>Item No. 1</b> Original notarized Certificate of <b>five (5) years</b> comprehensive warranty (Parts and Labor of the main machine including major accessories, e.g. X-

<p>detector and its battery and other specialty and peripheral parts; including third party items) issued by the <b>bidder/supplier</b> for parts and service after the acceptance, testing, commissioning at NKTI and duly authenticated by the Philippine Consulate in the country of origin or locally notarized copy if from the local subsidiary</p>	<p>ray tube, detector and its battery and other specialty and peripheral parts; including third party items) issued by the <b>bidder/supplier</b> for parts and service after the acceptance, testing, commissioning at NKTI and duly authenticated by the Philippine Consulate in the country of origin <b>or apostille or equivalent</b> or locally notarized copy if from the local subsidiary</p>
<p><b>Item No. 3</b> Affidavit from the <b>manufacturer/principal</b> that the terms and conditions stated in the contract shall be honored by the principal and/or manufacturer in the event that a change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period, duly authenticated by the Philippine Consulate in the country of origin or locally notarized copy if from the local subsidiary;</p>	<p><b>Item No. 3</b> Affidavit from the <b>manufacturer/principal</b> that the terms and conditions stated in the contract shall be honored by the principal and/or manufacturer in the event that a change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period, duly authenticated by the Philippine Consulate in the country of origin <b>or apostille or equivalent</b> or locally notarized copy if from the local subsidiary</p>
<p><b>Item No. 4</b> Notarized Certificate of competence in handling and providing technical support as well as maintenance of the digital x-ray equipment being offered for at least fifteen (15) years in the international market and ten (10) years in the local market. No subcontracting allowed for the repair and maintenance of the digital radiography equipment</p>	<p><b>Item No. 4</b> Notarized Certificate of competence in handling and providing technical support as well as maintenance of the digital x-ray equipment being offered for ten (10) years in the local market. No subcontracting allowed for the repair and maintenance of the digital radiography equipment</p>
<p><b>Item No. 5</b> Original notarized certificate of guarantee issued by the <b>manufacturer/principal</b> ensuring the availability of all spare parts for the next ten (10) years from testing, commissioning, delivery and acceptance, duly authenticated by the Philippine Embassy in the country of origin or locally notarized copy if from the local subsidiary</p>	<p><b>Item No. 5</b> Original notarized certificate of guarantee issued by the <b>manufacturer/principal</b> ensuring the availability of all spare parts for the next ten (10) years from testing, commissioning, delivery and acceptance, duly authenticated by the Philippine Embassy in the country of origin <b>or apostille or equivalent</b> or locally notarized copy if from the local subsidiary</p>
<p><b>Support for Training and Development</b></p>	<p><b>Support for Training and Development</b></p>
<p><b>Item No. 1</b> Certification that the <b>bidder/supplier</b> will guarantee provision of applications training for at least two (2) Radiologic Technologists for the digital x-ray equipment for at least fourteen (14) working days or more staggered basis within 1 month with possible extension, if necessary, at no additional cost</p>	<p><b>Item No. 1</b> Certification that the <b>bidder/supplier</b> will guarantee provision of applications training for at least two (2) Radiologic Technologists for the digital x-ray equipment for at least fourteen (14) working days or more staggered basis within 1 month with possible extension, if necessary, at no additional cost <b>to NKTI</b></p>
<p><b>Conformance/Compliance Standards</b></p>	<p><b>Conformance/Compliance Standards</b></p>
<p><b>Item No. 1</b> Certification that the <b>bidder/supplier</b> is compliant with all the Standard / Conformance / Safety Requirements for the equipment (<i>Please attach the hereunder list of documents</i>)</p> <p>a. International Electro-technical Commission (IEC) standard or its equivalent (authenticated copy from the embassy of the country of origin or a locally notarized copy if from the local subsidiary)</p> <p>b. Integration Statements from Integration of Health Care Enterprise (IHE), verifiable at the IHE Registry Website (authenticated copy from the embassy of the country of</p>	<p><b>Item No. 1</b> 1. Certification that the <b>bidder/supplier</b> is compliant with all the Standards / Conformances / Safety Requirements for the equipment (<i>Please attach the hereunder list of documents</i>)</p> <p>a. International Electro-technical Commission (IEC) standard or its equivalent (authenticated copy from the embassy of the country of origin <b>or apostille or equivalent</b> or a locally notarized copy if from the local subsidiary)</p> <p>b. Integration Statements from Integration of Health Care Enterprise (IHE), verifiable at the IHE Registry Website (authenticated copy from the</p>

