

NOTICE OF AWARD

28 July 2016

SAVIOUR MeDEVICES, INC.
 2/F Global Enterprises Building
 H.V. Dela Costa Street, Salcedo Village
 Makati City
 Tel. No. 812-7768

Attention: **Ms. CRISTINA L. ADAN**
Executive Vice President for Marketing

Dear Madame:

We are happy to notify you that your bid dated **30 July 2016** but awarded on **21 July 2016** for the **SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF MECHANICAL VENTILATORS FOR NEONATAL PATIENTS - SINGLE BID** under Project Reference No. **PUR16-05-0626** for the Contract Price amounting to **FOUR MILLION FOUR HUNDRED SIXTY SIX THOUSAND SIX HUNDRED SIXTY FOUR PESOS & 00/100 (PHP4,466,664.00) ONLY** as corrected and modified in accordance with Instructions to Bidders is hereby accepted.

You are hereby to provide within **TEN (10) DAYS** the performance security in the form of: (a) Cash, Certified Check, Cashier's Check, Manager's Check, Bank Draft or Irrevocable Letter of Credit confirmed by a reputable local bank at 5% of the total amount of award which amounts to **TWO HUNDRED TWENTY THREE THOUSAND THREE HUNDRED THIRTY THREE PESOS & 20/100 (PHP223,333.20) ONLY**; or (b) 30% of the total amount of award in the form of Security Bond callable upon demand issued by any reputable surety or insurance company in the amount of **ONE MILLION THREE HUNDRED THIRTY NINE THOUSAND NINE HUNDRED NINETY NINE PESOS & 00/100 (PHP1,339,999.20) ONLY** to be submitted to the BAC Office. **Failure to provide the performance security shall constitute sufficient ground for the cancellation of the award and forfeiture of the bid security.**

DEPARTMENT OF PEDIATRICS, PGH

Item No.	Qty.	Unit	Item Description	Unit Cost (PhP)	Total Cost (PhP)
1	3	unit	MECHANICAL VENTILATORS FOR NEONATAL PATIENTS Brand: Schiller Model: Tecme Neumovent Graphnet Neo Mechanical Ventilator Made in: Argentina Brand new, not reconditioned including its parts & accessories Note: Please refer to the attached Bid Form (4 pages)	1,488,888.00	4,466,664.00
TOTAL AMOUNT OF AWARD				4,466,664.00	


S M N

[Handwritten Signature]
 8/4/16
 CRISTINA L. ADAN

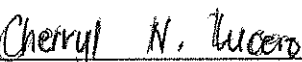
TERMS AND CONDITIONS


1. Delivery and installation should be done within ninety (90) calendar days commencing on the 3rd working day of notification through confirmed fax that the approved Purchase Order / Contract is already available for pick-up.
2. The system must be delivered ready to use. Cables, connectors, adapters and accessories not specified but are essential for the unit to function must be provided free.
3. Warranty and preventive maintenance should be five (5) years and on parts.
4. Warranty period shall be commence from the date of acceptance by the end-user after installation, testing and commissioning.
5. Provide free quarterly preventive maintenance and calibration during the warranty period.
6. Must provide on-site technical training for end-users (nurses and physicians) every six (6) months for the duration of the warranty period and on troubleshooting for OETS (Biomedical Staff).
7. Service engineers are certified factory trained on service and repair. One service engineer must be available locally to provide quick 24/7 on-site support with guaranteed uptime of 48 hours.
8. Must have the capability for corrective and preventive maintenance of the unit.
9. Must guaranteed that diagnostic technician will be able to assess the unit within 24 hours of notification.
10. Automatic provision of a functioning service unit (same model) in case repair of more than three (3) days / pull-out of the purchased unit during the warranty period.
11. Provide original and hard copy of operator's and services manuals (in English language) upon delivery.
12. It is understood that all taxes and other impositions are included in the bid offer. However, you shall be liable for additional or other taxes and duties which may be imposed by the government during the effectivity of the contract.
13. Compliance with Republic Act No. 9184 and other applicable laws.

