

Cathlab (Single plane)

Bidder shall complete this form to provide responses about their proposed medical equipment. Each response by Bidder shall be supported with reference document, e.g: Catalogue, Equipment

| UMDNS: 16597 Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | Equipment Location (Region): Quantity SIHREN | Description: The Radiographic/Fluoroscopic System shall include: a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) b. Injectors, Contrast Media, Angiography c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | |
|---|---|---|-----------|--|
| PROPOSED DEVICE INFORMATION | REQUIREMENTS | BIDDER'S RESPONSE | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | |
| Brand/Manufacturer Name | Bidder to specify | Enter Responses Here! | | |
| Model Name | Bidder to specify | Enter Responses Here! | | |
| Country of Origin | Bidder to specify | Enter Responses Here! | | |
| Year of 1st Production for Model Proposed | Bidder to specify | Enter Responses Here! | | |
| Brochure/Catalogue | Bidder shall provide product brochure in English. Both Soft copy and Hard copy are required. | Enter Responses Here! | | |
| Nombor Izin Edar (NIE) - Indonesia Product Approval License | NIE will not be a prerequisite at bidding stage, yet required for contract award. Bidder to specify whether NIE has already been allotted, as detailed in the bidding document | Enter Responses Here! | | |
| U.S. FDA Clearance, CE Mark (Conformité Européenne mark) (MDD), or other health, safety and environmental standard adherence | Bidder to specify, mandatory if NIE not allotted as of yet | Enter Responses Here! | | |
| Picture of Model Proposed | Bidder to attach a picture of model proposed | Enter Responses Here! | | |
| b. Injectors, Contrast Media, Angiography | | | | |
| Brand/Manufacturer Name | Bidder to specify | Enter Responses Here! | | |
| Model Name | Bidder to specify | Enter Responses Here! | | |
| Country of Origin | Bidder to specify | Enter Responses Here! | | |
| Year of 1st Production for Model Proposed | Bidder to specify | Enter Responses Here! | | |
| Brochure/Catalogue | Bidder shall provide product brochure in English. Both Soft copy and Hard copy are required. | Enter Responses Here! | | |
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| Picture of Model Proposed | Bidder to attach a picture of model proposed | Enter Responses Here! | | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | |
| Brand/Manufacturer Name | Bidder to specify | Enter Responses Here! | | |
| Model Name | Bidder to specify | Enter Responses Here! | | |
| Country of Origin | Bidder to specify | Enter Responses Here! | | |
| Year of 1st Production for Model Proposed | Bidder to specify | Enter Responses Here! | | |
| Brochure/Catalogue | Bidder shall provide product brochure in English. Both Soft copy and Hard copy are required. | Enter Responses Here! | | |
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| U.S. FDA Clearance, CE Mark (Conformité Européenne mark) (MDD), or other health, safety and environmental standard adherence | Bidder to specify, mandatory if NIE not allotted as of yet | Enter Responses Here! | | |
| Picture of Model Proposed | Bidder to attach a picture of model proposed | Enter Responses Here! | | |
| CLINICAL APPLICATIONS/PROCEDURES | REQUIRED SPECIFICATIONS | BIDDER'S RESPONSE | | |
| | | Yes (√) | No (x) | Bidder to enter responses about their device |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | |
| General Angiographic Applications - Diagnostic vascular imaging and vascular interventional procedures. | Evaluation of peripheral vascular disease; the diagnosis of pulmonary embolisms, arteriovenous malformations, and sarcomatous tumors; the assessment of vascular abnormalities associated with pancreatic carcinoma; and the visualization of abdominal aortic aneurysms, abdominal angina, and abdominal tumors. | | | Enter Responses Here! |
| Cardiovascular Applications - Coronary arteriography, Cardiac angiography | To visually evaluate the anatomy and pathology of the heart and coronary vessels (e.g., to detect coronary artery disease and angina pectoris). | | | Enter Responses Here! |
| Cardiac Catheterization Applications | Invasive procedure used primarily to locate and identify irregularities within the heart and its vasculature, the aorta, or the vena cava, as well as to define the size or severity of lesions. Also used in diagnosing disorders such as reduced left ventricular function, valve incompetence, pulmonary vascular disease, congenital anomalies, and pacemaker lead placement. | | | Enter Responses Here! |
| Cardiac Catheterization Physiologic Monitoring | To help clinicians observe physiologic changes resulting from treatment during catheterization | | | Enter Responses Here! |
| Neurovascular applications: - Diagnostic neurovascular procedures | Diagnostic brain and spinal vascularization: Evaluation of neurovascular disease, diagnosis of stroke, cerebral aneurysm, brain and spinal vascular malformation | | | Enter Responses Here! |
| Neurovascular applications: - Interventional Neurovascular Procedures | Invasive procedure such as mechanical thrombectomy for stroke, coil embolization of brain aneurysms, embolization for brain and spinal vascular malformation | | | Enter Responses Here! |
| b. Injectors, Contrast Media, Angiography | | | | |
| To introduce viscous fluids (contrast media) into an artery or vein through a small catheter in angiography procedures for examining the coronary and renal arteries, the great vessels and the vasculature of the heart, brain, abdominal organs, and extremities. | Dedicated for angiogram scanning procedures | | | Enter Responses Here! |
| To warm contrast-media vials before administration by reducing the viscosity in highly viscous contrast agents. | Dedicated for angiogram scanning procedures | | | Enter Responses Here! |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | |

| For illuminating the procedural site | Cath-lab use | | | Enter Responses Here! | |
|--|--|---------|--------|-----------------------|------------|
| TECHNICAL SPECIFICATIONS/FEATURES | REQUIRED SPECIFICATIONS | Yes (y) | No (x) | BIDDER'S RESPONSE | Spec Score |
| Bidder to enter responses about their device | | | | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | |
| Type | Single Plane | | | Enter Responses Here! | |
| Single-Plane System | One gantry arm containing the x-ray system and the image-recording system | | | Enter Responses Here! | |
| Imaging Modality Capabilities | a) Cardiovascular and Cerebrovascular | | | Enter Responses Here! | |
| | b) Angiography and Vascular Interventions | | | Enter Responses Here! | |
| | c) Rotational Angiography Capabilities | | | Enter Responses Here! | |
