**P R O F O R M A**

**Request for Market Information (“RFI”) for
Supply & Delivery of Specific Electromagnetic Therapeutic Apparatus for Acupuncture and Programmable Electroacupuncture Instrument** **for the Chinese Medicine Hospital (“CMH”)**

**(CMHPO Ref. (1) in L/M to HHB/H/24/17/3/7/1/19)**

To : Project Director (CMHPO)

 (Attn. Mr Kenny JALI, Subject Matter Expert(CMHPO)6)

[by fax: 2127 4795 or email: kennyjali@healthbureau.gov.hk]

Your ref: (1) in L/M to HHB/H/24/17/3/7/1/19

In response to the RFI of the CMH, my/our company, with contact details provided in Part 1 below, would like to provide the information and relevant supporting documents in Parts 2 to 10 of this Proforma.

**Part 1 – Supplier’s Contact Details**

From:

(Name of the Supplier): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please fill in)

Name and Post of Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please fill in)

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please fill in) (please fill in)

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*This document does not constitute any offer or invitation / solicitation of any offer in connection with the exercise described herein. Neither this document nor any activities in connection therewith shall create any legal obligations or liabilities in any way on the part of the Health Bureau (HHB) or the Government of Hong Kong Special Administrative Region. Neither this document nor anything contained herein shall form the basis of any contract or commitment whatsoever. In responding to the RFI, a respondent shall be deemed to have agreed to all the terms of this Request for Market Information.*

**Purpose and Background Information of the RFI**

1. Purpose

Chinese Medicine Hospital Project Office (“**CMHPO**”) of the Health Bureau (“**HHB**”) of the Government intends to invite a tender for the supply and delivery of Specific Electromagnetic Therapeutic Apparatus for Acupuncture and Programmable Electroacupuncture Instrument hereinafter refers as the (“**Goods**”) for the Chinese Medicine Hospital (“**CMH**”) located at Pak Shing Kok in Tseung Kwan O. The CMHPO therefore wishes to collect market information on equipment for acupuncture.

1. Background of the CMH Project

The Chief Executive announced in the 2014 Policy Address that the Government had decided to reserve a site in Tseung Kwan O for setting up a CMH. The 2017 Policy Address stated that the Government decided to finance the construction of the CMH and identify by way of tender a suitable non-profit-making organisation (“NPMO”) to operate the CMH. CMH will be owned by the Government and the selected NPMO will operate the CMH. The CMH would be positioned as a flagship Chinese Medicine (“CM”) institution leading the development of CM services and Chinese medicines in Hong Kong. It will be a change driver, promoting service development, education and training, innovation and research, and facilitating collaboration with both local and international parties.

The CMH with provision of 400 beds will provide a comprehensive range of CM services. Service types include pure CM services, services with CM playing the predominant role in collaboration with Western Medicine (“WM”) and Integrated Chinese-Western Medicine (“ICWM”) services. The scope of service to be provided in the CMH covers inpatient, day-patient, outpatient and community outreach services.

To take forward the planning and development of the project on CMH, a designated office i.e. CMHPO, was established under the Health Bureau (the former Food and Health Bureau) on 2 May 2018. Hong Kong Baptist University (HKBU) was selected as the Contractor for the CMH operation. HKBU, as the Contractor, has incorporated a company limited by guarantee, namely HKBU Chinese Medicine Hospital Company Limited as the Operator to manage, operate and maintain the CMH. The CMH project has proceeded to the commissioning stage in 2021. It is targeted to commence hospital services by phases from 2025.

More information on the services provision and design of the CMH can be found in the following link:

**Note to Suppliers**

1. If your company have more than one model of the equipment for acupuncture that may meet the requirements of the Goods stated in this Proforma, **please complete and return, together with relevant supporting documents, one set of Proforma for each different** model of the equipment for acupuncture.