Very truly yours,


GERARDO D. LEGASPI, MD, FAFN 2 AUG 2016
Director, Philippine General Hospital
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CONFORME:


(Signature over Printed Name)
DSM
(Designation)
8-04-16
(Date)

 8/4/16
CHERYL N. LUCERO


Technical Specification


Bid N: PUR16-05-0586

Date: 21 June 2016

Unit: SUPPLY, DELIVERY, TESTING & COMMISSIONING OF MECHANICAL VENTILATORS FOR NEONATAL PATIENTS

AGENCY SPECIFICATIONS	Offered Specifications	References (Include Supporting Documents)	Comments/Remarks (clarify inclusion/exclusion)	EV. US
<p>SUPPLY, DELIVERY, TESTING & COMMISSIONING OF MECHANICAL VENTILATORS FOR NEONATAL PATIENTS</p> <p>Brand new, not reconditioned/refurbished including its Parts & Accessories</p>				
<p>Components</p>				
<p>1. Mechanical Ventilators</p>	<p>Components</p> <p>1. Mechanical Ventilators</p>		✓	
<p>2. Accessories</p>	<p>2. Accessories</p>		✓	
<p>Technical Specifications</p>				
<p>1. The Minimum patient weight that the ventilator can handle should be 300 grams</p>	<p>1. The Minimum patient weight that the ventilator can handle should be 300 grams</p>		✓	
<p>2. Capable of providing the following invasive ventilation modes:</p>	<p>2. Capable of providing the following invasive ventilation modes:</p>			
<p>a. Controlled Ventilation:</p>	<p>a. Controlled Ventilation:</p>		✓	
<p>~ Volume Controlled Ventilation (VCV)</p>	<p>~ Volume Controlled Ventilation (VCV)</p>		✓	
<p>~ Pressure Controlled Ventilation (PCV)</p>	<p>~ Pressure Controlled Ventilation (PCV)</p>		✓	
<p>b. Supported Ventilation</p>	<p>b. Supported Ventilation</p>		✓	
<p>~ Pressure Support Ventilation or Continuous Positive Airway Pressure (CPAP)</p>	<p>~ Pressure Support Ventilation or Continuous Positive Airway Pressure (CPAP)</p>		✓	
<p>c. Combined Ventilation:</p>				
<p>~ Synchronized intermittent mandatory ventilation (VC) + (PS)</p>	<p>~ Synchronized intermittent mandatory ventilation (VC) + (PS)</p>		✓	
<p>~ Synchronized intermittent mandatory Ventilation (PC) + (PS)</p>	<p>~ Synchronized intermittent mandatory Ventilation (PC) + (PS)</p>		✓	
<p>3. Capable of non-invasive ventilation</p>	<p>3. Capable of non-invasive ventilation</p>		✓	