| | d) Digital Subtraction Angiography (DSA) | | | Enter Responses Here! | |
| Motorized Gantry (C-Arm) Configuration | Floor or Ceiling-mounted | | | Enter Responses Here! | |
| Movement | a) Posterior-Anterior | | | Enter Responses Here! | |
| | b) Cranio-caudal (tilts toward the head (cranially) and feet (caudally)) | | | Enter Responses Here! | |
| Depth between Detector and Collimator, cm | Bidder to specify | | | Enter Responses Here! | |
| Right Anterio Oblique (RAO) Projection Angle, deg | ≥117 deg | | | Enter Responses Here! | |
| Right Anterio Oblique (RAO) Projection Angle, deg | ≥140 deg | | | Enter Responses Here! | 1 |
| Right Anterio Oblique (RAO) Projection Angle, deg | ≥160 deg | | | Enter Responses Here! | 1 |
| Left Anterio Oblique (LAO) Projection Angle, deg | ≥105 deg | | | Enter Responses Here! | |
| Left Anterio Oblique (LAO) Projection Angle, deg | ≥140 deg | | | Enter Responses Here! | 1 |
| Left Anterio Oblique (LAO) Projection Angle, deg | ≥150 deg | | | Enter Responses Here! | 1 |
| Cranial-to-Caudal Angulation Angle, deg | ≥ +/- 45 deg | | | Enter Responses Here! | |
| Cranial-to-Caudal Angulation Angle, deg | Total range ≥ 100 deg (e.g. 50/70, 50/90, etc.) | | | Enter Responses Here! | 1 |
| Rotation Rate, deg/sec | ≥ 15 deg/sec | | | Enter Responses Here! | |
| Rotation Rate, deg/sec | ≥ 20 deg/sec | | | Enter Responses Here! | 1 |
| Rotation Rate, deg/sec | ≥ 25 deg/sec | | | Enter Responses Here! | 1 |
| Source-to-Image Distance (SID) Movement Range, cm | Minimum range: 90cm to 105cm | | | Enter Responses Here! | |
| Source-to-Image Distance (SID) Movement Range, cm | Less than 90cm to more than 105cm (e.g., 90 cm to 120 cm) | | | Enter Responses Here! | 1 |
| Source-to-Image Distance (SID) Movement Range, cm | Bidder to Specify range | | | Enter Responses Here! | |
| Movement Position Lock | Automatic | | | Enter Responses Here! | 2 |
| Patient Table | Floor-mounted | | | Enter Responses Here! | |
| Movement Directions | Lateral, Longitudinal, Vertical | | | Enter Responses Here! | |
| Lateral (Sideway) Movement Range, cm | ≥ +/-14cm (28cm total) | | | Enter Responses Here! | |
| Lateral (Sideway) Movement Range, cm | ≥ +/-18cm (36cm total) | | | Enter Responses Here! | 1 |
| Lateral (Sideway) Movement Range, cm | ≥ +/-20cm (40cm total) | | | Enter Responses Here! | 1 |
| Longitudinal (Lengthwise) Movement Range, cm | ≥ 110 cm from end-to-end | | | Enter Responses Here! | |
| Longitudinal (Lengthwise) Movement Range, cm | ≥ 140 cm from end-to-end | | | Enter Responses Here! | 2 |
| Longitudinal (Lengthwise) Movement Range, cm | ≥ 170 cm from end-to-end | | | Enter Responses Here! | 2 |
| Vertical (Height) Movement Range, cm | Bidder to specify | | | Enter Responses Here! | |
| Tabletop X-Ray Density, mm Al | Bidder to specify | | | Enter Responses Here! | |
| Patient Weight Limit, kg | Minimum 200 kg | | | Enter Responses Here! | |
| X-Ray Generator System | High-frequency type | | | Enter Responses Here! | |
| Power Rating, kW @ 100 kVp | ≥100kW | | | Enter Responses Here! | |
| Power Rating, kW @ 100 kVp | ≥110kW | | | Enter Responses Here! | 1 |
| Power Rating, kW @ 100 kVp | ≥120kW | | | Enter Responses Here! | 1 |
| Radiographic mA | ≥1000mA | | | Enter Responses Here! | |
| Radiographic mA | ≥1100 mA | | | Enter Responses Here! | 1 |
| Radiographic kV Range | At least 40kV - 150 kV | | | Enter Responses Here! | |
| Radiographic Timer, sec | Bidder to specify | | | Enter Responses Here! | |
| Fluoroscopic mA | 10 mA | | | Enter Responses Here! | |
| Fluoroscopic mA | More than 20 mA | | | Enter Responses Here! | 2 |
| Fluoroscopic kV Range | At least 60kV - 110 kV | | | Enter Responses Here! | |
| Max Cine Range, fps | ≥15 fps | | | Enter Responses Here! | |
| Max Cine Range, fps | ≥30 fps | | | Enter Responses Here! | 2 |
| Max Cine Range, fps | ≥60 fps | | | Enter Responses Here! | 2 |
| Control System | Integrated system, in room | | | Enter Responses Here! | |
| X-Ray Tube System | High frequency generator | | | Enter Responses Here! | |
| X-Ray Tube | 1 | | | Enter Responses Here! | |
| X-Ray Tube | >1 | | | Enter Responses Here! | 3 |
| Power Rating, kW | Bidder to specify | | | Enter Responses Here! | |
| Focal Spot Size, mm | 3 focal spots: 0.2mm - 0.4mm, 0.5mm - 0.7mm, 1mm - 1.3 mm | | | Enter Responses Here! | |
| Grid Pulsed | Required | | | Enter Responses Here! | |
| Anti-Scatter Grid | Required | | | Enter Responses Here! | |
| Housing Heat Storage Capacity, HU | minimum 1,500,000 | | | Enter Responses Here! | |
| Heat Dissipation Rate, HU/min | minimum 300,000 HU/min | | | Enter Responses Here! | |
| Cooling System | Required | | | Enter Responses Here! | |
| Cooling System Type | Bidder to specify type of cooling system used | | | Enter Responses Here! | |
| Fluoroscopy System | Pulsed-fluoroscopy | | | Enter Responses Here! | |
| Pulse Rate, fps | Bidder to specify | | | Enter Responses Here! | |
| Digital Detector Type | Digital flat-panel detector system | | | Enter Responses Here! | |
| Number of detectors | 1 | | | Enter Responses Here! | |
| Detector Dimension (field of view) for Gantry, cm | 30cm x 30cm (or equivalent area); Bidders are encouraged to propose the model which has the closest detector dimensions. | | | Enter Responses Here! | |
| Spatial Resolution, center, lp/mm | ≥ 2 lp/mm. | | | Enter Responses Here! | |
| Spatial Resolution, center, lp/mm | ≥ 3 lp/mm. | | | Enter Responses Here! | 3 |
| Pixel Size, µm | Maximum 200 x 200 µm | | | Enter Responses Here! | |
| Bit Depth | Bidder to specify | | | Enter Responses Here! | |
| Bit Depth | 14 | | | Enter Responses Here! | |
| Bit Depth | More than 14 | | | Enter Responses Here! | 1 |
| Maximum Frame Rate, fps | ≥15 (1024x1024) | | | Enter Responses Here! | |
| Maximum Frame Rate, fps | ≥30 (1024x1024) | | | Enter Responses Here! | 2 |
| Maximum Frame Rate, fps | ≥60 (512x512) | | | Enter Responses Here! | 2 |
| Detective Quantum Efficiency (DQE) | Bidder to specify | | | Enter Responses Here! | |
| Exposure Control Feature | Required | | | Enter Responses Here! | |

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| Automatic Exposure Control (AEC) | Required. To control the length of x-ray exposure based on patient size and detector to minimize radiation exposure | | | | Enter Responses Here! | |
| Virtual Collimation | Last-image hold (the collimators are set based on saved images rather than live fluoroscopy) | | | | Enter Responses Here! | 1 |
| Copper Filtration Technique | Auto adjustable | | | | Enter Responses Here! | 1 |
| Dose Monitoring | Built-in exposure monitoring system | | | | Enter Responses Here! | 3 |
| Rotational Angiography Capabilities | Required, to allow the user to select start and end points for arm rotation. | | | | Enter Responses Here! | |
