



**TREASURY BOARD SECRETARIAT
PROCUREMENT SERVICES**

95 Rochford Street, 2nd Floor South, Shaw Building, Room 27
PO Box 2000, Charlottetown, PEI, C1A 7N8
Telephone: (902) 368-4040 or Facsimile (902) 368-5171

ADDENDUM #

for RFP #

TO: All Bidders

FROM:

DATE:

SUBJECT:

END OF ADDENDUM.

Please return this sheet with your formal bid proposal.

Health PEI

REQUEST FOR PROPOSAL

FOR

Supply and Installation of
Cytology/Pathology/Hematology Microscopes

FOR

Provincial Laboratory Services,
Health PEI, Queen Elizabeth Hospital
Charlottetown, PEI

R.F.P. No. **4209**

Closing Date: January 8th, 2016, 2:00 PM

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1. ADMINISTRATIVE REQUIREMENTS

The following terms will apply to this Request for Proposal and to any subsequent contract. Submission of a proposal in response to the Request for Proposal indicates acceptance of all the following terms.

1.1 INTRODUCTION AND SCOPE

1.1.1 Request for Proposal Terminology

Throughout this Request for Proposal, terminology is used as follows:

- a) “Vendor” means a company that supplies goods, services or equipment to Health PEI;
- b) “Health PEI” means the Crown Corporation established pursuant to the *Health Services Act*, R.S.P.E.I. 1988, Cap. H-1.6., for the delivery of health services in accordance with the provisions of the *Health Services Act* and the Provincial health plan.
- c) “Must”, “mandatory” or “required” means a requirement that must be met in order for the proposal to receive consideration;
- d) “Respondent” means an individual or a company that submits, or intends to submit, a proposal in response to the Request for Proposal;
- e) “Should” or “desirable” means a requirement having a significant degree of importance to the objectives of the Request for Proposal;
- f) “Contractor” means the successful respondent to the Request for Proposal who enters into a contract with Health PEI.

1.1.2 The Opportunity

The purpose of this Request for Proposal is to inform potential respondents of a business opportunity and to solicit proposals. Health PEI is inviting proposals from qualified Respondents for **four (4) Clinical Cytology Microscopes, one (1) Clinical Pathology and one (1) Hematology Microscope**. Depending on the proposals offered in response to this Request for Proposal, one or more contract(s) may be negotiated with a respondent(s).

1.1.3 Period of Offer

Pricing will be in effect for one (1) year after award and will be open to all Health PEI sites.

1.2 REQUEST FOR PROPOSAL PROCESS AND PROCEDURES FOR EVALUATION

1.2.1 Requirements

This Request for Proposal contains mandatory requirements. Proposals not meeting mandatory requirements will be rejected without further consideration.

1.2.2 Evaluation Team

A committee formed by Health PEI will evaluate the proposals.

1.2.3 Evaluation and Selection

Proposal submissions will be reviewed and any proposals not meeting the Mandatory Contractual Clauses in section 1.5 will not be considered for further evaluation. The evaluation team will then check proposals against the General Specifications and Requirements in section 2.1. Proposals meeting the Requirements will then be forwarded for assessment and scored in accordance with the Evaluation Criteria in section 2.6. The respondents must achieve an overall scoring of 75% or greater in the Evaluation Criteria in order to be short-listed. Any respondents that do not meet this rating will not be considered for further evaluation. References of the high scoring short-listed respondent(s) scoring 75% or above will be checked. Providing the result of reference check is satisfactory, Health PEI may invite the respondent(s) to provide a demonstration starting with the lowest price vendor. The demonstration will allow the evaluation committee the opportunity to ensure that all the mandatory expectations and all evaluation criteria are met by the respondent.

Health PEI may enter into contract negotiations with the respondent(s) who passes the final demonstration process and is selected by the evaluation committee for final award. Subject to successful negotiation and execution of a contract, this respondent will provide the required goods or services.

Final tender awards will be subject to satisfactory sixty (60) day evaluation of the product.

1.2.4 Negotiation Delay

If a written contract cannot be negotiated within sixty (60) days of notification of the successful respondent, Health PEI may, at its sole discretion at any time thereafter, terminate negotiations with that respondent. Health PEI will then either negotiate with the next qualified respondent or choose to terminate the Request for Proposal.