 Cheryl N. Maceo
 8/4/16





Technical Specification

<p>4. Capable of altering flow patterns into a square or decelerating pattern</p>	<p>4. Capable of altering flow patterns into a square or decelerating pattern</p>	<p>✓</p>
<p>5. Breathing circuitry must be a dual limb ventilation</p>	<p>5. Breathing circuitry must be a dual limb ventilation</p>	<p>✓</p>
<p>6. Range of Tidal Volume includes 4 to 30 ml</p>	<p>6. Range of Tidal Volume includes 2 to 350ml</p>	<p>✓</p>
<p>7. Range of respiratory rate atleast between 1 to 100 breaths per minute (A/C), 1 to 60 breaths per minute (SIMV)</p>	<p>7. Range of respiratory rate atleast between 1 to 150 breaths per minute (A/C), 1 to 60 breaths per minute (SIMV)</p>	<p>✓</p>
<p>8. Capable of providing both pressures and flow triggering and sensitivity within the following minimum ranges: a. Flow triggering: 0.3 to 9 liters per minute b. Pressure triggering: -0.5 to -10cm H₂O</p>	<p>8. Capable of providing both pressures and flow triggering and sensitivity within the following minimum ranges: a. Flow triggering: 0.2 to 15 liters per minute b. Pressure triggering: -0.5 to -20cm H₂O</p>	<p>✓</p>
<p>9. Capable of providing the following minimum range of pressures</p>	<p>9. Capable of providing the following minimum range of pressures</p>	<p>✓</p>
<p>a. PEEP / CPAP / EPAP: 0-45 cm H₂O</p>	<p>a. PEEP / CPAP / EPAP: 0-50 cm H₂O</p>	<p>✓</p>
<p>b. Pressure Support: 0-70cm H₂O</p>	<p>b. Pressure Support: 0-100cm H₂O</p>	<p>✓</p>
<p>c. Inspiratory Pressure: 5-90cm H₂O with rise time for inspiratory pressure 0-2 seconds</p>	<p>c. Inspiratory Pressure: 5-100cm H₂O with rise time for inspiratory pressure 0-2 seconds</p>	<p>✓</p>
<p>10. FIO₂ delivered must between 21 - 100%</p>	<p>10. FIO₂ delivered must between 21 - 100%</p>	<p>✓</p>
<p>11. Must be able to alter any of the following flow parameters: a. inspiratory time with ranges from 0.1 - 2 seconds b. Inspiratory flow rates between 6 to 30 LPM</p>	<p>11. Must be able to alter any of the following flow parameters: a. inspiratory time with ranges from 0.1 - 10 seconds b. Inspiratory flow rates between 0.2 to 180 LPM</p>	<p>✓</p>
<p>12. Must be able to generate waveforms that include all of the following: airway pressure, flow, volume</p>	<p>12. Must be able to generate waveforms that include all of the following: airway pressure, flow, volume</p>	<p>✓</p>
<p>13. Capable of providing loops for monitoring: Paw- V, V-Flow, Flow-Paw loops</p>	<p>13. Capable of providing loops for monitoring: Paw- V, V-Flow, Flow-Paw loops</p>	<p>✓</p>
<p>14. Provide continuous capnography or ET/CO₂ measurements from 0 - 99 mmHg with waveform</p>	<p>14. Provide continuous capnography or ET/CO₂ measurements from 0 - 99 mmHg with waveform</p>	<p>✓</p>
<p>15. Must be able to provide the following numeric monitoring variables:</p>	<p>15. Must be able to provide the following numeric monitoring variables:</p>	<p>✓</p>
<p>a. respiratory frequency (f_{tot}, f_{spont}, f_{mand} 0 - 200 bpm), inhaled and exhaled tidal volume (0 - 400 ml, BT/PS);</p>	<p>a. respiratory frequency (f_{tot}, f_{spont}, f_{mand} 0 - 200 bpm), inhaled and exhaled tidal volume (0 - 400 ml, BT/PS);</p>	<p>✓</p>
<p>b. minute ventilation (MV, MV_{spont}, MV_{leak} 0-100 l/min);</p>	<p>b. minute ventilation (MV, MV_{spont}, MV_{leak} 0-100 l/min);</p>	<p>✓</p>
<p>c. PEEP and auto PEEP</p>	<p>c. PEEP and auto PEEP</p>	<p>✓</p>
<p>d. Mean Airway, peak airway and Plateau airway pressures (-20 to 120cm H₂O);</p>	<p>d. Mean Airway, peak airway and Plateau airway pressures (-20 to 120cm H₂O);</p>	<p>✓</p>