| Image Acquisition Technique | Cone beam CT (Flat Detector CT, 3D rotational angiography) | | | | Enter Responses Here! | |
| Image Reconstruction Time, sec | 185 sec or less, depending on matrix size and acquired angles. Bidder to specify matrix size, acquired angle and average length of time | | | | Enter Responses Here! | |
| Imaging Acquisition, fps | Bidder to specify | | | | Enter Responses Here! | |
| 512 x 512, images | ≥30 fps | | | | Enter Responses Here! | |
| 512 x 512, images | ≥60 fps | | | | Enter Responses Here! | 2 |
| 1024 x 1024, images | ≥15 fps | | | | Enter Responses Here! | |
| 1024 x 1024, images | ≥30 fps | | | | Enter Responses Here! | 2 |
| Cardiac Software Package | Required | | | | Enter Responses Here! | |
| Neurointerventional Software Package | Required: 3D DSA, 3D roadmap, etc | | | | Enter Responses Here! | |
| Monitor | 1 monitor in exam room | | | | Enter Responses Here! | |
| Monitor Size | Minimum 50 inch single monitor, or multi-monitors configurations with equivalent number of pixels | | | | Enter Responses Here! | |
| Resolution | 8 MP, Medical grade | | | | Enter Responses Here! | |
| Resolution | More than 8 MP | | | | Enter Responses Here! | 2 |
| Display Capability | Bidder to specify, e.g.: Live images, Reference images, Live fluoro/ unsubtracted native image during subtracted fluoro/DSA (enhanced road-map functionality), 3D modality images. | | | | Enter Responses Here! | |
| Patient Monitoring | Required | | | | Enter Responses Here! | |
| Data Displayed | User selectable | | | | Enter Responses Here! | |
| Electrocardiogram (ECG) | 12-lead | | | | Enter Responses Here! | |
| Invasive Blood Pressure (IBP) | 4 channels, Bidder to specify if there is additional channel | | | | Enter Responses Here! | |
| Non-Invasive Blood Pressure (NIBP) | Required | | | | Enter Responses Here! | |
| Oxygen Saturation (SpO2) | Required | | | | Enter Responses Here! | |
| Cardiac Output (CO) | Required | | | | Enter Responses Here! | |
| Heart Rate (HR) | Required | | | | Enter Responses Here! | |
| Respiration | Bidder to specify | | | | Enter Responses Here! | |
| Others | Bidder to specify, if any | | | | Enter Responses Here! | |
| Traces | ≥ 12, user configured | | | | Enter Responses Here! | |
| Hemodynamic calculation | Required | | | | Enter Responses Here! | |
| Recorder | Thermal Array/ Laser Printer. Bidder to specify. | | | | Enter Responses Here! | |
| Annotations | Required. Alphanumerics printed as part of the hard-copy record (e.g., patient data, messages, real-time clock). | | | | Enter Responses Here! | |
| Event Markers | Required. Markers printed on the record to note significant events (e.g., time of injection). | | | | Enter Responses Here! | |
| Computer Interface | Required for data storage and analysis | | | | Enter Responses Here! | |
| Control Console | To allow images to be stored, recalled, and manipulated | | | | Enter Responses Here! | |
| Number of Display Monitors | At least 2 monitors at Control Console. Each monitor at least 17inch, with minimum 2K resolution | | | | Enter Responses Here! | |
| Standard User Interface | Required | | | | Enter Responses Here! | |
| Operating System | Required | | | | Enter Responses Here! | |
| Number of Stored Scanning Protocols | Required | | | | Enter Responses Here! | |
| Local Hard Disk Capacity | Required | | | | Enter Responses Here! | |
| Viewing Workstation | For observation of angiographic images | | | | Enter Responses Here! | |
| Number of Display Monitors | At least 1 monitor for viewing of images. Each monitor at least 17inch, with minimum 2K resolution | | | | Enter Responses Here! | |
| Standard User Interface | Required | | | | Enter Responses Here! | |
| Number of Laser Printers | 1 unit | | | | Enter Responses Here! | |
| Storage Server | Radiographic images to be stored for later retrieval and review/manipulation, hard copies can be printed from digital storage. | | | | Enter Responses Here! | |
| Operating System | Bidder to specify | | | | Enter Responses Here! | |
| Image Storage Capacity, Local Hard Drive, TB | Required, minimum 1 TB | | | | Enter Responses Here! | |
| 512 x 512, images | Ability to store more than 48,000 images Bidder to specify | | | | Enter Responses Here! | 2 |
| 1024 x 1024, images | Ability to store more than 12,000 images Bidder to specify | | | | Enter Responses Here! | 2 |
| Additional Storage | DVD-R | | | | Enter Responses Here! | 2 |
| Contrast Injection Integration | Required | | | | Enter Responses Here! | |
| Type of Disinfectant used for Infection Control | Free of corrosive ingredients | | | | Enter Responses Here! | |
| Compatible Agents | Bidder to specify | | | | Enter Responses Here! | |
| Cleaning Instruction/Guideline for Clinicians/Users | Bidder to provide | | | | Enter Responses Here! | |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| Type | Contrast media delivery system for Angiogram | | | | Enter Responses Here! | |
| Injector Head Mounting Configuration | Mounted on a pedestal, mobile with lockable castors | | | | Enter Responses Here! | |
| Arm Switch Control | Required, to prevent the accidental triggering of an injection | | | | Enter Responses Here! | |
| Fluid Heating Feature | Required, to maintain the contrast medium at or near body temperature | | | | Enter Responses Here! | |
| Temperature Control | Thermostatically controlled | | | | Enter Responses Here! | |
| Temperature Range, C | Bidder to specify temperature range that is suitable for contrast medium, at or near body temperature | | | | Enter Responses Here! | |
| Syringe Injection Delivery System | Automatic, Electromechanically operated | | | | Enter Responses Here! | |
| Syringe Type | Dual-syringe type | | | | Enter Responses Here! | |
| Disposable Syringe | Disposable type to prevent the spread of infection to subsequent patients. | | | | Enter Responses Here! | |
| Syringe Transparency | Required, to allow air bubbles to be seen more easily and purged before the injection | | | | Enter Responses Here! | |
| Contrast Syringe Capacity, mL | 100 mL | | | | Enter Responses Here! | |
| Contrast Syringe Capacity, mL | More than 100mL and capable of incremental volume up to 200 mL. Bidder to specify if there is additional capacity | | | | Enter Responses Here! | 3 |

| | | | | | | |
|--|--|--|--|--|-----------------------|---|
| Saline Syringe Capacity, mL | 100 mL | | | | Enter Responses Here! | |
| Saline Syringe Capacity, mL | More than 100mL and capable of incremental volume up to 200 mL. Bidder to specify if there is additional capacity | | | | Enter Responses Here! | 3 |
| Flow Controlled Feature | Required, to control delivery of contrast medium | | | | Enter Responses Here! | |