1.2.5 Site Visit

N/A

1.3 PROPOSAL PREPARATION

This section defines the proposal preparation and submission procedures. Respondents are cautioned to carefully read and follow the procedures required by this Request for Proposal, as any deviation from these requirements may be cause for rejection.

The proposal must be signed by the person(s) authorized to sign on behalf of the respondent and to bind the respondent to statements made in response to this Request for Proposal.

1.3.1 Proposal Acknowledgment and Authorization Form

Respondents are advised to fill out and return the attached Proposal Acknowledgement and Authorization Form (Appendix #1) prior to proposal submission. Forms must be emailed or faxed to:

PEI Procurement Services
2nd Floor, Shaw Building
95 Rochford Street
Charlottetown, PE, C1A 7N8
Attention: Lori Richard
R.F.P. No. 4209
Email : procurementservices@gov.pe.ca
Fax# 1-902-368-5171

All subsequent information regarding this Request for Proposal will be directed only to those respondents who return the form with indication that they intend to submit a proposal. Subsequent information will be distributed by the method authorized on the Proposal Acknowledgement and Authorization Form.

1.3.2 Full Disclosure of Financial Contribution Form

Respondents are required to complete and return the attached Financial Contribution Form (see Appendix# 2) with proposal submission.

1.3.3 Proposal Format

Evaluation of proposals is made easier when respondents respond in a similar manner. The following format and sequence must be followed in order to provide consistency in respondent response and ensure each proposal receives full consideration. All pages must be consecutively numbered.

- a) Title page, showing request for proposal number, respondent's name and address, closing date and time, respondent's telephone number, and a contact person;
- b) One page letter of introduction identifying the respondent and signed by the person or persons

- authorized to sign on behalf of, and bind the respondent to, statements made in the proposal;
- c) Table of contents including page numbers;
 - d) General information about your company, products, services, and experience as it relates to this opportunity;
 - e) A short one or two page summary of the key features of the proposal including a brief description of the products and equipment being quoted;
 - f) The body of the proposal. Address the requirements as outlined in Section 2 – General Project Requirements;
 - g) Support documentation; brochures, pamphlets, etc. may take the form of appendices;
 - h) References - provide name, address, contact person, and telephone number;
 - i) Price / costing information.
 - j) Confirmation of Insurance, WCB Clearance Letter, References

1.3.4 Enquiries

All enquiries related to this Request for Proposal are to be directed, via e-mail, to the following person, or his/her designate. Information obtained from any other source is not official and may be inaccurate. Enquiries and responses will be recorded and may be distributed to all respondents at Health PEI's option.

For Tender Enquiries;

Gail Kennedy
Materials Management Coordinator
Health PEI
Prince County Hospital
65 Roy Boates Avenue
Summerside, PEI
Ph: 1-902-438-4275
Email: gjkennedy@ihis.org

For Technical Enquiries;

Brian Timmons
Technical Director of Provincial Laboratory Services
Health PEI
16 Garfield Street
PO Box 2000
Charlottetown, PE C1A 7N8
Ph: 1-902-894-2064/1-902-569-7647
Email: bdtimmons@gov.pe.ca

Written questions will be accepted until **December 16th, 2015, 4:00 pm EST.**

1.3.5 Closing Date

Two (2) complete original hard copies of the proposal **must be received by January 8th, 2016 at 2:00pm:**

Proposals must be sent to:

PEI Procurement Services
2nd Floor, Shaw Building
95 Rochford Street
Charlottetown, PE C1A 7N8
Attention: Lori Richard
R.F.P. No. 4209

Proposals must not be sent by facsimile or email. Proposals and their envelopes should be clearly marked with the name and address of the respondent, the Request for Proposal number, and the proposal title and the closing date.

1.3.6 Late Proposals

Late proposals will not be accepted and will be returned unopened to the Respondent. Please note proposals are considered accepted at date and time of receipt in PEI Procurement Services office, not date and time sent by respondents.

1.3.7 Additional Information

Health PEI realizes there may be features of a solution or added value items that are easily offered by a respondent that were not specifically requested in the RFP.

Respondents are invited to introduce items which they deem to add significant value to Health PEI and are offered as their proposed solution, even though a correlating requirement was not specifically identified or stated in the proposal.

Respondents must outline their added value component in an appendix to their proposal.

Note: Value added components may be direct financial or indirect financial (in kind, or service) in nature and may include, but are not restricted to, capital equipment, educational materials and programs, staff training, discounts, loaner equipment, and other donations. Value added components must be directly related to the Proposal.

