

**HAFFKINE BIO PHARMACEUTICAL CORPORATION LIMITED****Procurement Cell****( A Government of Maharashtra Undertaking)****Regd. Office : Acharya Donde Marg, Parel, Mumbai 400 012 (INDIA)****Phone No: 022- 24129320-23****Managing Director :022-24150628****General Manager (Procurement Cell) :022-24100478****दि: १८.०१.२०२० प्रशासकीय मंजूर निधी****६२,७२,०००/- (State Plan २०१८-१९) (Qty.- 02)****Website : http://www.vaccinehaffkine.com****E-mail: procurementcell@haffkinemumbai.com****No.: 6257 /Haffkine/Procurement Cell/E-3074/  
Ventilator Infant / Paediatric /2021-22.****Date: 18/01/22****To,****M/s. Life Care Bio-Medical Pvt. Ltd.,****303/304, The Corporate Centre,****Nirmal Life Style, Near Shoppers Stop,****L. B. S. Marg, Mulund (W) Mumbai - 400080.****Contact No.: 9321144503.****E-Mail: [info@lifecarebiomedical.com](mailto:info@lifecarebiomedical.com)****Subject : Supply Order for Tender No. E-3074/Ventilator Infant / Paediatric.****Reference: 1. Tender No. E-3074/HBPCL/PC/Ventilator Infant / Paediatric /2020-21.****2. शासननिर्णय, क्रमांक - सीएच-२०१९/प्र.क्र.२७८/प्रशा-१****दिनांक : १८ जानेवारी, २०२०.****3. Sanction of Tender Approval Committee Meeting No. 137****Dated :- 06.01.2022**

With reference to the tender cited under reference no 1, you are requested to supply the following goods as per details mentioned below to consignee list enclosed with this order.

Sr. No.	Name of the item	Specification of item	Quantity / Unit (DMER)	Unit Rate inclusive of GST(Rs.)	Total Amount Rs.
1	Ventilator Infant / Paediatric Make : Acutronic Medical (Vyaire Medical Inc, USA) Model : Fabian HFO	As per Annexure X	02	27,84,247/-	55,68,494/-
<b>Total amount in words: Rupees Fifty Five Lakhs Sixty Eight Thousand Four Hundred Ninety Four Only.</b>					
<b>Factory Location: Acutronic Medical Systems AG (A Vyaire Medical Company), Fabrik IM Schiffli 8816 Hirzel Switzerland.</b>					

- Forwarding:** Forwarding Free on Road Destination. I.e. door delivery basis.
- Delivery Period:** 12 weeks from the date of receipt of order by the supplier to the consignee attached.
- Pre-Dispatch Inspection:** Supplier shall make necessary arrangement / facilitate to carry out Pre-Dispatch inspection as per Tender Terms & condition and submit the Inspection report to this office. The Pre-Dispatch inspection cost will be borne by supplier. Machine should be dispatched only after Satisfactory Pre-Dispatch Inspection.

- 4 **Risk purchase clause:** If the bidder fails to supply the stores within the stipulated delivery period, the order will stand cancelled. Undersigned shall be entitled to purchase such stores from any other source at such price which ordinarily should not be more than 10% of the tender price. The extra expenditure in such cases shall be recovered by Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd. (Procurement Cell), Mumbai from the Supplier.
- 5 **Payment Terms:** Payment of 100% of the contract value will be made within 8 weeks on delivery and successful installation and satisfactory commissioning and operation of the machinery.
- 6 **Acceptance & Receipt:** It should be submitted in Appropriate Format to the purchasing authority.
- 7 **Delivery Challan** - Should be sent in the name of consignee in duplicate. It should specify Name of Equipment / Mfg. by / packing & quantity.
- 8 **Invoice Copy** - Should be sent in triplicate on the Name of Managing Director, Haffkine Bio Pharmaceutical Corporation Ltd.(Procurement Cell), Mumbai. Along with Bill of Entry and Country of Origin Certificate of the consignment.
- 9 **Other Terms :**
- 1) Warranty: The warranty period shall be for 2 years from the date of commissioning of all equipment supplied as certified by the consignee. After completion of 2 years warranty period Manufacturer/Supplier should give commitment to ensure services and supply of spare part for further 8 years. The successful tenderer must ensure 95% uptime during warranty period. In case of downtime, warranty period will be extended for period of downtime. If the equipment is not attended within 24 hours for Mumbai and 48 hours for other places the supplier will be liable to pay a penalty of 0.07% of purchase cost for every day of delay. Such penalty will be recovered from the amount of security deposit. Certificate of such uptime / downtime issued by the end user will be binding for the supplier Replacement of spares parts thereof due to manufacturing defects during warranty period will be entirely at the supplier's cost.
- 2) The user institution will enter to the Comprehensive Maintenance Contract with supplier agency @ 5% of the order value (excluding taxes) of the equipment per year for 8 years after completion of warranty period. In case of non-compliance of CMC the supplier will be liable to pay penalty or for appropriate action. Payment of CMC on yearly basis will be made by the user's institution, at the end of the year after satisfactory performance report from the end user.
- 10 **Contract Agreement:** Bidder should submit a tripartite (Importer, Manufacturer and Haffkine Bio Pharmaceutical Corporation Ltd.) Contract Agreement on non-judicial stamp paper of requisite value.