| Flow Rate Range, mL/sec | Capable of incremental flow rate up to 40mL/sec. Bidder to specify if there is additional capacity | | | | Enter Responses Here! | |
| Pressure Controlled Feature | Required, to control the maximum pressure that can be generated in the syringe | | | | Enter Responses Here! | |
| Delivery Pressure Range, psi | 200 psi to 1,200 psi. Bidder to specify | | | | Enter Responses Here! | |
| Increment, psi | In increment of 10 psi or lower. Bidder to specify | | | | Enter Responses Here! | |
| Rise Time Feature | Electronically or Mechanically. Bidder to specify | | | | Enter Responses Here! | |
| Fill Speed | Automatic or Manual | | | | Enter Responses Here! | |
| Manual Fill Speed | 1-20 mLs | | | | Enter Responses Here! | |
| Auto Fill Speed | 1-10 mLs | | | | Enter Responses Here! | |
| Adjustable Volume Stop Backup Stop | Required, to prevent the excess delivery of contrast medium | | | | Enter Responses Here! | |
| Mechanism | Electronical or Mechanical. Bidder to specify | | | | Enter Responses Here! | |
| Increment, mL | In increment of 1.0 mL, preferably lower | | | | Enter Responses Here! | |
| Tubing Saline Flush | Required, automatically switching from contrast medium to saline once contrast optimization has been achieved, to reduce the amount of medium that the patient receives. | | | | Enter Responses Here! | |
| Alerts System | Required, audible and visual | | | | Enter Responses Here! | |
| Air Detected and/or Purge Required | Alarm triggered | | | | Enter Responses Here! | |
| Low or Empty Syringe Volume | Alarm triggered | | | | Enter Responses Here! | |
| High Flow and/or Volume Injected | Alarm triggered | | | | Enter Responses Here! | |
| Overpressure | Alarm triggered | | | | Enter Responses Here! | |
| Others | Bidder to specify | | | | Enter Responses Here! | |
| X-Ray Generator Synchronization | Required | | | | Enter Responses Here! | |
| Injection Delay | Bidder to specify | | | | Enter Responses Here! | |
| User Interface | Remote controlled console | | | | Enter Responses Here! | |
| Display Monitor | Required | | | | Enter Responses Here! | |
| Protocols Storage | Programmable | | | | Enter Responses Here! | |
| Maximum Numbers of Protocols Stored | Bidder to specify | | | | Enter Responses Here! | |
| Maximum Numbers of Phases | Bidder to specify | | | | Enter Responses Here! | |
| Application Software | Required | | | | Enter Responses Here! | |
| Types of Application Software | Bidder to provide and specify all software required for intended procedures | | | | Enter Responses Here! | |
| Air Detector System | Air-in-line sensor to alert the user and stop the injection if air is detected | | | | Enter Responses Here! | |
| Extravasation Leakage Detection System | To prevent the leaking of contrast media from the veins into surrounding tissue Bidder to specify | | | | Enter Responses Here! | |
| Type of Disinfectant used for Infection Control | Free of corrosive ingredients | | | | Enter Responses Here! | |
| Compatible Agents | Bidder to specify | | | | Enter Responses Here! | |
| Cleaning Instruction Guideline for Clinicians Users | Bidder to provide | | | | Enter Responses Here! | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| Number of Lightheads | Double lighthead | | | | Enter Responses Here! | |
| Configuration | Single column, ceiling-mounted light with articulating arm suspension | | | | Enter Responses Here! | |
| Angle of Rotation from Fixed Point, ° | ≥270° for each column | | | | Enter Responses Here! | |
| Angle of Rotation from Fixed Point, ° | ≥360° | | | | Enter Responses Here! | 2 |
| Vertical Adjustment Range, cm | At least 80cm for each column | | | | Enter Responses Here! | |
| Vertical Adjustment Range, cm | More than 85cm for each column | | | | Enter Responses Here! | 2 |
| Type of Light Source | | | | | | |
| Main lighthead | LED | | | | Enter Responses Here! | |
| Number of LEDs | Bidder to specify | | | | Enter Responses Here! | |
| LED Lifespan, hr | ≥30,000 hours | | | | Enter Responses Here! | |
| LED Lifespan, hr | ≥60,000 hours | | | | Enter Responses Here! | 1 |
| Illumination Level, Lux at 1 m | ≥120,000 lux | | | | Enter Responses Here! | |
| Illumination Level, Lux at 1 m | ≥140,000 lux | | | | Enter Responses Here! | 1 |
| Adjustable illumination level | Required | | | | Enter Responses Here! | |
| Colour Temperature, K | minimum 3,500K | | | | Enter Responses Here! | |
| Colour Temperature Adjustment | Required | | | | Enter Responses Here! | |
| Colour Rendering Index (CRI), R _a Value | 95R _a | | | | Enter Responses Here! | |
| Colour Rendering Index (CRI), R _a Value | more than 95R _a . Higher R _a value is preferred | | | | Enter Responses Here! | 1 |
| Field Size Diameter, cm | More than 18cm | | | | Enter Responses Here! | |
| Field Size Diameter Adjustment | Required | | | | Enter Responses Here! | |
| Field Size Depth, cm | More than 50cm | | | | Enter Responses Here! | |
| Working Distance Range, cm | Bidder to specify range | | | | Enter Responses Here! | |
| Endoscopy Mode | Bidder to specify | | | | Enter Responses Here! | |
| Secondary lighthead | LED | | | | Enter Responses Here! | |
| Number of LEDs | Bidder to specify | | | | Enter Responses Here! | |
| LED Lifespan, hr | ≥30,000 hours | | | | Enter Responses Here! | |
| LED Lifespan, hr | ≥60,000 hours | | | | Enter Responses Here! | 1 |
| Illumination Level, Lux at 1 m | ≥120,000 lux | | | | Enter Responses Here! | |
| Illumination Level, Lux at 1 m | ≥140,000 lux | | | | Enter Responses Here! | 1 |
| Adjustable illumination level | Required | | | | Enter Responses Here! | |

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|--|--|----------------|---------------|--|-----------------------|---|
| Colour Temperature, K | minimum 3,500K | | | | Enter Responses Here! | |
| Colour Temperature Adjustment | Required | | | | Enter Responses Here! | |
| Colour Rendering Index (CRI), R ₉ Value | 95R ₉ | | | | Enter Responses Here! | |
| Colour Rendering Index (CRI), R ₉ Value | more than 95R ₉ . Higher R9 value is preferred | | | | Enter Responses Here! | 1 |
| Field Size Diameter, cm | minimum 18cm | | | | Enter Responses Here! | |
| Field Size Diameter Adjustment | Required | | | | Enter Responses Here! | |
| Field Size Depth, cm | minimum 50cm | | | | Enter Responses Here! | |
| Working Distance Range, cm | Bidder to specify range | | | | Enter Responses Here! | |
| Endoscopy Mode | Bidder to specify | | | | Enter Responses Here! | |
| Control Panel | On lighthead and wall panel | | | | Enter Responses Here! | |
| Sterilizable Handle | To control settings such as intensity and/or field diameter within the sterile field | | | | Enter Responses Here! | |