<p>origin or a locally notarized copy if from the local subsidiary)</p> <p>c. Full DICOM Compatibility (including DICOM SR) (authenticated copy from the embassy of the country of origin or a locally notarized copy if from the local subsidiary)</p> <p>d. European CE or US FDA, duly authenticated by the Philippine Consulate in the country of origin</p>	<p>embassy of the country of origin <b>or apostille or equivalent</b> or a locally notarized copy if from the local subsidiary)</p> <p>c. Full DICOM Compatibility (including DICOM SR) (authenticated copy from the embassy of the country of origin <b>or apostille or equivalent</b> or a locally notarized copy if from the local subsidiary)</p> <p>d. European CE or US FDA, duly authenticated by the Philippine Consulate in the country of origin <b>or apostille or equivalent</b></p>
<b>Other Requirements</b>	<b>Other Requirements</b>
<p><b>Item No. 9</b> Certificate of Satisfactory Performance with letterhead of at least (3) clients indicating the contact numbers and email addresses signed by the authorized head of the Department/Division from previous clients for the past three (3) years of the same brand, capability, and magnitude as specified in the technical specifications</p>	<p><b>Item No. 9</b> Certificate of Satisfactory Performance with letterhead of at least (3) clients indicating the contact numbers and email addresses signed by the authorized head of the Department/Division from previous clients for the past three (3) years of the same brand, capability, and magnitude as specified in the technical specifications <b>excluding NKTI</b></p>
<b>SCHEDULE OF REQUIREMENT</b>	<b>REVISED SCHEDULE OF REQUIREMENT</b>
<p>Delivered, Weeks/Months: Within Sixty (60) calendar days</p>	<p>Delivered, Weeks/Months: Within <b>Ninety (90)</b> calendar days</p> <p><i>Please see attached Revised Schedule of Requirements</i></p>
<b>TECHNICAL SPECIFICATIONS</b>	<b>REVISED TECHNICAL SPECIFICATIONS</b>
1.7 For the wireless detector	1.6 For the wireless detector
Item letter f With 4 hours maximum battery charging time (fully charged)	Item letter f With <b>no more than</b> 4 hours maximum battery charging time (fully charged)
Item letter g With 4 hours maximum battery charging time (fully charged)	Item letter g Additional rechargeable battery <b>for each wireless detector</b> as back-up
1.8 Vertical/Bucky Wall Stand:	1.7 Vertical/Bucky Wall Stand
Item letter b Motorized vertically adjustable wall bucky with manual override	Item letter b Motorized vertically adjustable wall bucky with <b>option for</b> manual override
1.9 X-Ray Table	1.8 X-Ray Table
Item letter b Table height adjustment range: from 50 cm to 85 cm or better	Item letter b Table height adjustment range: <b>from 57 cm or lower to 82 cm or higher</b>
Item letter d Maximum patient load: $\geq 300$ kg	Item letter d Maximum patient load: <b>at least 250 kgs</b>
	Item letter f (additional) <b>With foot switch control for table-top movement</b>

1.10 Image Acquisition Work Station/Control Console	1.9 Image Acquisition Work Station/Control Console
Item letter b Must be able to transfer x-ray images to printers, review workstations & PACS. Compatible to RIS for retrieval of patient's list and examination	Item letter b Must be able to transfer x-ray images to printers, review workstations & PACS. <b>Interoperable with the Institute's RIS</b> for retrieval of patient's list and examination
1.13 Accessories	1.12 Accessories
Item letter b Mobile Detector Holder: <ul style="list-style-type: none"> <li>• Can hold 14"x17" or 17"x17" detector size</li> <li>• Counterbalanced, can hold <math>\geq 5</math> to kg detector wt.</li> <li>• With vertical height adjustment</li> <li>• Tilttable, horizontally adjustable</li> <li>• Stable base, equipped with rollers with lock mechanism</li> </ul>	Item letter b Mobile Detector Holder: <ul style="list-style-type: none"> <li>• Can hold 14"x17" or 17"x17" detector size</li> <li>• Counterbalanced, can hold <math>\geq 5</math> kg detector <b>weight</b></li> <li>• With vertical height adjustment</li> <li>• Tilttable, horizontally adjustable</li> <li>• Stable base, equipped with rollers with lock mechanism</li> </ul>
Item letter h Back-up Cooling System Split Type Airconditioning unit appropriate to the machine	Item letter h Back-up Cooling System Split Type Airconditioning unit appropriate to the <b>machine and procedure room</b>
	<b>Please see attached Revised Technical Specification</b>