#### **Fall Clause**

It is a condition of the contract that all through the currency there of, the price at which you will the supply stores should not exceed the lowest price charged by you to any customer during the currency of the contract and that in the event of the prices going down below the rate contract prices you shall promptly furnish such information to us to enable to amend the contract rates for subsequent supplies.


- 11 The Bidder should submit (within 7 days) amount of 1.5% i.e. **Rs. 83,527/-** of order value to meet other incidental expenditure and 3% i.e. **Rs. 1,67,055/-** as Security Deposit in form of Bank Guarantee. The Bank Guarantee valid for 2 months after the expiry of date of warranty issued by any Nationalized / Scheduled Bank.

**Amount to be deposited to Following Account:**

Name of Account	Haffkine B P C L (Procurement Cell), CESS Account
Name of the Bank & Branch	Bank of Maharashtra, Branch- Mumbai Parel
Account No.	60381379835
IFSC Code	MAHB0000079

**Consignee:** As per list enclosed

या. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

  
**Mrs. Sushama Patil**  
**General Manager**  
**(Additional Charge)**

**Haffkine Bio Pharmaceutical Corporation Ltd.**  
**(Procurement Cell), Mumbai.**

**Copy to:**

- 1) Commissioner Health Services, Mumbai.
- 2) Director, Medical Education & Research, Mumbai-400 001.
- 3) Account Manager, Haffkine Bio Pharmaceutical Corporation Ltd. (Procurement Cell), Mumbai.
- 4) Office File.

**Copy to Consignee:** **Dean, Cama Albless Hospital, Mumbai:** As per Tender Condition No.17 The user Institution should get the Comprehensive Maintenance Contract done with supplier agency @ 5% of the Order value (excluding taxes) of equipment per year for Eight years after Completion of warranty period.

**Copy Submitted to:** 1) Secretary, Medical Education & Drug Department, Mantralaya, Mumbai.

## Annexure-X

Sr. No.	Technical Specification for Ventilator Infant / Paediatric
1	Microprocessor controlled time cycled with pressure limited ventilator combined with High frequency oscillatory Ventilation.
2	<b>Mode of Operation:-</b> Electrical with inbuilt re-chargeable battery backup, for minimum 45 min for complete application including HFOV.
3	<b>Application:</b> Neonatal, premature, Infant and children weighing from 300g to 20Kg
4	<b>Driving Gas :</b>
a	Built – in or external compressor and facility for connecting to central compressed air pipeline. Should have automatic switch over between internal and external air source with priority to external source.
b	Ventilator Should be mounted on the compressor for easy movement within NICU.
c	High pressure tubing for both central oxygen and compressed air. Adaptors to fit hospital connection of compressed air and oxygen port to be provided.
5	<b>Ventilator should have the following Modes:</b>
a	Should have HFOV, conventional invasive and Non-invasive ventilation, HFNC Therapy, nCPAP & Neonatal BiPAP/ P SIMV
b	Time cycle Pressure Limit ventilation(TCPL) : Control Assist/SIPPV, CPAP, SIMV+/- PSV
c	Pressure support Ventilation : PSV, PSV- termination criteria based on flow /time
d	Volume Guarantee : In TCPL modes (Control, Assist/SIPPV SIMV)
e	Trend of all monitored parameters for last 24 hours.
6	<b>RANGE OR PATTERN FOR SETTINGS</b>
I)	<b>Conventional Ventilation Specifications</b>
a	PIP range: 4 cm H <sub>2</sub> O -80 cm H <sub>2</sub> O
b	Tidal volume /volume Guarantee : 2 ml -300ml
c	Inspiratory Flow rate : 1 LPM to 30 LPM
d	Expiratory flow rate : 2 LPM to 20 LPM
e	Breath rate : 1 bpm -150 bpm
f	Inspiratory time: 0.1 sec -2.0secs
g	PEEP / CPAP: 0 cm H <sub>2</sub> O -30 cm H <sub>2</sub> O
h	FiO <sub>2</sub> : 21%-100%
i	Pressure support : 0 cms of H <sub>2</sub> O -40cms of H <sub>2</sub> O
j	Flow cycle :- 0 to 25% of peak flow
k	Apnoea back up rate : 12 B.P.M. Onwards
l	Flow trigger : 0.2 LPM to 2.4 LPM
m	Volume limit : 3ml to 150 ml
II)	<b>HFO Specification</b>
a)	Should have active exhalation
b)	Mean airway pressure : 5 mbar -50 mbar
c)	Delta pressure (Amplitude): 5 cm H <sub>2</sub> O -80 cm H <sub>2</sub> O
d)	HFO Flow rate : 5 LPM to 25 LPM
e)	I:E ratio of 1:1 to 1:3
f)	HFO Frequency range : 5 HZ -20HZ
g)	HFO in inspiratory and expiratory phase.
h)	Tube leakage compensation : 0-80%
i)	Provide a manual breath
j)	PSV with SIMV backup should be possible
III)	<b>HFNC Specification</b>