| On and Off Switch Control | Required on lighthead and wall panel | | | | Enter Responses Here! | |
| Irradiance Level | Lower irradiance is preferred to prevent excessive heat. | | | | Enter Responses Here! | |
| Maximum Irradiance at 1 m, W/m ² | <700 | | | | Enter Responses Here! | |
| Heat-to-light ratio, mW/m ² .lx | less than 4.4 mW/m ² .lx Lower heat ratio is preferred to prevent excessive heat. | | | | Enter Responses Here! | |
| Shadow Control | Shadow free to minimize the appearance and harshness of shadows on the surgical site when the light beam may be partially obstructed | | | | Enter Responses Here! | |
| Display Monitor | Required 1 arm for mounting 1 unit of display monitor | | | | Enter Responses Here! | |
| Size, inches | ≥19 inches, minimum 1K resolution | | | | Enter Responses Here! | |
| Size, inches | ≥ 24 inches, ≥ 2K resolution | | | | Enter Responses Here! | 2 |
| Type of Disinfectant used for Infection Control | Free of corrosive ingredients | | | | Enter Responses Here! | |
| Compatible Agents | Bidder to specify | | | | Enter Responses Here! | |
| Cleaning Instruction/Guideline for Clinicians/Users | Bidder to provide | | | | Enter Responses Here! | |
| ACCESSORIES REQUIRED FOR EACH CLINICAL APPLICATION/PROCEDURES | REQUIREMENTS | Yes (✓) | No (x) | BIDDER'S RESPONSE Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | | |
| IV pole | Required. | | | | Enter Responses Here! | |
| Software Modules | Required. Bidder to specify standard software provided for basic functionality, and also for specialized measurement and analysis of all intended clinical applications such as cardiovascular, angiography, peripheral vessels and neurology. | | | | Enter Responses Here! | |
| Angiography Phantoms | Required. Minimum 1 set to evaluate lateral and axial resolution, distance accuracy, sensitivity, uniformity, and hard-copy appearance | | | | Enter Responses Here! | |
| 12-lead ECG | 2 sets per unit | | | | Enter Responses Here! | |
| IBP transducer | 2 sets per unit | | | | Enter Responses Here! | |
| NIBP transducer | 2 sets per unit | | | | Enter Responses Here! | |
| SpO ₂ Probe | 2 sets per unit | | | | Enter Responses Here! | |
| Others | Bidder to specify | | | | Enter Responses Here! | |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| Adapter for Syringes | 2 sets per unit | | | | Enter Responses Here! | |
| Others | Bidder to specify | | | | Enter Responses Here! | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| Sterilizable Handle | 2 pc for each lighthead | | | | Enter Responses Here! | |
| Others | Bidder to specify | | | | Enter Responses Here! | |
| START-UP CONSUMABLES, where applicable | REQUIREMENTS | Yes (✓) | No (x) | BIDDER'S RESPONSE Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | | |
| Personal Protective Equipment (Radiation Shielding) | Bidder to specify quantity for 100 typical patient procedures, including apron, goggles and thyroid shield | | | | Enter Responses Here! | |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| Disposable Syringes and Tubings Kit | Bidder to specify quantity for 100 typical patient procedures | | | | Enter Responses Here! | |
| Others | Bidder to specify | | | | Enter Responses Here! | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| N/A | N/A | | | | | |
| DEVICE PHYSICAL ATTRIBUTES | REQUIREMENTS | Yes (✓) | No (x) | BIDDER'S RESPONSE Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | | |
| Dimension, H x W x D, cm | Bidder to specify | | | | Enter Responses Here! | |
| Gantry Size, H x W x D, cm | Bidder to specify | | | | Enter Responses Here! | |
| Table Size, L x W, cm | Bidder to specify | | | | Enter Responses Here! | |
| Weight, kg | Bidder to specify | | | | Enter Responses Here! | |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| Unit Dimension, H x W x D, cm | Bidder to specify | | | | Enter Responses Here! | |
| Unit Weight, kg | Bidder to specify | | | | Enter Responses Here! | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| Main lighthead | | | | | | |
| Diameter of each Lighthead, cm | Bidder to specify | | | | Enter Responses Here! | |
| Height Adjustment Range, cm | Bidder to specify maximum and minimum height | | | | Enter Responses Here! | |
| Unit Weight, kg | Bidder to specify | | | | Enter Responses Here! | |
| Secondary lighthead | | | | | | |
| Diameter of each Lighthead, cm | Bidder to specify | | | | Enter Responses Here! | |
| Height Adjustment Range, cm | Bidder to specify maximum and minimum height | | | | Enter Responses Here! | |
| Unit Weight, kg | Bidder to specify | | | | Enter Responses Here! | |
| MECHANICAL & ELECTRICAL (M&E) REQUIREMENTS | REQUIREMENTS | Yes (✓) | No (x) | BIDDER'S RESPONSE Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | | |
| Electrical Requirement, V | 400 V, 50Hz 3-Phase | | | | Enter Responses Here! | |

| | | | | | | |
|--|--|----------------|---------------|--|-----------------------|---|
| Power Consumption, kW | Bidder to specify highest power consumption | | | | Enter Responses Here! | |
| Scanning, kW | Bidder to specify | | | | Enter Responses Here! | |
| Standby, kW | Bidder to specify | | | | Enter Responses Here! | |
| Not in use, kW | Bidder to specify | | | | Enter Responses Here! | |
| Uninterruptible Power Supply (UPS) System | Required. Bidder must provide sufficient UPS supply for the proposed DSA system. | | | | Enter Responses Here! | |
| Coverage | Main system function and computer system | | | | Enter Responses Here! | |
| UPS System Power Rating | Bidder to specify | | | | Enter Responses Here! | |
| Estimated operation time, minutes | At least 30 minutes | | | | Enter Responses Here! | |
| Compliant with IEC 60601 - Safety of Medical Electrical Equipment | Required. Bidder to provide certificate. | | | | Enter Responses Here! | |
| Compliant with IEC Standards for Energy Efficiency | Bidder to specify relevant IEC Standards | | | | Enter Responses Here! | |
| Certifications related to Energy Efficiency | Bidder to specify. | | | | Enter Responses Here! | 1 |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| Electrical Requirement, V | 240 V AC, 50Hz, Single-Phase | | | | Enter Responses Here! | |
| Power Plug Type | 3-pins/prongs power plug with strain relief, in compliance with Indonesia requirements | | | | Enter Responses Here! | |
| Power Consumption, kW | Bidder to specify highest power consumption | | | | Enter Responses Here! | |
| Compliant with IEC 60601 - Safety of Medical Electrical Equipment | Required. Bidder to provide certificate. | | | | Enter Responses Here! | |
| Compliant with IEC Standards for Energy Efficiency | Bidder to specify relevant IEC Standards | | | | Enter Responses Here! | |