**Part 2 – General Information of the System**

|  |
| --- |
| **Item No. 1: Specific Electromagnetic Therapeutic Apparatus特定電磁波治療儀(神燈)** |
| 1. Place of origin
 |  |
| 1. Name of manufacturer
 |  |
| 1. Address of the manufacturer’s factory or plant (“Manufacturing Plant”)
 |  |
| 1. Product name of the Apparatus
 |  |
| 1. Model number/ name/ version number of the Apparatus
 |  |
| 1. Authorised agent or distributor of the manufacturer in Hong Kong
 |  |
| 1. Packing (if applicable)
 |  |
| 1. Delivery method and route (where the place of origin is outside Hong Kong)
 |  |
| 1. Warranty period of the Apparatus

(*Please refer to section G in Part 3 for details of the warranty service requirements*) | \_\_\_\_\_\_\_\_\_\_\_\_ months from Acceptance of the Apparatus(*Should not be less than 12 months*) |
| 1. Expected serviceable life (*Please specify any components of the Apparatus that cannot meet the serviceable life*)
 | The Apparatus shall have a serviceable life of \_\_\_\_\_\_\_ years from its date of acceptance except the following components: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Please also provide the expected life of these excluded components*) |

|  |
| --- |
| **Item No. 2: Programmable Electroacupuncture Instrument程式電針儀** |
| 1. Place of origin
 |  |
| 1. Name of manufacturer
 |  |
| 1. Address of the manufacturer’s factory or plant (“Manufacturing Plant”)
 |  |
| 1. Product name of the Instrument
 |  |
| 1. Model number/ name/ version number of the Instrument
 |  |
| 1. Authorised agent or distributor of the manufacturer in Hong Kong
 |  |
| 1. Packing (if applicable)
 |  |
| 1. Delivery method and route (where the place of origin is outside Hong Kong)
 |  |
| 1. Warranty period of the Instrument

(*Please refer to section G in Part 3 for details of the warranty service requirements*) | \_\_\_\_\_\_\_\_\_\_\_\_ months from Acceptance of the Instrument(*Should not be less than 12 months*) |
| 1. Expected serviceable life (*Please specify any components of the* *Instrument that cannot meet the serviceable life*)
 | The Instrument shall have a serviceable life of \_\_\_\_\_\_\_ years from its date of acceptance except the following components: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Please also provide the expected life of these excluded components*) |

**Part 3 – Indicative Technical Requirements**

*Notes to Suppliers for Completion of Part 3*

1. *Unless specified otherwise, the “****Goods****” in this Part 3* ***refers to section A1.1 below****.*
2. *The indicative technical requirements are for the purpose of collecting market information only. They are subject to changes and do not represent the final technical requirements of the intended tender.*
3. *Please indicate, as a point by point compliance statement, whether your proposed Goods “****Comply****” or “****Not Comply****” with an indicative technical requirement stated in Column II by ticking (🗸) in the appropriate box under* ***Column III*** *and* ***Column IV*** *respectively.*
4. ***Where applicable, p****lease quote the value of your proposed Goods in either Column III (if “****Comply****”) or Column IV (if “****Not Comply****”) respectiveky against corresponding indicative technical requirement (use additional sheet(s) if space is sufficient)*
5. *Please provide supporting documents (such as catalogues, user manual and/or operation manual, DICMO conformance statement, etc.) to illustrate the features of your proposed Specific Electromagnetic Therapeutic Apparatus for Acupuncture and Programmable Electroacupuncture Instrument against the corresponding indicative technical requirements.*

