# **REQUEST FOR QUOTATION (RFQ)**

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| RFQ Reference: RFQ-001-ZM10-XRAY | Date: 05 April 2023 |

# **SECTION 1: REQUEST FOR QUOTATION (RFQ) RFQ-SUPPLY AND INSTALLATION OF X-RAY MACHINE**

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 to 4 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

 Annex 4: Equipment Specification form

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer Annex 4 Equipment Specification form, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Thank you and we look forward to receiving your quotations.

Approved by:

Signature:

Name: LIVERMORE KEISHA Click or tap here to enter text.

Title: Chief of Mission

Date:

## **SECTION 2: RFQ INSTRUCTIONS AND DATA**

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| **Deadline for the Submission of Quotation** | 24 April 2024- 17:00 CATIf any doubt exists as to the time zone in which the quotation should be submitted, refer to <http://www.timeanddate.com/worldclock/>. |
| **Method of Submission** | Quotations must be submitted as follows: [ ]  E-tendering[x]  Email[ ]  Courier / Hand delivery[ ]  Other Click or tap here to enter text.Bid submission address: iomlusakaprocurement@iom.int* File Format: PDF
* File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard.
* All files must be free of viruses and not corrupted*.*
* Max. File Size per transmission: 4MB
* Mandatory subject of email: (RFQ) FOR THE SUPPLY AND INSTALLATION OF X-RAY MACHINE-LUSAKA
* Multiple emails must be clearly identified by indicating in the subject line “email no. X of Y”, and the final “email no. Y of Y.
* It is recommended that the entire Quotation be consolidated into as few attachments as possible.
* The proposer should receive an email acknowledging email receipt.
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|  |  |
| **Cost of preparation of quotation** | IOM shall not be responsible for any costs associated with a Supplier’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process. |
| **Supplier Code of Conduct** | All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: [Supplier Code of Conduct (ungm.org)](https://www.ungm.org/Public/CodeOfConduct).  |
| **Conflict of Interest** | **UN encourages every prospective Supplier to** avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ. |
| **General Conditions of Contract** | Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement.  |
| **Eligibility** | Bidders shall have the legal capacity to enter into a binding contract with IOM and to deliver in the country, or through an authorized representative. |
| **Currency of Quotation** | Quotations shall be quoted in USD  |
| **Duties and taxes** | The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below: All prices shall:[ ]  be inclusive of VAT and other applicable indirect taxes[x]  be exclusive of VAT and other applicable indirect taxes |
| **Language of quotation and documentation including catalogues, instructions and operating manuals** | ENGLISH |
| **Documents to be submitted** | Bidders shall include the following documents in their quotation:[x]  Annex 2: Quotation Submission Form duly completed and signed[x]  Annex 3: Technical and Financial Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1[x]  Other Annex 4  |
| **Quotation validity period** | Quotations shall remain valid for 60 days from the deadline for the Submission of Quotation. |
| **Price variation** | No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received.  |
| **Partial Quotes** | [x]  Not permitted[ ]  Permitted  *(please specify, i.e. by LOTs only or by line item, etc)*  |
| **Payment Terms** | [x]  100% within 30 days after receipt of goods, works and/or services and submission of payment documentation.[ ]  Other Click or tap here to enter text.  |
| **Contact Person for correspondence, notifications and clarifications** | Focal Person: TENDAI CHAIWILAE-mail address: iomlusakaprocurement@iom.intAttention: Quotations shall not be submitted to this address but to the address for quotation submission above. |
| **Clarifications** | Requests for clarification from bidders will not be accepted any later than 3 days before the submission deadline. Responses to request for clarification will be communicated via email by 18 April 2023 |
| **Evaluation method** | [x] The contract will be awarded to the lowest price substantially compliant offer[ ]  Other Click or tap here to enter text. |
| **Evaluation criteria** | [x] Full compliance with all requirements as specified in Annex 1 [x] Full acceptance of the General Conditions of Contract[x] Comprehensiveness of after-sales services[x] Earliest Delivery /shortest lead time [ ] Others *(for ex, environmental criteria/considerations, etc)*   |
| **Right not to accept any quotation** | IOM is not bound to accept any quotation, nor award a contract or Purchase Order |
| **Right to vary requirement at time of award** | At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 25% of the total offer, without any change in the unit price or other terms and conditions. |
| **Type of Contract to be awarded** | PURCHASE ORDER  |
| **Expected date for contract award.** | 08 May 2023 |
| **Policies and procedures** | This RFQ is conducted in accordance with Policies and Procedures of IOM  |
| **UNGM registration** | IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at [www.ungm.org](http://www.ungm.org). The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM.  |