| Certifications related to Energy Efficiency | Bidder to specify | | | | Enter Responses Here! | 1 |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| Electrical Requirement, V | 240 V AC, 50Hz, Single-Phase | | | | Enter Responses Here! | |
| Power Consumption, W | Bidder to specify | | | | Enter Responses Here! | |
| Power Plug Type | 3-pins/prongs power plug with strain relief, in compliance with Indonesia requirements | | | | Enter Responses Here! | |
| Power Backup System | Connected to Emergency Power System (EPS) | | | | Enter Responses Here! | |
| IT REQUIREMENTS | REQUIREMENTS | Yes (✓) | No (x) | BIDDER'S RESPONSE Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | | |
| Interface with Information System | | | | | | |
| Compatibility with DICOM (Digital Imaging and Communications in Medicine) | DICOM 3.0, with encryption feature including sending, receiving, storing and archiving. PACS Connectivity. | | | | Enter Responses Here! | |
| Integrating the Healthcare Enterprise (IHE) Profiles Supported | Required for communicating different devices | | | | Enter Responses Here! | |
| Interface with Information System | Required, e.g: HIS, RIS, EMR, etc | | | | Enter Responses Here! | |
| Type of Networking/Connectivity Interface | Wireless or LAN-Port Bidder to specify | | | | Enter Responses Here! | |
| Compatible Data Management System (Middleware) | Bidder to specify | | | | Enter Responses Here! | |
| Data Port | Data port must be activated, e.g: RS232 Bidder to ensure all output data will be transferable or integrated into HIS. | | | | Enter Responses Here! | |
| Communication Protocol | Bidder to specify | | | | Enter Responses Here! | |
| System Upgradeable in Future | Software and hardware upgradeable at no cost | | | | Enter Responses Here! | |
| Remote Support Capability | Off site diagnosis of technical issues and remote fixes. Bidder to specify. | | | | Enter Responses Here! | 3 |
| Cybersecurity Considerations | | | | | | |
| Installation of latest software version | Bidder to provide | | | | Enter Responses Here! | |
| Anti-malware software and firewalls | Required. | | | | Enter Responses Here! | |
| Deactivation of unnecessary open communication channels (e.g.: USB ports) | Ability to disable (software and hardware) | | | | Enter Responses Here! | 2 |
| Confidentiality and Security Measures | Bidder to provide Password protected, authentication, wireless security protocols, audit trails | | | | Enter Responses Here! | |
| Adherence to local regulations on security and privacy of electronic health information (e.g.: Health Insurance Portability and Accountability Act (HIPAA) in the USA) | Bidder to specify | | | | Enter Responses Here! | |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| Interface with Information System | | | | | | |
| Integrating the Healthcare Enterprise IHE Profiles Supported | Required for communicating different devices | | | | Enter Responses Here! | |
| Interface with Information System | Required, e.g HIS, RIS, EMR, etc | | | | Enter Responses Here! | |
| Type of Networking/Connectivity Interface | Wireless or LAN-Port Bidder to specify | | | | Enter Responses Here! | |
| Compatible Data Management System Middleware | Bidder to specify | | | | Enter Responses Here! | |
| Data Port | Data port must be activated, e.g RS232 Bidder to ensure all output data will be transferable or integrated into HIS. | | | | Enter Responses Here! | |
| Communication Protocol | Bidder to specify | | | | Enter Responses Here! | |
| System Upgradeable in Future | Software and hardware upgradeable at no cost | | | | Enter Responses Here! | |
| Remote Support Capability | Off site diagnosis of technical issues and remote fixes. Bidder to specify. | | | | Enter Responses Here! | 3 |
| Cybersecurity Considerations | | | | | | |
| Installation of latest software version | Bidder to provide | | | | Enter Responses Here! | |
| Anti-malware software and firewalls | Required. | | | | Enter Responses Here! | |
| Deactivation of unnecessary open communication channels e.g. USB ports | Ability to disable software and hardware | | | | Enter Responses Here! | 2 |
| Confidentiality and Security Measures | Bidder to provide Password protected, authentication, wireless security protocols, audit trails | | | | Enter Responses Here! | |
| Adherence to local regulations on security and privacy of electronic health information (e.g. Health Insurance Portability and Accountability Act HIPAA in the USA) | Bidder to specify | | | | Enter Responses Here! | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| N/A | N/A | | | | | |
| ARTIFICIAL INTELLIGENCE (AI) CAPABILITIES, where applicable | REQUIREMENTS | Yes (✓) | No (x) | BIDDER'S RESPONSE Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | | |

| | | | | | | |
|--|--|----------------|---------------|---|-----------------------|---|
| Does the equipment include any AI Capability? | Bidder to specify AI Capabilities. | | | | Enter Responses Here! | 3 |
| What is the AI capability intended to assist with? (e.g., workflow automation, diagnosis assistance, patient scheduling, stroke perfusion analysis, other) | Bidder to Specify | | | | Enter Responses Here! | |
| Does the AI Capability have High or Low impact on Patient Care? | Bidder to Specify | | | | Enter Responses Here! | |
| Is this equipment that incorporates AI capabilities generally classified as high-risk or low-risk? | Bidder to specify | | | | Enter Responses Here! | |
| Are the AI capabilities embedded in the device or require of third party applications? | Bidder to specify | | | | Enter Responses Here! | |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| Does the equipment include any AI Capability? | Bidder to specify AI Capabilities. | | | | Enter Responses Here! | 1 |
| What is the AI capability intended to assist with e.g., workflow automation, diagnosis assistance, patient scheduling, other | Bidder to Specify | | | | Enter Responses Here! | |
| Does the AI Capability have High or Low impact on Patient Care | Bidder to Specify | | | | Enter Responses Here! | |
| Is this equipment that incorporates AI capabilities generally classified as high-risk or low-risk | Bidder to specify | | | | Enter Responses Here! | |
| Are the AI capabilities embedded in the device or require of third party applications | Bidder to specify | | | | Enter Responses Here! | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| N/A | N/A | | | | | |
| TELEMEDICINE (TM) CAPABILITES, where applicable | REQUIREMENTS | Yes (√) | No (x) | BIDDER'S RESPONSE | | |
| | | | | Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | | |
| Does the equipment have telemedicine capability or can it be used in telemedicine applications? | Bidder to specify telemedicine capabilities | | | | Enter Responses Here! | 3 |
