



Office of the Director

POHNPEI STATE GOVERNMENT

Department of Treasury and Administration

P.O. Box 1567
Kolonja, Pohnpei FM 96941
Tel: (691) 320-2243/2323, Fax: (691) 320-5505
Email: pnidota@mail.fm

INVITATION FOR BID NO B110016

Pohnpei State Government is soliciting sealed bid for the procurement of the following items:

1. *Hemodialysis Machine* 2 units
2. *Medical Supplies (qty and required specification pls. refer to the attachment)*

Seals bids will be accepted from September 07., 2011 until 5:00 pm on September 22, 2011. All bids will be publicly open and read 9:30 am at the DOTA conference room on the next working day. All bids should be submitted to the office of the Director, Department of Treasury and Administration and should include the following information:

1. *Name of bidder*
2. *Bidder address, Phone and fax number*
3. *Total bid*
4. *Date of delivery*
5. *Name of contact person*

CONDITION: ADVANCE PAYMENT IS STRICTLY PROHIBITED

The Pohnpei State Government reserves the right to reject any or all bids received in connection with the invitation for bid. The detailed information required under this invitation for bid may be obtained from:

Mr. Andrew Joseph or
Chief of Public Finance and
Property accountability
Phone No. 691-3202631-fax 691-5505

Dr. Elizebeth Keller
Director of Health Services
Phone No. 691-320-2215
Fax No. 691-320-5394

Any contract (s) awarded under this invitation for bid will be with the Pohnpei State Government. Contractor/Suppliers will be on all items described herein. The Director, Department of Treasury and Administration reserves the right to reject all awarded bids that do not conform to the terms and conditions of the awarded bid inclusive of delivery date.

Thank you,

Thomas S. Pablo
Director, Department of Treasury and Administration



Department of Health Services Pohnpei State Government

P. O. Box 189, Kolonia
Pohnpei, Federated States of Micronesia 96941
phone • 320-2214, 2215, 2216 facsimile • 320-5394
e-mail psdhs@mail.fm

9/5/2011

Specifications for Dialysis Machine – 2 each same

General:

1. *Must conform to the specs and use of the installed RO system*
2. *Must use dialysers that can be cleaned/resterilized by the Renatron II, as many times as possible.*
3. *Must be able to use powder bicarbonate mixture*
4. *Conform to the local utility output*
5. *User Friendly*
6. *Maximum training of local staff*
7. *Other related benefits and/or services will be considered*

Specifics:

Blood Flow Control

Values for the blood pump(s) are based on a pressure of -150 mmHg before the arterial blood pump with a pump segment of 7,9 mm and 2.0 mm wall thickness.

For 6.35 mm pump segment it is possible to set the blood flow to 15 ml/min.

For pediatric blood tubes with pump segment of 4.0 mm it is possible to set blood flow to 5, 10 or 15 ml/min. Accuracy is then ± 5 ml/min.

Double Needle

Flow rate	0 and 20 - 500 ml/min (-150 mmHg pre pump pressure, 0 - 500 mmHg post pump pressure, pump segment diameter 7.9 mm)
Flow accuracy	± 10 ml/min or ± 10 %, whichever is largest
Accumulated blood volume	0 - 327 litres
Volume accuracy	± 0.61 * treatment time (h) or ± 10 %

Proportioning of concentrates

Acetate Na	130 to 160 mmol/l, (± 3 mmol/l)
Bicarbonate Na	130 to 160 mmol/l, (± 6 mmol/l)
HCO ₃ ⁻	20 to 40 mmol/l, (± 6 mmol/l)
Measuring range	13 to 16 mS/cm
Accuracy	0.2 mS/cm
Alarm limits value	± 5 % of the calculated conductivity set

Ultrafiltration control

Volume control	Direct electromagnetic measurement of dialysis fluid flow, before and after the dialyzer.
UF volume Adjustable	0 to 10.00 l
Accuracy of measured volume	± 50 ml/h or ± 1 % whichever is largest
UF coefficient Maximum	85 ml/h/mmHg
UF-rate	0.0 to 4.0 l/h, given by the set values of UF
volume and treatment time.	
Time Remaining treatment time control	1.05 to 9.59 hour, minute (± 1 minute)

Water supply

Flow rate (During treatment & Disinfection)	Up to 800 ml/min
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Minimum inlet pressure	0.12 MPa (1.2 bar)
Maximum inlet pressure	0.6 MPa (6 bar)
Inlet temperature Treatment:	+5 to +30 °C
Disinfection: +5 to +90 °C	

Optional

- Diascan
- BP Monitor(BPM)
- Syringe Pump

Single Needle

Single needle is only available if the optional arterial clamp is installed.