This Supplemental Bid Bulletin including Annexes, if any, shall form part of the Bid Documents. Any provisions in the Bid Documents inconsistent herewith is hereby amended, modified and superseded accordingly.

For guidance and information of all concerned.

Issued this 21sts day of October 2021 in Quezon City.

**VIOLETA M. VALDERRAMA, MD**  
**SBAC Chairman**



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National Kidney and Transplant Institute  
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## Section VI.

### Revised Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site.

Item Number	Description	Qty./ UOM	Total	Delivered, Weeks/Months	Place of Delivery
1	Supply, Delivery, Testing and Commissioning of Ten (10) units Warmer Machine	1 lot		Within <b>Ninety (90)</b> calendar days	NKTI SMD

**Standard Payment Terms:** Payments shall be made promptly by NKTI, within sixty (60) calendar days from submission of complete documents *i.e.* invoice or claim by the Supplier.

**Conforme:**

Name: \_\_\_\_\_

Legal Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_



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## ***Section VII.*** ***Technical Specifications***

### ***Supply, Delivery, Testing and Commissioning of One (1) unit*** ***Digital X-Ray Machine*** ***(FY 2022 EARLY PROCUREMENT)***

***Instruction:***

*Bidders must state in the column provided either “Comply” or “Not Comply” against EACH of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of “Comply” or “Not Comply” must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer’s un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidder’s statement of compliance or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the applicable laws and issuances.*

<b>Item</b>	<b>Specification</b>	<b>Statement of Compliance</b>
<b>1.</b>	<b>DIGITAL X-RAY MACHINE</b>	
	<b>1.1 Application</b>	
	a. Basic applications: With X-ray imaging parameters for Upper and Lower Extremities, Skull, Chest, Abdomino-Pelvic & Spine X-ray	
	b. Advanced Application: With Automatic Whole Spine Stitching / Long bone Stitching	
	<b>1.2 X-Ray Generator</b>	
	a. At least 65 kW	
	b. Maximum Voltage up to 150 kV	
	c. Maximum tube current at least 800 mA	

	<b>1.3 Power supply</b>	
	a. 3-phase, 380 V to 400 V $\pm$ 10 %, 60 Hz, 4W+G	
	b. With appropriate Automatic Voltage Regulator (AVR)	
	<b>1.4 X-Ray Tube and Tube Housing Assembly</b>	
	a. Ceiling mounted x-ray tube assembly and column with railings designed for longitudinal, lateral, vertical and tilting movement of the x-ray tube housing	
	b. With automatic tracking movement: <ul style="list-style-type: none"> <li>• Tube-detector wallstand tracking</li> <li>• Tube-detector table tracking</li> </ul>	
	c. With LCD/LED touchscreen display panel on the tube housing, for viewing of patient's pre-exposure parameters such as: <ul style="list-style-type: none"> <li>• Patient info display (for verification)</li> <li>• Selection of examination</li> <li>• Exposure Technique (kVp &amp; mAs)</li> <li>• Source to Image Receptor Distance (SID)</li> <li>• Tube Angle</li> </ul>	
	d. Rotating anode with dual focal spot: <ul style="list-style-type: none"> <li>• Small focal spot</li> <li>• Large focal spot</li> </ul>	
	e. Automatic/Motorized collimator with manual override	
	f. With light localizer	
	g. With digital Source to Image receptor Distance (SID) measurement	
	<b>1.5 Detector</b>	
	a. At least two (2) units of wireless digital detector: <ul style="list-style-type: none"> <li>• One (1) for the bucky wallstand</li> <li>• One (1) for the radiographic table</li> </ul>	
	OR	
	b. Combination of: <ul style="list-style-type: none"> <li>• One (1) fixed 17"x17" digital detector for the bucky wallstand</li> <li>• One (1) unit of wireless digital detector for the radiographic table</li> </ul>	
	<b>1.6 For the wireless detector</b>	
	a. Must be lightweight (the weight of the detector must not exceed to 4.0 kg) and capable of producing high resolution x-ray images	
	b. Detector size: at least 14"x17"	