| **Column****I** | **Column** **II** | **Column** **III** | **Column****IV** |
| --- | --- | --- | --- |
| **Section** | **Technical Specification** | **Tick (🗸) the Appropriate Box***(For aspects “Not Comply”, please also provide alternative proposal, if any)* |
| **Comply** | **Not Comply** |
| **A** | **Technical Requirements** |
| **1** | **Overall Requirements** |
| 1.1 | The Specific Electromagnetic Therapeutic Apparatus for Acupuncture and Programmable Electroacupuncture Instrument shall be specially designed and capable of providing the acupuncture treatment purpose. |  |  |
| 1.2 | The Goods shall meet the functional requirement, performance requirement and operation requirement as listed below. |  |  |
| 1.3 | The Goods shall have the following components: |  |  |
| 1. Three hundred and ninety six (396) sets of Specific Electromagnetic Therapeutic Apparatus [**特定電磁波治療儀 (神燈)]** (Item 1) as detailed in section A2 below;
 |  |  |
| 1. Ninety (90) sets of Programmable Electroacupuncture Instrument (**程式電針儀)** (Item 2) as detailed in section A3 below;
 |  |  |
| 1.4 | Environmental Requirements (if applicable)The Goods shall be suitable to operate continuously to specification throughout its normal life span in the Hong Kong climate. The following parameters shall normally apply:  |  |  |
|  | 1. Temperature: 0oC to 45oC
 |  |  |
|  | 1. Relative humidity: up to 99%
 |  |  |
| 1.5 | Power Supply RequirementThe Goods (including its accessories, if any, to the extent that they are electrically operated), including also necessary electrical work and wiring work, shall comply with the power supply requirements stipulated in sections A1.5.1 to A1.5.2 below. |  |  |
| 1.5.1 | All the equipment (including its accessories) of the Goods shall remain in full operation within the specification throughout the supply voltage stated in the operation manual. |  |  |
| 1.5.2 | All necessary power supply equipment (such as the 13A fused plug, electrode cable, transformers and exclusive clips) shall be provided and properly installed to ensure the Goods work safely and satisfactorily. |  |  |
| 1.6 | The goods shall be in compliance with the relevant safety requirements of the latest edition of “The Electrical Products (Safety) Regulation” under Cap 406 Electricity Ordinance; or an equivalent international, national and other recognised standard or certification. |  |  |
| 1.7 | The supplier shall be responsible for the provision of the Training, identified as Item 3, as stipulated in section Cbelow. |  |  |
| 1.8 | The supplier shall be responsible for the supply of the Documentation for the Goods, identified as Item 3, as stipulated in section D below. |  |  |
| **2** | **Item 1 Specific Electromagnetic Therapeutic Apparatus [特定電磁波治療儀(神燈)]** |
| 2.1 | Each set of the Apparatus shall comprise the following components: |  |  |
|  | one set treatment head (照射頭/治療頭) as detailed in section A2.4 below; |  |  |
|  | one set of folding bracket (折疊支臂) as detailed in section A2.5 below; |  |  |
|  | one set of control panel (控制面板) as detailed in section A2.6 below; |  |  |
|  | one set of tripod (底坐腳架) as detailed in section A2.7 below; and |  |  |
| 2.2 | Each set of the Apparatus shall be provided with all necessary cables, transformers, clips and other ancillary items necessary for full and satisfactory operation. |  |  |
| **2.3** | **General features** |  |  |
| 2.3.1 | The total weight of each set of the Apparatus shall not exceed 8kg. |  |  |
| 2.3.2 | Voltage shall apply to Hong Kong electricity standard 220V (single phase) AC/50Hz. |  |  |
| 2.3.3 | Electrical power shall be maximum to 300W. |  |  |
| 2.3.4 | Socket shall be the British three-pin type. |  |  |
| 2.3.5 | Spectral wavelength shall be 2-25μm. |  |  |
| 2.3.6 |  Spectral strength shall be 28-35 mW/cm². |  |  |
| 2.3.7 | TDP plate diameter shall be between 12-16cm. |  |  |
| **2.4** |  **Treatment Head (照射頭/治療頭)** |  |  |
| 2.4.1 | Cover shall be with mesh design. |  |  |
| 2.4.2 | Cover paint shall be with heat insulation coating. |  |  |
| 2.4.3 | Shall allow tilting and rotation as follows:1. Tilting (horizontal axis): not less than ±120°
2. Rotation along column (vertical axis): not less than ±120°
 |  |  |
| **2.5** |  **Folding Bracket (折**疊**支臂)** |  |  |
| 2.5.1 | Bracket shall be with hydraulic mechanical design.  |  |  |
| 2.5.2  | Shall allow tilting for top movements and height adjustment:Vertical axis: 120 to 180.  |  |  |
| **2.6**  | **Control Panel (控制面板)** |  |  |
| 2.6.1  | Mechanical or digital timer shall be installed.  |  |  |
| 2.6.2  | Time control shall be from 0 to 60 minutes. |  |  |
| 2.6.3  | Sound effect for end of treatment time shall be installed. |  |  |
| **2.7** | **Tripod (底坐腳架)** |  |  |
| 2.7.1  | Wheel locking system shall be installed for safety. |  |  |
| 2.7.2 | Power disconnection system once the tripod tilted over 45°shall be installed for safety. |  |  |
| 2.7.3 | The tripods shall be in dark colour. |  |  |
| **3** | **Item 2\_Programmable Electroacupuncture Instrument (程式電針儀)** |
| 3.1 | The Instrument shall be as a low intensity electrical stimulator for insertion needles at precise acupuncture points to stimulate the nervous system releasing chemicals in the muscles, spinal cord and brain. |  |  |
| 3.2 | Each set of the Instrument shall comprise the following components: |  |  |
|  | One set of main unit (主機身) |  |  |
|  | Two sets of electrode cables (電極線)  |  |  |
|  | Two sets of exclusive clips (專用金屬鉗)  |  |  |
| 3.3 | Each set of the Instrument shall be provided with all necessary cables, transformers, clips and other ancillary items necessary for full and satisfactory operation. |  |  |