1.3.8 Notification of Changes

All recipients of this Request for Proposal who have returned the Proposal Acknowledgement and Authorization Form will be notified of any changes made to this document.

1.3.9 Changes to Proposal Wording

The respondent will not change the wording of its proposal after the closing date and any words or comments will not be added to the general conditions or detailed specifications unless requested by Health PEI for purposes of clarification.

1.3.10 Respondents Expenses

Respondents are solely responsible for their own expenses in preparing a proposal, providing demonstrations and for subsequent negotiations with Health PEI.

1.3.11 Pricing

Proposals must be open for acceptance for at least one hundred and twenty (120) days after the closing date. Upon acceptance, prices will be firm for the entire contract period unless otherwise specified.

The pricing section of the response document is to contain a price breakdown by line item, with list and extended pricing indicated for each item and each option available if applicable. Alternative pricing scenarios must be detailed separately in this manner.

1.3.12 Currency and Taxes

Prices quoted are to:

- a) be in Canadian dollars, taxes not included;
- b) be inclusive of duty, where applicable;
- c) be FOB destination (freight included), delivery charges included.
- d) include Payment Terms

1.3.13 Completeness of Proposal

By submission of a proposal the respondent warrants that all components required to have the equipment function have been identified in the proposal or will be provided by the contractor at no charge.

1.3.14 Schedule of Events

The following table outlines the proposed schedule of events for this project.

Date	Event
November 30th, 2015	Release of RFP to market
December 16, 2015 at 4:00 pm	Last date for RFP inquiries
January 8th, 2016 at 2:00 pm	Close date of RFP

NOTE: Dates are subject to change and written notification will be given to those who provide a signed Proposal Acknowledgement and Authorization Form.

1.3.15 Addenda

- 1) Health PEI reserves the right to issue addenda at any point during the tender period. All addenda become part of the bid documents.
- 2) Addenda issued by Health PEI will be available for viewing on the procurement website at www.gov.pe.ca/finance .
- 3) All bidders are responsible for ensuring that they are aware of, include copy (s) of the addenda in their response, and have complied with any addenda issued by health PEI.

1.3.16 Termination

While the Requestor has every intention to award a contract as a result of this RFP, issuance of the RFP in no way constitutes a commitment by the Requestor to award a contract. Upon a determination such actions would be in its' best interests, the Requestor, in its sole discretion reserves the right to:

- a) cancel or terminate this RFP;
- b) reject any or all quotations received in response to this document;
- c) waive any undesirable, inconsequential, or inconsistent provisions of this document, which would not have significant impact on any quotation;
- d) not award any contract if senior management did not accept evaluation team recommendation;
- e) not award any contract if the requestor determines adequate funds or approval are not available.

1.4 ADDITIONAL TERMS

1.4.1 Independent Contractor Status In Law

For all purposes related to the contract and work contemplated by this RFP, the successful respondent and its employees, and agents, will be deemed to be independent contractors relative to Health PEI. The successful respondent will ensure that all subcontractors or other agents engaged in relation to the Project satisfy all the relevant requirements for this RFP as fully as if required by the successful respondent directly. Nothing in this RFP will be treated as giving rise to a direct contractual relationship between Health PEI and any subcontractors of the successful respondent.

1.4.2 Acceptance of Proposals

Health PEI reserves the right to modify the terms of the Request for Proposal at any time at its sole discretion.

This Request for Proposal should not be construed as a contract to purchase goods or services. Health PEI is not bound to accept the lowest priced or any proposal of those submitted. Proposals will be assessed in light of the evaluation criteria. Should any be received, proposals from not-for-profit agencies will be evaluated against the same criteria as those received from any other respondent.

Subsequent to the submission of proposals, interviews and negotiations may be conducted with some of the respondents, but there will be no obligation to receive further information, whether written or oral, from any respondent or to disclose the nature of any proposal received.

Upon a proposal being accepted by Health PEI, the successful bidder may be required to sign a standard Services Agreement if applicable with Health PEI within 10 business days. Health PEI will not be obligated in any manner to any respondent whatsoever until a written contract has been duly executed relating to an approved proposal.

Neither acceptance of a proposal nor execution of a contract will constitute approval of any activity or development contemplated in any proposal that requires any approval, permit or license pursuant to any federal, provincial, legal district or municipal statute, regulation or bylaw.