| Asynchronous telemedicine capabilities. Store-and-forward technology is asynchronous in that it allows for the images or data to be interpreted at a later time and eliminates the need for the patient and physician to be in the same room or venue. (i.e., through store and forward, in which patient information, such as an image or data, "stored" in the originating facility's (i.e., where the patient is) computer system is sent securely ("forwarded") to the telehealth provider at the distant site (i.e., where the provider is) for review.) | Bidder to specify | | | | Enter Responses Here! | |
| Remote patient monitoring capabilities. Remote patient monitoring, in which vital sign information (e.g., blood pressure) and other data (e.g., blood glucose levels) are collected by monitoring devices, usually at home, and transferred to the patient's physician. This technology is used often in the care of patients with chronic conditions. | Bidder to specify | | | | Enter Responses Here! | |
| Mobile health (mHealth) integration capabilities. Mobile health (mHealth), in which healthcare and public health information are communicated through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks. | Bidder to specify | | | | Enter Responses Here! | |
| Other telemedicine capabilities. | Bidder to specify | | | | Enter Responses Here! | |
| Is telemedicine offered through a 3rd party vendor? | Bidder to specify | | | | Enter Responses Here! | |
| Video Capabilities (if available) | | | | | | |
| Are video capabilities needed? If so, specify if they are included in the solution or offered through 3rd party add-on? | Bidder to specify | | | | Enter Responses Here! | 2 |
| If video capabilities are available, specify the resolution | Bidder to specify | | | | Enter Responses Here! | |
| Is night vision available? | Bidder to specify | | | | Enter Responses Here! | |
| Does the system offer pan/tilt features? | Bidder to specify | | | | Enter Responses Here! | |
| Is video zoom available? | Bidder to specify | | | | Enter Responses Here! | |
| Audio capabilities (if available) | | | | | | |
| Is audio functionality available? | Bidder to specify | | | | Enter Responses Here! | 2 |
| Specify audio features | Bidder to specify | | | | Enter Responses Here! | |
| Is echo cancellation available? | Bidder to specify | | | | Enter Responses Here! | |
| Is noise cancellation available? | Bidder to specify | | | | Enter Responses Here! | |
| b. Injectors, Contrast Media, Angiography | | | | | | |
| N/A | | | | | | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | | |
| N/A | | | | | | |
| MEDICAL GASES REQUIREMENTS, where applicable | REQUIREMENTS | Yes (√) | No (x) | BIDDER'S RESPONSE | | |
| | | | | Bidder to enter responses about their device | | |
| N/A | | | | | | |
| ROOM REQUIREMENTS, where applicable | REQUIREMENTS | Yes (√) | No (x) | BIDDER'S RESPONSE | | |
| | | | | Bidder to enter responses about their device | | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Bi-Plane) Room Readiness Requirement | To supply, install and complete commission of the room, includes wet works and painting, wall and floor finishing, ceiling works, necessary radiation shielding (walls, door frames, doors, viewing panes and frames, etc). | | | | Enter Responses Here! | |
| Control Room or Workstation | Bidder to supply and install | | | | | |
| Technical Room | Bidder to supply and install including UPS cabinet | | | | | |
| Air conditioning requirements | Bidder to supply, install and complete commissioning of required air conditioning in equipment room and technical room | | | | | |
| Ceiling Load Capacity Requirement | Bidder to assess and provide reinforcement if necessary | | | | | |
| Room Radiation Protection | Bidder to supply and install barium shielded wall | | | | | |
| Audio/Video Communication System | Bidder to provide 2-ways To be integrated with Control Console | | | | | |
| Pre-Installation Requirements | All electrical power supply and installation to technical, control and equipment room | | | | | |
| Fire Alarm and Protection System | Bidder to supply and install | | | | | |

| | | | | | |
|--|---|---------------------|--------|--|--------------------------|
| Temperature Requirements | The areas temperature ranges from 22-32 C. Equipment must be operational in that temperature range. If it is not please specify the range needed. | | | | |
| Humidity Requirements | The area's relative humidity ranges between 70% and 90%. Equipment must be operational in that range. If it is not please specify the range needed. | | | | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head Room Readiness Requirement | | | | | |
| Pre-Installation Requirement | All electrical power supply and installation to technical, control and equipment room | | | | Enter Responses Here! |
| MAINTENANCE & SERVICE REQUIREMENTS | | REQUIREMENTS | | BIDDER'S RESPONSE | |
| | | Yes (y) | No (x) | Bidder to enter responses about their device | |
| a. Radiographic/Fluoroscopic Systems, Angiography/Interventional (Single-Plane) | | | | | |
| Acceptance Testing & Commissioning | Yes, inclusive of vendor representative attendance, with test equipments and supplies Bidder must perform Acceptance Testing & Commissioning that includes Electrical Safety Testing using calibrated test equipment and tools, and procedural checklist. Bidder shall inspect and test all medical equipment supplied to hospital in accordance to manufacturer's recommended procedures. | | | | Enter Responses Here! |
| User Training | Required. Twice, within 4 weeks upon successful Acceptance Testing & Commissioning. | | | | Enter Responses Here! |
| Duration of User Training Session (Time) | Bidder to specify the duration of training session | | | | Enter Responses Here! |
| Operator Manual (Instruction For Use) and Service Manual | Required. Bidder to provide in Hardcopy and/or Softcopy upon successful Acceptance Testing & Commissioning. | | | | Enter Responses Here! |
| Warranty Duration | To commence upon successful Acceptance Testing & Commissioning. Warranty Duration: minimum 5 years, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | | Enter Responses Here! |
| Extension of Warranty Duration | To commence upon successful Acceptance Testing & Commissioning. Extension Warranty Duration: Year 6 and 7, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | | Enter Responses Here! 38 |
| Manufacturer Recommended Annual Preventive Maintenance (Kalibrasi) Interval | Bidder to specify, by number of times a year, minimum 2 times per year | | | | Enter Responses Here! |
| Comprehensive Service Contract Duration, Post Warranty | To commence upon end of Warranty Duration. Comprehensive Service Contract Duration: minimum 5 years, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | | Enter Responses Here! |