Arterial flow rate	0 and 20 - 500 ml/min (-150 mmHg pre
pump pressure,	0 - 500 mmHg post pump
pressure, pump segment diameter	7.9 mm)
Flow accuracy	± 10 ml/min or ± 10 %, whichever is largest
Pressure control	10 - 500 mmHg (± 50 mmHg), venous
pressure control	"
Accumulated blood volume	0 - 327 litres
Volume accuracy	± 0.61 * treatment time (h) or ± 10 %

Blood pressure

Venous Pressure

Operating range

Alarm limits

Accuracy

within range

-700 to 750 mmHg
10 to 500 mmHg in treatment mode
-100 to 500 mmHg in priming mode
 ± 10 % within range -700 to -500 mmHg.
 ± 5 mmHg or ± 3 %, whichever is largest
-500 to 500 mmHg.
 ± 10 % within range 500 to 750 mmHg.
At 300 ml/min dialysis fluid flow maximum venous pressure during treatment is approximately 250 mmHg.

Dialysis fluid preparation

Pressure regulators

After pressure regulator PR1
and the heat exchangers

After pressure regulator PR2

80 kPa (0.8 \pm 0.1 bar)
130 \pm 10 mmHg

Temperature

Temperature Adjustable

Accuracy is valid only if dialysis fluid temperature is greater or equal to ambient temperature.

91-104 °F.

Alarm limits Adjustable

Accuracy

at the dialysis fluid outlet from the machine.

Heater capacity

91-104 °F
+0.5/-1.5 °C (+1.0/-2.5 °C with UFD-kit)

1300 W (+10 % / -5 %) at 115 V
3 X 580 W (+10 % / -5 %) at 230 V
80 °C or CondA-temp 70 °C in

Overheat protection Reg-temp treatment, software

Flow rate

Dialysis Fluid Flow Rate

Accuracy

300-700 ml/min in steps of 20 ml/min
 ± 10 % or 50 ml/min whichever is largest

Degassing

By use of negative pressure ,

Adjustable degassing pressure between

-610 mmHg.
-300 and -700 mmHg
(-650 mmHg with 700 ml/min flow rate).
Accuracy ± 40 mmHg

Dialysis fluid pressure

Dialysis fluid pressure

Accuracy

-400 to +300 mmHg
 ± 10 mmHg or ± 5 %



POSTED
9/27/11

NORTHERN STATE GOVERNMENT

Department of Health Services

1105

REQUISITION

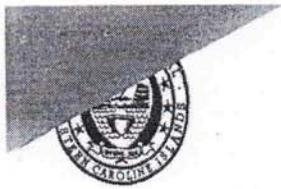
REQUESTED FOR: Central Medical Supply	RECOMMENDED SOURCE: sep1-11
REQUESTED BY Simao Nanpei Chief, Division of Administration & Health Planning	

Item No.	Description	ORG	QTY	UNIT	PRICE	AMOUNT
1	Syringe 10cc x 100's		200	bx		
2	Syring 5cc x 100's		200	bx		
3	Syring 3cc x 100's		200	bx		
4	Insullin Syringe x 100's		150	bx		
5	Syringe 1cc x 100's		100	bx		
6	Feeding Tube Fr:5 x 100's x bx		500	cse		
7	Surgical Gloves 7.5 x 50's/bx		80	bx		
8	Surgical Gloves 7.0/bx		80	bx		
9	Sharp Container 7gal x 100's		40	bx		
10	Liquid Container 2oz x 200's/cse		40	cse		
11	Surgical Tapes 2"		80	bx		
12	C.S.R Wrap 36" x 36" x 100's/cse		20	cse		
13	4x4-Gouze 100's/cse		40	cse		
14	Metri-Set x 50's/cse		40	cse		

ALLOTTEE Dr. Elizabeth Keller <i>[Signature]</i> 9/27/11 Director of Health Services	TOTAL
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BUDGET CERTIFICATION: FUND CERTIFICATION: Thomas S. Pablo Director of Treasury & Administration	SHIP TO:
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FINANCE USE	DATE RECEIVED/INITIAL	LOCAL PURCHASE	PURCHASE ORDER	FIXED ASSET YES/NO
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POHNPEI STATE GOVERNMENT

Department of Health Services

POSTED
9/5/11

REQUISITION

		REQUISITION NO.					
REQUESTED FOR: HEMODIALYSIS UNIT		RECOMMENDED SOURCE:					
REQUESTED BY: DR. JOHNNY HEDSON CHIEF, DIVISION OF MEDICAL SERVICES							
Item No.	Description	ORG	ACCOUNT	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
		A4-11--97-97-11001-11					
1	HEMODIALYSIS MECHINE			2	UNIT	-	-
ALLOTEE Dr. Elzebeth Keller DIRECTOR, DOHS		MODE/OF SHIPMENT				TOTAL -	
BUDGET CERTIFICATION: SINALLY SALVADOR ACTING BUDGET OFFICER		SHIP TO: DEPARTMENT OF TREASURY & ADMINISTRATION DIVISION OF FINANCE KOLONIA, POHNPEI FM 96941					
FUND CERTIFICATION: Thomas Pablo DIRECTOR, DOTA							
FINANCE USE	DATE RECEIVED	LOCAL PURCHASE	PURCHASE ORD	FIXED ASSET YES/NO			

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