**INTERNATIONAL TENDER (IT)**

**INTERNATIONAL TENDER Title**: Turnkey Basis Delivery of IVD flow cytometer (for in vitro diagnostics) semi-automatic, comes as the set, with required specialized software for clinical analysis, reagents for IVD flow cytometer for laboratory diagnostics of onco-hematological diseases to KYIV REGIONAL CHILDREN HOSPITAL, 83 Khreshchatyk str., Boyarka, Kyiv Oblast, 08151 Ukraine

**INTERNATION TENDER Number**: **PRF\_UKR\_25\_026\_LV**

**Date of Issue**: February 24th, 2025

**Date of Closing:** March 11th, 2025, 15:00 UTC+2

**Contact for questions**: [tenderasb@asb.org.ua](mailto:tenderasb@asb.org.ua)

**Annex No. 1.**

**INTERNATIONAL TENDER PRF\_UKR\_25\_026\_LV Submission Check List**

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| --- | --- | --- | --- |
| Type of Requirement: | Mandatory Document: | Annex # | Yes/No  It is mandatory to indicate the file name and file page number of a  tender offer, which contains information about mandatory document |
| Administrative | Bid Submission Form | Annex #2 |  |
| Administrative | Declaration for Candidates and Tenderers | Annex #3 |  |
| Administrative | References from other NGOs | Annex #4 |  |
| TECHICAL | Specification #1 for IVD Flow Cytometer and Reagents for IVD Flow Cytometer | Annex #5 |  |
| TECHNICAL | Delivery confirmation in the quantity and within the terms specified in Specification #1  The ability of the participant to supply the proposed equipment should  be confirmed by the original letter of warranty from the manufacturer (if the participant is not the manufacturer of the goods) or its official representation in Ukraine. | Annex #6 |  |
| TECHNICAL | Compliance confirmation to the medical and technical requirements established in Specification #1 | Annex #7 |  |
| TECHNICAL | Confirmation to supply specialized software must be confirmed by the original letter of warranty from the manufacturer or its official representative in Ukraine (such representation must be confirmed by a copy of the relevant letter, power of attorney, authorization, etc. from the manufacturer) regarding compatibility of this software with the proposed equipment. | Annex #8 |  |
| TECHNICAL | Confirmation that the goods offered by the Participant must be new and unused and the warranty period (term) of operation must be => 36 months. | Annex #9 |  |
| TECHNICAL | Confirmation to conduct the qualified training of the Hospital’s employees on the use of the proposed equipment and reagents as per Specification #1 | Annex #10 |  |
| TECHNICAL | Confirmation that service maintenance of the equipment as per Specification #1 offered by the Participant must be carried out by an employee with appropriate qualification. It is mandatory to have a service department that carries out maintenance/repair of the proposed equipment on the territory of Ukraine. | Annex #11 |  |
| TECHNICAL | Confirmation that goods offered by the Participant must be entered into the State Register of Medical Equipment and Medical Devices and/or put into circulation in accordance with the legislation in the field of technical regulation and conformity assessment, in accordance with the procedure provided for by law. | Annex #12 |  |
| TECHNICAL | Confirmation on delivery, installation and commissioning of equipment at the expense of the Participant. | Annex #13 |  |
| TECHNICAL | Confirmation on the compliance of the proposed goods with the technical and quality requirements, signed and filled in Specification #1 | Annex #14 |  |
| TECHNICAL | Detailed technical documents covering Specification #1 | Annex #15 |  |
| FINANCE | Price List Form, pricing based on INCOTERMS 2020 DDP KYIV REGIONAL CHILDREN HOSPITAL, 83 Khreshchatyk str., Boyarka, Kyiv Oblast, 08151 Ukraine | Annex #16 |  |