	c. Must be able to withstand at least 150 kgs of distributed weight of the patient.	
	d. water/fluid resistant	
	e. With rechargeable battery for each wireless detector unit that can last at least 4 hours.	
	f. With <b>no more than</b> 4 hours maximum battery charging time (fully charged)	
	g. Additional rechargeable battery <b>for each wireless detector</b> as back-up	
	h. With detector docking port with charging capability or detector bin/holder with separate battery charger	
	i. With physical or virtual grid	
	j. Can be used for free exposures and table top examinations	
	<b>1.7 Vertical/Bucky Wall Stand:</b>	
	a. Floor mounted bucky wall stand	
	b. Motorized vertically adjustable wall bucky with <b>option for</b> manual override	
	c. With Automatic Exposure Control (AEC)	
	d. wall bucky with tilting movement of 0° to +90° or better (from vertical position to horizontal position)	
	e. Gridded wall Bucky	
	<b>1.8 X-ray Table</b>	
	a. Floor mounted motorized radiographic table with floating table-top with the following movements: <ul style="list-style-type: none"> <li>• vertical</li> <li>• longitudinal</li> <li>• transverse</li> <li>• diagonal</li> </ul>	
	b. Table height adjustment range: <b>from 57 cm or lower to 82 cm or higher</b>	
	c. With detector holder for wireless detector	
	d. Maximum patient load: <b>at least 250 kgs</b>	
	e. With AEC	
	f. <b>With foot switch control for table-top movement</b>	
	<b>1.9 Image Acquisition Workstation/ Control Console</b>	



	a. At least 19" LCD/LED medical grade color monitor, for patient's data encoding, image acquisition and post-processing options	
	b. Must be able to transfer x-ray images to printers, review workstations & PACS. Interoperable with the Institute's RIS for retrieval of patient's list and examination.	
	c. Must be able to encode/input patient information / demographics manually in cases of RIS downtime and emergency situations	
	d. Exposure console & exposure hand switch	
	<b>1.10 Connectivity</b>	
	a. Transmission of X-ray images to PACS via LAN	
	<b>1.11 CPU &amp; Storage</b>	
	a. With latest software (as per Manufacturer's Specification)	
	b. SSD drive for storage capacity with at least 1 TB	
	c. With CD/DVD-RW drive for archiving	
	d. With Online Uninterruptible Power Supply (UPS) for workstation	
	e. Fast image display from acquisition to preview monitor: ≤ 6 seconds	
	<b>1.12 Accessories:</b>	
	a. Stitching stand for whole spine/long bone stitching acquisition	
	b. Mobile Detector Holder: <ul style="list-style-type: none"> <li>• Can hold 14"x17" or 17"x17" detector size</li> <li>• Counterbalanced, can hold ≥5 kg detector weight</li> <li>• With vertical height adjustment</li> <li>• Tilttable, horizontally adjustable</li> <li>• Stable base, equipped with rollers with lock mechanism</li> </ul>	
	c. Dehumidifier with water overflow protection appropriate to the procedure room dimension	
	d. Wall mounted radiation protection apron hanger (3 to 5 hangers)	
	e. Two (2) light weight radiation protection aprons	
	f. Two (2) thyroid shields	
	g. One (1) set gonadal shields (for adult male, female and pedia)	
	h. Back-up Cooling System <ul style="list-style-type: none"> <li>• Split Type Airconditioning unit appropriate to the machine and procedure room</li> </ul>	

	<b>1.13 Other Requirements:</b>	
	a. User's manual in English (in electronic copy <b>CD/DVD</b> , Hard copy upon delivery)	
	b. Service and installation manual (in electronic <b>CD/DVD</b> copy, Hard copy upon delivery)	

**Conforme:**

Name: \_\_\_\_\_

Legal Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_