a)	Should Deliver the blended flow: 0-15 LPM.
b)	There should be used in conjunction with variable flow systems.
<b>IV)</b>	<b>nCPAP &amp; Neonatal BiPAP</b>
a)	Should be available as a standards mode for patients to make spontaneous breathing via mask or nasal cannula
b)	Should have automatic leak compensation
<b>7.</b>	<b>Should have touch screen operation</b>
a	1) It should display loops and waveforms for monitoring lung mechanics with freeze function for review
	2) It should have trending feature of measured parameters.
	3) Should have minimum 10" touch screen high resolution colour display
b	Flow sensor: Should have proximal flow sensor of heated wire type it should calibrate quickly within 5 sec. At least 10 nos. disposable flow sensors should be supplied for the equipment.
	Ventilator should be compatible with any Nitric oxide systems.
	Ventilator should be able to measure :
	1) Pressure –Peak, plateau, mean, PEEP.
	2) Volume: Total minute volume, spontaneous minute volume, expired and inspired tidal volume.
	3) Frequency spontaneous, total ,I:E ratio.
	4) FiO <sub>2</sub>
	5) Lung function parameters –resistance, compliance, Time constant, C <sub>20</sub> /C, DCO <sub>2</sub>
	6) Peri-tubal leak in %
c	Patient circuit
	1) Should be standards for conventional and HFO modes.
	2) Compatible with non-propriety tubing's also.
<b>8</b>	<b>Alarms: should have automatic alarm settings.</b>
	1) Disconnection /tube block/ ventilation hose kinked.
	2) Minutes volume-high/low
	3) Pressure –high/low
	4) Apnoea / High rate
	5) Low gas supply
	6) power failure
	7) Alarm log book
<b>9</b>	<b>Humidifier</b>
	1) Should be European CE(NB) approved / US-FDA
	2) A separate servo controlled heated wire humidifier should be supplied.
	3) Humidifier should be supplied with appropriate adaptors for both reusable and disposable circuits 2 sets each per ventilator.
	4) Autoclavable Humidifier chamber 2 nos. should be supplied with each ventilator.
	5) Guide wire for insertion of heater wire (2 each)
	6) Oxygen connecting hose and air connecting hose compatible with the hospital should be supplied
	7) Expiratory valve- 2 nos. with each ventilator
	8) Test lung -2 nos. neonatal with each machine
	Voltage range from 220 to 240 volts AC with Indian plug.
<b>10</b>	<b>The equipment must be tropicalized as below</b>
	Operating room temperature : max .40°C
	Storage room temperature : max 60°C
	Relative humidity: up to 90% Non-condensing
<b>11</b>	<b>Equipment shall operate on 230V, single phase, 50Hz electric supply .The necessary protective relaying / circuitry shall be there with the machines. The mains supply</b>




	voltage variation may be max $\pm 15\%$ and frequency variation maximum $\pm 3\%$
12	Accessories to be supplied with equipment
a	2 hose sets for reusable, autoclave, smooth bore silicon neonatal ventilation circuits of HFO application and conventional ventilation.
b	10 hose sets of smooth bore heated disposable conventional ventilation circuits with disposable chamber of HFO application and conventional ventilation.
c	Nasal mask 5 each of 3 sizes.
d	Nasal prongs 5 each of 3 sizes.
e	Bonnet/ head gear 5 each of 3 sizes.
f	Nasal cannula for oxygen therapy 5 nos. each of 2 sizes.
g	Circuits compatible with NIV 10 nos. each
h	10 nos. Disposable neonatal flow sensor
i	2 nos. reusable neonatal flow sensor along with cable.
j	1 nos. paediatric reusable flow sensor
k	Servo –controlled heated wire humidifier with accessories.
l	Compressor should have a membrane dryer, FDA Approved
m	True on LINE UPS with isolation transformer along with trolley.

#### Consignee Details

M/s. Life Care Bio-Medical Pvt. Ltd.		
Ventilator Infant / Paediatric		
Make : Acutronic Medical (Vyaire Medical Inc, USA) & Model : Fabian HFO		
Delivery Period	12 weeks	
PO Ref. No.	No.: 6257 /Haffkine/ Procurement Cell/ E-3074/ Ventilator Infant / Paediatric/ 2021-22. Date: 18/01/22	
दि: १८.०१.२०२० प्रशासकीय मंजूर निधी ६२,७२,०००/- (State Plan २०१८-१९) (Qty.- 02)		
Sr. No.	Name & Address of the Consignee	Qty.
1)	Cama Albless Hospital, Mumbai.	02
	Total	02

या. व्यवस्थापकीय संचालक यांच्या मान्यतेने व करिता

  
**Mrs. Sushama Patil**  
**General Manager**  
**(Additional Charge)**  
**Haffkine Bio Pharmaceutical Corporation Ltd.**  
**(Procurement Cell), Mumbai.**