| Response Time, Remote Technical Support (Phone/Email) | Within 1 hour upon notification from user, inclusive of weekends and public holidays Applicable for both Warranty Duration and Comprehensive Service Contract Duration. | | | | Enter Responses Here! |
| Response Time, On-site Technical Support | Within 5 calendar days upon notification from user, inclusive of weekends and public holidays Applicable for both Warranty Duration and Comprehensive Service Contract Duration. | | | | Enter Responses Here! |
| Turnaround time for corrective maintenance | less than 5 calendar days (with penalty system) | | | | Enter Responses Here! |
| Uptime Guarantee, Annually (days) | ≥95% | | | | Enter Responses Here! |
| Assured Availability of Spare Parts | 10 years post Acceptance Testing and Commissioning Date | | | | Enter Responses Here! |
| Installation Base (Specific to this model) | Please provide installation base (hospital name and location), year of installation | | | | Enter Responses Here! |
| b. Injectors, Contrast Media, Angiography | | | | | |
| Acceptance Testing & Commissioning | Yes, inclusive of vendor representative attendance, with test equipments and supplies Bidder must perform Acceptance Testing & Commissioning that includes Electrical Safety Testing using calibrated test equipment and tools, and procedural checklist. Bidder shall inspect and test all medical equipment supplied to hospital in accordance to manufacturer's recommended procedures. | | | | Enter Responses Here! |
| User Training | Required. Twice, within 4 weeks upon successful Acceptance Testing & Commissioning. | | | | Enter Responses Here! |
| Duration of User Training Session (Time) | Bidder to specify the duration of training session | | | | Enter Responses Here! |
| Operator Manual (Instruction For Use) and Service Manual | Required. Bidder to provide in Hardcopy and/or Softcopy upon successful Acceptance Testing & Commissioning. | | | | Enter Responses Here! |
| Warranty Duration | To commence upon successful Acceptance Testing & Commissioning. Warranty Duration: minimum 5 years, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | | Enter Responses Here! |
| Extension of Warranty Duration | To commence upon successful Acceptance Testing & Commissioning. Extension Warranty Duration: Year 6 and 7, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | | Enter Responses Here! 1 |
| Manufacturer Recommended Annual Preventive Maintenance (Kalibrasi) Interval | Minimum 2 times per year | | | | Enter Responses Here! |

| | | | | | |
|---|---|--|--|-----------------------|---|
| Comprehensive Service Contract Duration, Post Warranty | To commence upon end of Warranty Duration. Comprehensive Service Contract Duration: minimum 5 years, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | Enter Responses Here! | |
| Response Time, Remote Technical Support (Phone/Email) | Within 1 hour upon notification from user, inclusive of weekends and public holidays Applicable for both Warranty Duration and Comprehensive Service Contract Duration. | | | Enter Responses Here! | |
| Response Time, On-site Technical Support | Within 5 calendar days upon notification from user, inclusive of weekends and public holidays Applicable for both Warranty Duration and Comprehensive Service Contract Duration. | | | Enter Responses Here! | |
| Turnaround time for corrective maintenance | less than 5 calendar days (with penalty system) | | | Enter Responses Here! | |
| Uptime Guarantee, Annually (days) | ≥95% | | | Enter Responses Here! | |
| Assured Availability of Spare Parts | 10 years post Acceptance Testing and Commissioning Date | | | Enter Responses Here! | |
| Installation Base (Specific to this model) | Please provide installation base (hospital name and location), year of installation | | | Enter Responses Here! | |
| c. Lights, Surgical, Ceiling-Mounted, Multiple-Head | | | | | |
| Acceptance Testing & Commissioning | Yes, inclusive of vendor representative attendance, with test equipments and supplies Bidder must perform Acceptance Testing & Commissioning that includes Electrical Safety Testing using calibrated test equipment and tools, and procedural checklist. Bidder shall inspect and test all medical equipment supplied to hospital in accordance to manufacturer's recommended procedures. | | | Enter Responses Here! | |
| User Training | Required. Twice, within 4 weeks upon successful Acceptance Testing & Commissioning. | | | Enter Responses Here! | |
| Duration of User Training Session (Time) | Bidder to specify the duration of training session | | | Enter Responses Here! | |
| Operator Manual (Instruction For Use) and Service Manual | Required. Bidder to provide in Hardcopy and/or Softcopy upon successful Acceptance Testing & Commissioning. | | | Enter Responses Here! | |
| Warranty Duration | To commence upon successful Acceptance Testing & Commissioning. Warranty Duration: minimum 5 years, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | Enter Responses Here! | |
| Extention of Warranty Duration | To commence upon successful Acceptance Testing & Commissioning. Extension Warranty Duration: Year 6 and 7, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | Enter Responses Here! | 1 |
| Manufacturer Recommended Annual Preventive Maintenance (Kalibrasi) Interval | Bidder to specify, by number of times a year, minimum 2 times per year | | | Enter Responses Here! | |
| Comprehensive Service Contract Duration, Post Warranty | To commence upon end of Warranty Duration. Comprehensive Service Contract Duration: minimum 5 years, inclusive of annual preventive maintenance and repair services; inclusive of all labor, parts, logistics and transportation | | | Enter Responses Here! | |
| Response Time, Remote Technical Support (Phone/Email) | Within 1 hour upon notification from user, inclusive of weekends and public holidays Applicable for both Warranty Duration and Comprehensive Service Contract Duration. | | | Enter Responses Here! | |
| Response Time, On-site Technical Support | Within 5 calendar days upon notification from user, inclusive of weekends and public holidays Applicable for both Warranty Duration and Comprehensive Service Contract Duration. | | | Enter Responses Here! | |
| Turnaround time for corrective maintenance | less than 5 calendar days (with penalty system) | | | Enter Responses Here! | |
| Uptime Guarantee, Annually (days) | ≥95% | | | Enter Responses Here! | |
| Assured Availability of Spare Parts | 10 years post Acceptance Testing and Commissioning Date | | | Enter Responses Here! | |
| Installation Base (Specific to this model) | Please provide installation base (hospital name and location), year of installation | | | Enter Responses Here! | |