| **3.4** | **General features** |  |  |
| 3.4.1 | Each set of the Instrument shall not exceed 800g (without batteries). |  |  |
| 3.4.2 | The power supply to the Instrument shall be by DC .(Please specify if AC is also applied and related voltage.) |  |  |
| 3.4.3 | Frequency shall be ranged from 0.5 to 500Hz. |  |  |
| 3.4.4 | Number of output pulse channels shall be at least 6.(Please specify semi-independent or independent type.)  |  |  |
| 3.4.5 | Maximum amptitude shall be 8 mArms. |  |  |
| 3.4.6 | Number of output mode shall be at least 6.(Please specify the mode of types.) |  |  |
| 3.4.7 | Phase duration shall be 50-400μs. |  |  |
| 3.4.8 | Time control shall be from 0 to 60 minutes. |  |  |
| 3.4.9 | Function of memorable programme shall be installed.(Please specify the total number of programmes to be set.) |  |  |
| 3.4.10 | Function of saving previous treatment parameters shall be provided. |  |  |
| 3.4.11 |  Pulse shapes shall be symmetric, biphasic and rectangular. |  |  |
| **3.5** | **Functional Requirements** |  |  |
| 3.5.1 | The Instrument shall have a designated LCD display in the middle location of the main unit for indicating the time remaining, the chosen frequency and the phase duration during the stimulation.  |  |  |
| 3.5.2 |  The Instrument shall have fine current adjustment knob for each channel to finely adjust the current intensity manually during stimulation based on patient’s acceptance and discomfort level.  |  |  |
| 3.5.3 | The Instrument shall have a function of delivering a low level current stimulation before the actual stimulation is initiated in order to test the skin condition of patient.  |  |  |
| 3.5.4 | The Instrument shall have a safety abort button to terminate the stimulation and ramp down the current to zero in case of emergency.  |  |  |
| 3.5.5 | The Instrument shall have a low battery warning indicator turning on when battery level is low. |  |  |
| 3.5.6  | The Instrument shall have “error” warning indicator turning on when goods are out of control. |  |  |
| 3.5.7  | The Instrument shall be also powered by rechargeable batteries. |  |  |
| 3.5.8  | The battery life with fresh batteries shall be at least up to 5 hours. |  |  |
| 3.5.9 | An automatic power-off function shall be installed if the Instrument is left unused for 5 minutes. |  |  |
| 3.5.10 | Sound for end of treatment shall be installed for safety. |  |  |
| **B** | **Delivery and Implementation Services** |  |  |
| 1 | The Goods shall be installed, tested and become ready for use by the timeline specified with all costs included. |  |  |
| 2 | The supplier shall provide the conditions of delivery, including but not limited to packing and necessary environment requirements for the CMH’s consideration. |  |  |
| 3 | The supplier shall arrange insurance coverage they think right and appropriate to cover damages to the equipment during the period of delivery, storage, installation, testing and commissioning. |  |  |
| 4 | The supplier shall be responsible to clear away all packing materials, demolished and unused structural materials to a legal place after delivery / installation of the equipment at his own cost. |  |  |
| 5 | Item 1-All installation work shall be carried out by qualified person as suitable including without limitation registered electrical worker(s) with valid registration (i.e. Certificate of Registration of Electrical Worker) under relevant legistration [i.e. “Electricity (Registration) Regulations” under Electricity Ordinance, Cap. 406]. |  |  |
| **C** | **Training** |  |  |
| 1 |  On-site operational training shall be provided at no additional cost for a minimum of two operation staff upon request by users. |  |  |
| 2 | The supplier shall include provisions for comprehensive training on the system’s operation and software usage upon request by users. |  |  |
| 3 | The training shall be conducted by the specialist(s) or qualified person fully conversant with operation. |  |  |
| 4 | The specialist(s) or qualified person shall be fully conversant in Cantonese and English. All training and training materials provided shall be in Traditional Chinese or English. |  |  |
| **D** | **Documentation** |  |  |
| 1 | All photocopies of operation and maintenance manuals shall be properly binded of the original by the manufacturer. |  |  |
| 2 | At the time of delivery of the equipment, two sets of the product brochures and catalogues, the manufacturer’s original operation and maintenance manuals in English or in Chinese complete with full parts listed, full circuit diagrams, schematics and trouble-shooting guide as applicable shall be provided with the equipment ordered. |  |  |
| 3 | The end user is allowed to make copies of the manuals for training or operational purposes. |  |  |
| 4 | If applicable, the supplier is encouraged to submit documentation in the form of softcopy in lieu of hardcopy. |  |  |
| **E** | **Acceptance Tests** |  |  |
| 1 |  Once completion of installation on site of the Goods by the supplier, the equipment shall be tested for acceptance at site by the CMH representative(s) and/or the supplier. The test shall include checking on materials used, safety device and features, structure strength, functional test and performance. |  |  |
| 2 | The suppler shall provide all testing instruments to conduct site acceptance tests. All testing instruments to be used for the acceptance test shall be calibrated and copies of calibration certificates or other supporting documents shall be forwarded to the CMH representative for records. |  |  |