CHERYL N. WCELU 5/4/10

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Technical Specification

	<p>e. Rapid Shallow Breathing Index (RSBI) (0-9999 l/min) or equivalent feature (provide a notarized certificate from manufacturer), dynamic and static compliance (0.0-300ml/cm H₂O), Resistance (0-600cm H₂O/l/s) WOB (0-100 l/min), NIF (-45 to 0cm H₂O) or equivalent feature (provide a notarized certificate from manufacturer, PEEPi or PEEP(0-120cm H₂O)</p>		
	<p>16. Able to perform the following maneuvers for monitoring: a. Inspiratory pause or inspiratory Hold Maneuver</p>	<p>16. Able to perform the following maneuvers for monitoring: a. Inspiratory pause or inspiratory Hold Maneuver</p>	<p>✓</p>
	<p>b. Expiratory pause or expiratory Hold Maneuver or an assesment of negative inspiratory force or negative inspiratory pressure or a P0.1 max</p>	<p>b. Expiratory pause or expiratory Hold Maneuver or an assesment of negative inspiratory force or negative inspiratory pressure or a P0.1 max</p>	<p>✓</p>
	<p>17. Monitoring and trending of events recorded up to 1000 events at least</p>	<p>17. Monitoring and trending of events recorded up to 1000 events at least</p>	<p>✓</p>
	<p>18. Must have leak compensation and tube compensation capability</p>	<p>18. Must have leak compensation and tube compensation capability</p>	<p>✓</p>
	<p>19. Must have apnea back up ventilation</p>	<p>19. Must have apnea back up ventilation</p>	<p>✓</p>
	<p>20. Must have Flow sensing</p>	<p>20. Must have Flow sensing</p>	<p>✓</p>
	<p>21. Must be able to provide to adjust volume of alarm settings</p>	<p>21. Must be able to provide to adjust volume of alarm settings</p>	<p>✓</p>
	<p>22. Built in nebulizer or nebulizing system</p>	<p>22. Built in nebulizer or nebulizing system</p>	<p>✓</p>
	<p>23. Built in compressor</p>	<p>23. Built in compressor</p>	<p>✓</p>
	<p>24. Able to provide ventilation support during suctioning</p>	<p>24. Able to provide ventilation support during suctioning</p>	<p>✓</p>
	<p>25. Must be able to use universal breathing circuitry or tubing</p>	<p>25. Must be able to use universal breathing circuitry or tubing</p>	<p>✓</p>
	<p>26. Provision of humidifier and chamber</p>	<p>26. Provision of humidifier and chamber</p>	<p>✓</p>
	<p>27. Display must be LED of at least 9 inches</p>	<p>27. Display must be LED of at least 9 inches</p>	<p>✓</p>
	<p>28. Must be capable of displaying at least 2 waveforms at a time</p>	<p>28. Must be capable of displaying at least 2 waveforms at a time</p>	<p>✓</p>
	<p>29. Must be usable on a 2 prong convenience outlet.</p>	<p>29. Must be usable on a 2 prong convenience outlet.</p>	<p>✓</p>
	<p>30. Capable of power connection: 100 - 240 V, 50/60 Hz.</p>	<p>30. Capable of power connection: 100 - 240 V, 50/60 Hz.</p>	<p>✓</p>
	<p>31. Must have number of hours of use indicator</p>	<p>31. Must have number of hours of use indicator</p>	<p>✓</p>
	<p>32. Must provide per ventilator supplied: a. mobile trolley b. 2 pieces air/02 gauge c. support arm</p>	<p>32. Must provide per ventilator supplied: a. mobile trolley b. 2 pieces air/02 gauge c. support arm</p>	<p>✓</p>
	<p>33. All equipment must be turn key. Must provide the following consumables (whenever is applicable) of at least three (3) per ventilator</p>	<p>33. All equipment must be turn key. Must provide the following consumables (whenever is applicable) of at least three (3) per ventilator</p>	<p>✓</p>

8/4/16
CITIZENRYL N. MORGAN

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Technical Specification

	Humidifier base with chamber	Humidifier base with chamber		
	a. Humidifier base with chamber			✓
	b. Flow sensor			✓
	c. Oxygen cell			✓
	d. Inspiratory bacteria filter			✓
	e. Exhalation valve assembly			✓
	f. Expiratory flow sensor			✓
	g. CO2 sampling line			✓
	h. Neonatal test bag			✓
	i. Test Hose			✓
	j. Test Lung			✓
	k. Disposable circuit			✓

I hereby certify that the statement of compliance to the foregoing technical specifications are true and correct, otherwise, if found to be false either during bid evaluation or post-qualification, the same shall give rise to automatic disqualification of our bid.

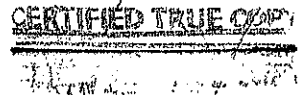
Saviour MeDevices, Inc.
Name of Company/Bidder

CRISTINA L. ADAN

Signature Over Printed Name of Authorized Representative

8/14/16
Date

gn 8/14/16
CHERYL N. WCEM



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