1.4.3 Definition of Contract

A notice in writing to a respondent of Health PEI's acceptance of its proposal serves as notice of acceptance only and does not entitle the respondent to any legal or equitable rights or privileges relative to the goods or services pursuant to this RFP.

1.4.4 Proposals as Part of Contract

Proposals may be negotiated with respondents, and if accepted, may form part of a Agreement.

1.4.5 Liability for Errors

While Health PEI has used considerable efforts to ensure an accurate representation of information of this Request for Proposal, the information contained in this Request for Proposal is supplied solely as a guideline for respondents. The information is not guaranteed or warranted to be accurate by Health PEI, nor is it necessarily comprehensive or exhaustive. Nothing in this Request for Proposal is intended to relieve respondents from forming their own opinions and conclusions with respect to the matters addressed in this Request for Proposal.

1.4.6 Acceptance of Terms

All the terms and conditions set out in this Request for Proposal are assumed to be accepted by the respondent and incorporated into its proposal by virtue of the respondent submitting a proposal.

1.4.7 Financial Stability

The successful respondent may be required to demonstrate financial stability and may be required to register to conduct business in Prince Edward Island, Canada.

1.4.8 Ownership of Proposals and Freedom of Information

All documents, including proposals, submitted to PEI Procurement Services become the property of Health PEI. They will be received and held in confidence by Health PEI, subject to the provisions of the Freedom of Information and Protection of Privacy Act.

1.4.9 Use of Request for Proposal

This document, or any portion thereof, may not be used for any purpose other than the submission of proposals.

1.4.10 Confidentiality of Information

Information pertaining to any Health PEI department obtained by the respondent as a result of participation in this project is confidential and must not be disclosed without written authorization from Health PEI.

1.4.11 Environmental Requirements

In order to contribute to waste reduction and promote environmental responsibility, Health PEI will endeavour to acquire goods and services that support these principles wherever possible. Therefore, product(s) quoted should address:

- Minimal packaging (initial shipping and with regard to associated reagent and consumable products used in day-to-day operations).
- Minimal environmental hazards and waste generation (with regard to associated reagent and consumable products used in day-to-day operations).
- Maximum energy efficiency
- Minimal disposal costs
- Must not reduce the quality of the product required or affect the intended use of the product.
- Must not significantly impact the acquisition cost

1.5 MANDATORY CONTRACTAL CLAUSES

1.5.1 Registration with Workers Compensation Board of Prince Edward Island

N/A

1.5.2 Indemnity

The successful respondent shall indemnify and hold harmless Government and Health PEI, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from the performance of work (herein called the “claims”), provided that any such claim is caused in whole or in part by any act, error, or omission, including, but not limited to, those of negligence, of the successful respondent or anyone directly or indirectly employed by the successful respondent or anyone for whom the successful respondent may be liable. For further clarification, this indemnity shall not be limited in any way or degree by any insurance the successful respondent may have, nor by the limits of any such insurance and it shall endure after termination of this contract or any renewal thereof.

1.5.3 Insurance

The successful respondent shall maintain, as a minimum, general liability insurance policy that would be procured and maintained by a prudent owner of a security organization, providing not less than Five Million Dollars (\$5,000,000) coverage per occurrence and shall add the Health PEI as an additional insured with respect to its liability under this agreement and provide whatever information the Health PEI may require on the insurance that is available. The policy shall include, but not be limited to, bodily and personal injury, property damage, non-owned automobile liability, cross liability and blanket contractual liability and provide coverage for assault and battery, false arrest, invasion of privacy, libel and slander.

The foregoing insurance shall be primary and not require the sharing of any loss by any insurer of Health PEI nor any other means of indemnity such as the Prince Edward Island Self Insurance and Risk Management Fund. The policies required by this Agreement shall be in a form and with insurers satisfactory to the Health PEI. A certified copy of the policies shall be delivered to the Health PEI prior to execution of the agreement. Default of delivery or receipt by the Health PEI shall not be construed as acknowledgment or concurrence that there has been compliance with the terms of this agreement. Furthermore, Health PEI shall have the right, but not the obligation, to review the original(s) of any required insurance policy(ies) in any of its offices. Such review by or on behalf of Health PEI shall not be construed as acknowledgement that there has been compliance with the terms of this agreement.

All required insurance must be endorsed to provide Health PEI with 60 days’ advance written notice of cancellation or material change.