## **ANNEX 1: SCHEDULE OF REQUIREMENTS**

**Technical Specifications for Goods:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **Minimum technical requirements-Refer to attached Annexes 1 A TO C** | **Unit** | **Quantity** |
| 1 | Digital X-ray Machine  | EA | 1 |
| 2 | Freight to Lusaka – Zambia | LOT | 1 |
|  | Click or tap here to enter text. |  |  |
|  | Click or tap here to enter text. |  |  |

**Delivery Requirements**

|  |
| --- |
| **Delivery Requirements** |
| **Delivery date and time** | Bidder shall deliver the goods WITHIN 60 DAYS After Contract signature. |
| **Delivery Terms (INCOTERMS 2020)** | DAP |
| **Customs clearance****(must be linked to INCOTERM** | [ ]  Not applicableShall be done by:[ ]  Name of organisation[ ]  Supplier/bidder[x]  Freight Forwarder |
| **Exact Address(es) of Delivery Location(s)** | International Organization for Migration 4626 Mwaimwena road Rhodes Park, Lusaka – Zambia |
| **Distribution of shipping documents (if using freight forwarder)** | Invoice, Packing List, AWB, COC |
| **Packing Requirements** | Avoid all unnecessary sub-packaging made of single-use plastics. When sub-packaging is really necessary, we prefer 100% compostable bioplastic made from biomass or unbleached, natural coloured recycled paper or paper with FSC forest management certification. required |
| **Training on Operations and Maintenance** | Click or tap here to enter text. |
| **Warranty Period** | As per Annex 4 |
| **After-sales service and local service support requirements** | Up to door delivery, after sales corrections, compliance with IOM data protection policy |
| **Preferred Mode of Transport** | Air |
| **Other information**  |  |

**ANNEX 2: QUOTATION SUBMISSION FORM**

*Bidders are requested to complete this form, including the Company Profile and Bidder’s Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |
| --- | --- |
| Name of Bidder: | Click or tap here to enter text. |
| RFQ reference: | Click or tap here to enter text. | Date: Click or tap to enter a date. |

**VENDOR INFORMATION SHEET[[1]](#footnote-2)**



**BIDDER’S DECLARATION OF CONFORMITY[[2]](#footnote-3)**

| **Yes** | **No** |  |
| --- | --- | --- |
|[ ] [ ]  On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations.  |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the Supplier any direct or indirect benefit arising from the contract. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the “UN Sanctions List”) or are the subject of any sanctions or other temporary suspension. The Supplier will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.  |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation. |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that, the Supplier will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest.  |
|[ ] [ ]  On behalf of the Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at <https://www.ungm.org/Public/CodeOfConduct>. |
|[ ] [ ]  It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration. |
|[ ] [ ]  On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM.  |
|[ ] [ ]  IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier in this Declaration.  |

Signature:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

## **ANNEX 3: TECHNICAL AND FINANCIAL OFFER - GOODS**

*Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2: Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |
| --- | --- |
| Name of Bidder: | Click or tap here to enter text. |
| RFQ reference: | Click or tap here to enter text. | Date: Click or tap to enter a date. |

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| **Currency of the Quotation:** Click or tap here to enter text.**INCOTERMS:** Click or tap here to enter text. |
| **Item No** | **Description** | **UOM** | **Qty** | **Unit price** | **Total price**  |
| 1. | Click or tap here to enter text. |  |  |  |  |
| 2. | Click or tap here to enter text. |  |  |  |  |
| 3. | Click or tap here to enter text. |  |  |  |  |
| 4. | Click or tap here to enter text. |  |  |  |  |
| 5. | Click or tap here to enter text. |  |  |  |  |
| Total Price |  |
| Transportation Price |  |
| Insurance Price |  |
| Installation Price |  |
| Training Price |  |
| Other Charges (specify) |  |
| **Total Final and All-inclusive Price** |  |

**Compliance with Requirements**

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| --- | --- |
|  | **You Responses** |
|  | **Yes, we will comply** | **No, we cannot comply** | **If you cannot comply, pls. indicate counter proposal** |
| Minimum Technical Specifications |[ ] [ ]  Click or tap here to enter text. |
| Delivery Term (INCOTERMS) |[ ] [ ]  Click or tap here to enter text. |
| Delivery Lead Time |[ ] [ ]  Click or tap here to enter text. |
| Warranty and After-Sales Requirements |[ ] [ ]  Click or tap here to enter text. |
| Validity of Quotation |[ ] [ ]  Click or tap here to enter text. |
| Payment terms |[ ] [ ]  Click or tap here to enter text. |
| Other requirements *[pls. specify]* |[ ] [ ]  Click or tap here to enter text. |