| 3 | Full functional tests for demonstration of compliance of the Goods with operational and reliability requirements shall be provided by the supplier to the satisfaction of the CMH representative. In the event that the equipment fails to conform to the above stated requirements, the supplier shall be required to carry out appropriate remedial measures and/or any rectification works, including replacement of the entire equipment, where deemed necessary. |  |  |
| **F** | **Desirable Features** |  |  |
| 1 | Product components (circuit boards, electrical, electronic and plastic components) shall comply with RoHS. Maximum Concentration Values of the RoHS restricted substances are:(i) Lead: 0.1% by weight(ii) Cadmium: 0.01% by weight(iii) Mercury: 0.1% by weight(iv) Hexavalent chromium: 0.1% by weight(v) PBBs: 0.1% by weight(vi) PBDEs: 0.1% by weight |  |  |
| **G** | **Indicative Warranty Service** |  |  |
| 1 | The supplier shall guarantee the Goods or any part thereof (exceptions to be clearly stated with itemized prices, ordering information details and conditions of warranty) for a period of at least 12 months commencing from the date of acceptance of the equipment. The supplier shall also replace faulty parts and provide both schedule and breakdown maintenance service by qualified maintenance personnel. Parts are included. In case of replacement, it will be free of charge. |  |  |
| 2 | The maintenance services shall be carried out in accordance with the maintenance procedures as described in the relevant equipment services manuals. |  |  |
| 3 | The supplier shall submit as an essential part of the offer a yearly maintenance schedule indicating the number of preventive maintenance services required for ensuring a satisfactory performance of the equipment. Document, form, operation/service manual and/or manufacturer’s confirmation shall be submitted. If such information is not available, at least two times of preventive maintenance services shall be provided annually. |  |  |
| 4 | The supplier shall guarantee the goods or any part thereof for the two times of annual preventive maintenance service. The supplier shall also replace faulty parts and provide both schedule and breakdown maintenance service by qualified maintenance personnel at his own cost. |  |  |
| 5 | The preventive maintenance work shall be carried out as follows with no additional charge:Normal working hours9:00 - 17:00 hours Monday to Friday, excluding public holidays;9:00 - 13:00 hours Saturday, excluding public holidays |  |  |
| 6 | The supplier shall be responsible to make good to the satisfaction of the CMH representatives, any defects on the equipment due to improper workmanship, faulty design or component failure which may arise within the warranty period of the equipment. |  |  |
| 7 | The supplier shall deploy properly trained service personnel to carry out the maintenance services and shall ensure that all necessary precautions for their safety are taken. |  |  |
| **H** | **Indicative Maintenance Service** |  |  |
| 1 | This request for market information also calls for the provision of comprehensive post-warranty maintenance service commencing from the expiry of the warranty period. The CMH may at its option enter into the full-year lifespan post warranty maintenance services contract with the supplier for the duration at the CMH’s discretion. |  |  |
| 2 | The supplier shall submit a price list of all spare parts of equipment chargeable to the CMH. For spares not covered by the submitted prices, the supplier shall submit a quotation to the CMH for consideration every time when spares are required. |  |  |
| 3 | All services which include replacement of faulty parts, breakdown services shall be provided by qualified maintenance personnel. |  |  |
| 4 | The supplier shall provide free of additional charge corrective maintenance service for providing immediate repair service for the goods and related equipment in normal working hours. |  |  |
| 5 | Upon notification of a defect in the operation of the equipment, or part thereof, the supplier shall attend to the fault within 48 hours. This service shall include all necessary repairs and replacement of parts to restore the equipment to its normal operation conditions within 3 working days. |  |  |
| 6 | The following shall be defined as the normal working hours:(1) 9:00 - 17:00 hours Monday to Friday, excluding public holidays;(2) 9:00 - 13:00 hours Saturday, excluding public holidays.The supplier shall accept this as the criteria for providing maintenance service. |  |  |
| 7 | The following shall be provided free of overtime charges by the supplier: (1) All maintenance works carried out during normal working hours as defined above.(2) All repair works carried out even beyond normal working hours as defined above shall also be free of overtime charges, if the supplier is notified of the equipment fault during the defined period of normal working hours. |  |  |
| 8 | All reports of maintenance service shall be documented and provided to the end user and the CMH Representative as appropriate and filed with the equipment history file. Service records for services conducted during the period, irrespective the service/part being chargeable or not shall be provided. Photocopies of service reports are acceptable provided that they are legible and contain the following information:1. Nature of service (Scheduled or Corrective maintenance)
2. Equipment location
3. Arrival time on site
4. Fault reported (date and time)
5. Fault corrected (date and time)
6. Response time
7. Down time
8. Reinstatement (date and time)
9. Action taken
10. Spare parts used
11. Current price of spare parts used
12. Consumable items used

(13)Current price of consumable items used |  |  |

**Part 4 – Implementation Plan**

*(Note to Suppliers: Please provide the estimated time periods required for the completion of the following tasks, counting from the date of issue an order (“Order Date”). Both the start and end date of the Order Date is referenced as* ***Month 0****. The System should be* ***Ready for Use in the last month of the Implementation Plan.****)*

|  |  |
| --- | --- |
| **Tasks of the Implementation Plan** | **Estimated Time Period for** **Performing the Tasks**(The Order Date is set as Month **0**) |
| **Start** (Month) | **End** (Month) |
|  | Order Date *(i.e. the date of order placed by the Government, if any)*  | **0** | **0** |
|  | Submission of Site Preparation Information (if applicable) |  |  |
|  | Delivery of the Goods  |  |  |
|  | Implementation Services (*Please refer to* ***section B in Part 3*** *for details*) |  |  |
|  | Delivery of Documentation (*Please refer to* ***section D in Part 3*** *for details*) |  |  |
|  | Training (*Please refer to* ***section C in Part 3*** *for Details*) |  |  |
|  | Acceptance Tests |  |  |
|  | Any other tasks considered necessary by your company *(Please provide details, use separate sheet if space is insufficient)*: |  |  |
|  | Goods Ready for Use *(i.e. the date when the System has passed all acceptance tests and accepted by the Government)*  |  |  |

**Part 5 – Information on Compliance with International, National and other Recognised Standards or Certifications (if applicable)**

(*Note to Suppliers: Please indicate in the box below whether the proposed Goods and accessories can meet with the standards stated in Column I* ***by inserting a tick in an appropriate box under Column III****. If your proposed Goods and accessories does not meet the standards stated in Column I, please indicate the equivalent standards met by your proposed Goods and accessories in Column IV. In any case,* ***please attach copies of relevant valid certificates to prove compliance with such standards****.*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Column I** | **Column II** | **Column III** | **Column IV** |
| International, National and other Recognised Standards or Certifications | Requirements  | Comply with the Standard in Column I? | Comply with the following equivalent standard (*If “****No****” in Column III*) |
| Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Compliance with other international, national and recognised standard(s) or certifications in addition to the above (*please specify*) |
|  |  |  |  |  |