**Other Information:**

|  |  |
| --- | --- |
| Estimated weight/volume/dimension of the Consignment:  |  Click or tap here to enter text. |
| Country/ies of Origin: (*if export licence required this must be submitted if awarded the contract*) | Click or tap here to enter text. |

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| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. |
| *Exact name and address of the company*Company NameClick or tap here to enter text.Address: Click or tap here to enter text. Click or tap here to enter text.Phone No.: Click or tap here to enter text.Email Address: Click or tap here to enter text. | Authorized Signature: Date: Click or tap here to enter text.Name: Click or tap here to enter text.Functional Title of Authorised Signatory: Click or tap here to enter text.Email Address: Click or tap here to enter text. |

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##  **ANNEX 4: Equipment Specification form**

*Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2 &3: Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Parts**  | **Subitems** | **Recommended standard specification**  | **Vendor to fill in required information using this column** |
| **Section 1** | **Stationary X ray machine** |
| **Brand and Model of the x-ray Machine** | Brand/Model  | Vendor should specify the brand and model of the X ray machine |   |
| **X-ray Machine Generator**  | mA,  | 500 or more  |   |
| KVP,  | up to 150 KVP  |   |
| Power (KW), | 40KW or more  |   |
| Automatic exposure control  | Present |   |
| **X-ray tube**  | **F**ocal spot size of the tube,  | 0.6/1.2mm  |   |
| Tube Material | Tungsten-Rhenium |   |
| Movability  | Multicoating tube, X-ray tube rotation: ± 120° |   |
| Heat capacity, cooling rate and thermal protection  | 200KHU or more (the higher is the better) |   |
| **Tube stand**  | Floor mounted tube | Strong; Horizontal travel range ~ 140 cm; Vertical travel range ~150 cm; Rotation of tube around vertical axis: ± 90°; |   |
| Floor mounted preferred as it needs less space and no need for strong ceiling |   |
| **Bucky Chest**  | Bucky ( Chest Bucky)  | Automatic /semiautomatic cassette and grid adjustment Highest vertical and rotation Bucky movement Distance from chin rest to active area of Bucky allows to fully include the chest x-ray image and avoid cutting of the apices Strong Bucky stand, which can be well fixed on the floor, |   |
| **Table**  | X-ray Table | Minimum Simple, two way table with locking wheel, especially for small X ray rooms, and if the use is predominantly for chest X rays.  |   |
| **Grid** | Grid Included | Grid ratio, 8:1 or more  |   |
| **Exposing switch (Console)** | Image exposing Console ( If separate from the operator’s work station) | Display automatic (Digital) with exposing button  |   |
| **Collimator**  | Automatic/Semiautomatic/manual, with light beam centring and timer | (Vendor should specify the type) |   |
| **Electricity source requirement** | Electricity requirement of the x-ray room  | Single Phase with DOE>80% or three Phases |   |
| **Room requirement**  | Room size and shape needed for stationary  | Vendor should specify the room size requirement of the X ray machine |   |
| **Section 2** | **The Detector** |
| **The Detector specification** | Brand/model  | Vendor should specify the brand and model of the detector |   |
| One/double detector,  | preferred if double for both table and Bucky instead of moving the detector between the Bucky and table |   |
| Physical weight  | 4 kg or lower  |   |
| Physical size of detector | 17X17'', better than 14X17'' |   |
| Detector Material  | Cesium Iodide ( CsI ), better than Gadolinium oxysulfide (Gadox) |   |
| Pixel number | 3000 x 3,000 or more  |   |
| Pixel size/ pitch  | 140 μm or lower |   |
| DQE (Detective quantum efficiency) | 80% or more |   |
| Analog to Digital (AD) Conversion | 12 bits or more |   |
| Image preview time | Less than 10 secs |   |
| Time to be ready for next image taking | Less than 10 secs |   |
| Image transfer method | Wired/wireless image transfer –or wireless through Wi-Fi router, the best specification and latest model of router |   |
| Digital image quality | Sample chest X ray **DICOM** images has to be checked by a radiologist to ensure the acceptability of the image it produces  |   |
| **Detector Battery** | Charging method | 1. direct electric charging preferred 2. if not, external battery charging with tethering option |   |
| If external battery charger, number of batteries  | At least 3 batteries |   |
| If external battery charger, number of chest x-ray it can take after full charge of the battery | After full charging, can take 200 or more CXRs or lasts for 8 hours of operation |   |