**Part 6 – Information on Licencing, Marketing Authorization and MDACS Listing (if applicable)**

(*Note to Suppliers: Please advise whether your company and the proposed Goods have the following licence, marketing authorization and Medical Device Administrative Control System (“MDACS”) listing. If affirmative, please provide copies of relevant licences, confirmation and certificates for our reference.)*

| Question | Licensing/Certification/Listing Information of the System |  *(Please tick in the appropriate box)* |
| --- | --- | --- |
| #Yes | No |
| 1 | Does the proposed Goods have marketing authorization of the European Union (EU) for affixing of CE marking on the product? |  |  |
| 2 | If the proposed Goods has marketing authorization of EU, please state the type of supporting document (\*delete which is not applicable).* + - * 1. \*Declaration of conformity by the manufacturer; or
				2. \*Certificate of conformity issued by a notified body.
 |  |  |
| 3 | Does the proposed Goods have marketing authorization in country/region other than United States and EU? Please specify below if your answer is “Yes”.Country / Region : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 4 | Has your proposed Goods been listed in the MDACS of the Department of Health?  |  |  |
| 5 | What class of medical device is your proposed Goods (if applicable)?1. EU : Class \_\_\_\_\_\_
2. United States : Class \_\_\_\_\_\_
3. Other country/region (please specify below):
* Country/Region \_\_\_\_\_\_\_\_\_
* Class \_\_\_\_\_\_\_\_\_
 |  |  |
| 6 | Does the proposed Goods has marketing authorization of the technical requirement IEC60601-1 and IEC60601-1-2 or equivalent standard? |  |  |
| 7 | Does the proposed Goods has marketing authorization of verifying the maximum loading capacity?  |  |  |
| 8 | Does the proposed Goods has marketing authorization of the flammability standard (e.g. BS 7177:2008+Al: 2011 (Medium Hazard) when tested in accordance with BS EN 597-1:2015 (Ignition source 0), BS EN 597-2:2015 (Ignition source 1) and BS 5852: Part 2 (Ignition source 5))? |  |  |

#Please provide a copy of the licence / confirmation / certificate for reference.

**Part 7 – Indicative Price Information**

(*Note* *to Suppliers: The price information provided in this Part 7 is for Government’s consideration only and shall not constitute any commitment on the part of the Government or your company. Nevertheless, please provide the information as accurate as possible.*)

**(a) Indicative Price Information for the System**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Estimated****Quantity** | **Unit Price** | **Estimated Goods Price** |
| **One-time Unit Price(HK$)** | **Estimated Goods Price for the Item specified opposite (HK$)** |
|  |  | **(a)** | **(b)** | **(c) = (a) x (b)** |
| 1 | Supply, delivery and testing of the following Goods (Specific Electromagnetic Therapeutic Apparatus & Programmable Electroacupuncture Instrument) including the provision of a minimum 12-months warranty period.  |  |  |  |
| 1.1 | Specific Electromagnetic Therapeutic Apparatus | 396 sets |  |  |
| 1.2 | Programmable Electroacupuncture Instrument | 90 sets |  |  |
| 2 | Provision of implementation services as detailed in **section B in Part 3** | 1 job |  |  |
| 3 | Provision of training services as detailed in **section C in Part 3**  | 1 course |  |  |
| 4 | Documentation as detailed in **section D in Part 3** | 1 lot |  |  |
| 5 | Other parts or accessories not included in Item 1 to 2 as specified in **Part 3** (if any) (please specify in detail with price breakdown) | (please specify) |  |  |
| **Total One-time Charge**(i.e. Sum of Estimated Goods Prices of Item 1- 5) |  |

Note: \* The Total One-time Charge shall include one-year of warranty period.