| If direct electric charging, is detector integrated(internal)/ or movable (external) | If the machine has double detector for both chest and table Bucky separate, integrated fixed detector is better. But if single detector, external (movable) detector is preferred, so that it can be moved between the chest Bucky and the table |   |
| **Section 3** | **Computer (hardware & software)** |
| **Computer (hardware & software)** | Operating system  | Windows 10, preferably |   |
| Memory  | 16GB or more |   |
| Processor | latest, i7 or above |   |
| Image storage  | 1TB or higher (can store more than 3000 CXR images) |   |
| Image manipulating software  | Specify brand name of software |   |
| DICOM compliance  | DICOM 3 compatible & and IHE compliant, with ability to network to PACS |   |
| Ports  | Ports for USB, DVD/CD burning |   |
| Radiographer monitor size  | minimum 21” |   |
| HIS/RIS  | included and enabled |   |
| Other supports  | Supports worklist modality, storage, printing and query and retrieve.  |   |
| Biodata fields on the display | All biodata fields can be accessible on the display |   |
| **Section 4** | **Other Items**  |
| **Certification**  | Registration by regulatory body  | The machine is approved by authorized regulatory bodies and manufacturer is legally registered, and agent/vendor is available in the country |  |
| For the certification document the vendor can submit any of the following certification documents | 1. Preferably if WHO/SRA certification such as FDA or EU certification. |   |
| 2. If not, Certification from the country where the X-ray machine will be installed +/- CE marking |   |
| 3. If 1 and 2 are not available, Certification from the country of manufacture of the X ray machine and confirmation that the X-ray machine is allowed to be installed in the country where the x-ray machine will be installed. |   |
| **Accessories Included** | Lead aprons, skirts | Vendor to specify the type and quantity of lead accessories they will provide |   |
| Lateral cassette holder  | Lateral cassette holder included in the package(needed for taking lateral decubitus views) |   |
| **Local Availability of after sale service**  | Availability of technical support locally | Technical support is available locally in the country where the X ray machine is going to be installed |   |
| Availability of qualified technical support locally, |  The technicians available locally are qualified capacity to fix any issues to the machine |   |
|  The 24/7 availability of technical support, | Technicians available locally are accessible in regular and 24/7 in emergency bases |   |
| **Spare part availability**  | Availability of spare parts in Stock  | All spare parts are available locally |   |
| Time needed to get spare part , when not available in stock  | The vendor should specify how long does it take to get spare parts if not available locally(with in a week is good) |   |
| **Assist to get approval for license to operate x-ray from Gov. if needed** | Guide in completing the requirements, when needed  | The vendor can assist to get approval for license to operate x-ray from Government where the X ray machine is going to be installed if needed |   |
| **Users opinion** | The vendor has installed the machine to other users, and can provide list of phones to collect users opinion  | Vendor to provide contact list where similar machine is installed to get users opinion |   |
| **Image quality checks** | DICOM CXR images can be provided for image quality checking  | Vendor to provide at least 5 DICOM (not JPEG) CXR images taken from similar x-ray machine and detector installed elsewhere to check image quality  |   |
| **Delivery time**  | Duration of time needed for delivering the machine and certainty | The fastest possible  |   |
| **Warranty**  |  Duration of warranty | Minimum 2 years |   |
| The parts/actions included in the warranty  | The warranty is comprehensive including the X ray machine tube and the detector, including changing new detector- if the detector fails |   |
| The service and maintenance agreement included in the warranty | 24/7 on call for troubleshooting, and regular every 3months ( calibrations, software updates) |   |
| **Installation** | Included in the Package  | The installation will be done by the vendor as part of the package  |   |
| **Users training**  | Included in the package  | Training will be given to the users by the vendor as part of the package  |   |

1. [Vendor Information Sheet.xlsx](https://iomint.sharepoint.com/%3Ax%3A/t/ManilaSupplyChainUnit/EcdiXZEFetxEl29DHqMnNLgBnUvABCGiNC-UMMSpf4ddXQ?e=IBVJfN) [↑](#footnote-ref-2)
2. This form is mandatory to fill in and sign by every vendor who submits quotation [↑](#footnote-ref-3)