**(b) Indicative Price Information for Selected Desirable Features (if applicable)**

|  |  |  |
| --- | --- | --- |
| **Aspect** | **Description of Selected Desirable Features** | **Any Additional Charge to Total One-time Chargeas Specified in Part 7(a)**(Please tick whichever is applicable) |
| 1 |  | □ No additional charge□ Require additional charge: HK$ \_\_\_\_\_\_\_\_\_ |
| 2 |  | □ No additional charge□ Require additional charge: HK$ \_\_\_\_\_\_\_\_\_ |
| 3 |  | □ No additional charge□ Require additional charge: HK$ \_\_\_\_\_\_\_\_\_ |

**Part 8 – Indicative Maintenance Charges and Spare Parts Price**

(Notes to Suppliers for completion of Part 8)

1. *Pursant to item 1 of Part 7(a) above, the proposed Goods shall have a warranty period of not less than 12 months. The indicative warranty service requirements are stipulated in* ***section G in Part 3****, which are subject to changes at the sole discretion of the Government.*
2. *Indicative maintenance service requirements after the free warranty period are stipulated in* ***section H in Part 3****, which are subject to changes at the sole discretion of the Government*
3. *It is expected that the maintenance services shall be comprehensive, all inclusive and shall cover all parts, components, labour and software support services. If your company considers that any components of the System may not be covered by the maintenance services (****saving that the labour shall always be covered by the maintenance services****) and may need to be charged separately, please indicate replacement costs of these components and their replacement frequency.*
4. *The annual maintenance charge within the serviceable life of the proposed System* ***is adjustable in accordance with the consumer price index (B) upon the expiry of each 12-months period of maintenance service****.*
5. **Indicative Maintenance Prices of the Proposed Goods**

| **Year** | **Annual Maintenance Charge****(HK$ per annum)** |
| --- | --- |
| First 12-months period of maintenance service after the end of warranty period |  |

1. **Indicative Replacement Prices of System’s Components not covered by the Maintenance Services (if applicable) (***Leave the following table blank if not applicable***)**

(*Note to Suppliers:* ***The labor costs for replacement of these components shall always be covered by the maintenance charges for the provision of the maintenance services*** *regardless whether the prices for the supply of these components are covered by the maintenance services or not.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Name of Items | Indicative Replacement Price (HK$/no.) | Indicative Replacement Frequency (*e.g. once every 3 years*) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

1. **Indicative overtime charges for provision of maintenance services after office hours (if applicable)**

(*Office hours mean 9 am to 6 pm from Monday to Friday excluding public holidays*)

|  |  |  |
| --- | --- | --- |
| (a) | Rates of overtime charges for maintenance service outside the office hours | HK$ per hour |
| (b) | Minimum service hour(s) per call |  service hour(s) per call |

1. **Indicative Prices for Replacement of Other Spare Parts (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Name of Items | Price (HK$/no.) | Indicative Replacement Frequency (*e.g. once every 3 years*) | Expected time for delivery (weeks) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**Part 9 – Supplementary Information**

1. Sales Volume of the Offered Goods

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Description | Annual sales for the past three years | Remarks |
| 1 | Special Electromagnetic Therapeutic Apparatus |  |  |
| 2 | Programmable Electroacupuncture Instrument |  |  |

1. Other Useful Information Provided by the supplier

|  |  |
| --- | --- |
| Information Provided | Details |
|  |  |
|  |  |

**Part 10 – Questionnaires**

|  |  |
| --- | --- |
| **Information Required** | **Complete by Suppliers**(use separate sheet, if needed) |
| 1. What are the details on parts and services covered in Warranty Service in addition to Part F?
 |  |
| 1. Any information / scope of acceptance test can be provided?
 |  |
| 1. Any green feature(s) from environment aspects of the offered product can be provided (with documentary proof if applicable)?
 |  |
| 1. Would a 2-year contract period (starting from the date specified in letter of acceptance) acceptable to your company? Order will be placed by 2 to 3 batches within the contract period.
 |  |
| 1. Does the maintenance services (after warranty period) required executing by original manufacturer / sole maintenance body? If yes, is your company a sole maintenance body for the offered product?
 |  |
| 1. What is the payment schedule?
 |  |

**GLOSSARY**

The following terms shall have the respective meanings given below:

|  |  |
| --- | --- |
| **Abbreviation** | **Description** |
| % | Percent |
| oC | Celsius scale for temperature (0-100 degrees) |
| DC | Direct Current |
| Hz | Hertz |
| kg | Kilogram |
| μm | Micrometer |
| V | Volt |
| W | Watt |
| AC | Alternating Current |
| mW/cm² | Milliwatts per square centimeter (Amount of power emitted per unit area and per unit wavelength) |
| mArms | Milliamperes (For current and millivolts for voltage) |
| μs | Microsecond |

**END**