1.5.4 Compliance with Laws

The successful respondent will be required to comply with all federal, provincial, municipal and regional laws applicable to the work or performance of obligations under the Agreement, and shall ensure all required codes and standards are complied with. The successful respondent will be required to give all the notices and obtain all the licences and permits required to perform the work and obligations under the Agreement.

2.1 GENERAL SPECIFICATIONS AND REQUIREMENTS

2.1.1 General Specifications and Requirements

Throughout this section, the respondent is required to provide detailed information on the ability of the proposed equipment to perform the following requirements:

2.1.1(a)

Specifications and Requirements	
High-end Ergonomic Clinical <u>Cytology</u> Microscopes containing but not limited to the following specifications and requirements:	
1) Must possess an ergonomic design and be adjustable for the user.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
2) Height of eyepieces must allow for an approximate 10-30 degree downward angle of gaze for all of our users, at their current workstations.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
3) Must have a low profile stand to allow for low positioning of the focus knobs and stage controls.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
4) Must have a nosepiece spacer to decrease the height of the stage.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
5) Must have a height and torque adjustable stage control knob.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
6) Must have the stage control handle and the focus knobs positioned in-line.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
7) Must have a tilting, telescoping binocular head with continuously variable eyepiece inclination.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain

8) Must have eye level raiser plates available to increase the height of the tube.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
9) Must have rack and pinion stage movement mechanism.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
10) Must have a ceramic-coated stage for durability.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
11) Must have a 4x PLAN Achromat dry objective	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
12) Must have a 10x Plan Fluor dry objective with ample working distance for marking (with an ink marker) diagnostic cells.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
13) Must have 20x, 40x, and 60x high resolution Plan and Plan Fluor dry objectives providing sharp, clear observation. *Note: Quotation must include a range of options and prices for objectives.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
14) Must have a swing-out achromatic condenser 0.90 NA.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
15) Must have both daylight and blue filters available. *Note: Quotation must include one daylight and one blue filter for each microscope.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
16) Must have Halogen illumination (not LED).	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain

2.1.1(b)

Specifications and Requirements	
High-end Ergonomic Clinical <u>Pathology</u> Microscope containing but not limited to the following specifications and requirements:	
1) Must possess an ergonomic design and be adjustable for multiple users.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain

2) Height of eyepieces must allow for an approximate 10-30 degree downward angle of gaze for all of our users, at their current workstations.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
3) Must have a low profile stand to allow for low positioning of the focus knobs and stage controls.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
4) Preferably have a nosepiece spacer to decrease the height of the stage.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
5) Must have a height and torque adjustable stage control knob.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
6) Preferably the stage control handle and the focus knobs positioned in-line.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
7) Must have a tilting, telescoping trinocular head(plus beam splitter for camera) with continuously variable eyepiece inclination.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
8) Must have eye level raiser plates available to increase the height of the tube.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
9) Must have rack and pinion stage movement mechanism.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
10) Must have a ceramic-coated stage for durability.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
11) Must have 100x Plan and Plan Fluor Oil objective *Note: Quotation must include pricing for both options	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
12) Must have a 10x Plan Fluor dry objective with ample working distance for marking (with an ink marker) diagnostic cells.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
13) Must have 2x, 4x, 20x, 40x, and 60x high resolution Plan and Plan Fluor dry objectives providing sharp, clear observation. *Note: Quotation must include a range of options and prices for objectives.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
14) Must have a swing-out achromatic condenser	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain

0.90 NA.	
15) Must have both daylight and blue filters available. *Note: Quotation must include one daylight and one blue filter for each microscope.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
16) Must have Halogen illumination (not LED).	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
17) Must include pricing options for sextuple and septuple nosepiece.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
18) Must have polarizer/analyzer.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
19) Must have a micrometer in one eyepiece.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain

2.1.1(c)

Specifications and Requirements	
High-end Ergonomic Clinical <u>Hematology</u> Microscope containing but not limited to the following specifications and requirements:	
1) Must possess an ergonomic design and be adjustable for multiple users.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
2) Height of eyepieces must allow for an approximate 10-30 degree downward angle of gaze for all of our users, at their current workstations.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
3) Must have a low profile stand to allow for low positioning of the focus knobs and stage controls.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
4) Preferably have a nosepiece spacer to decrease the height of the stage.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
5) Must have a height and torque adjustable stage control knob.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
6) Preferably the stage control handle and the focus knobs positioned in-line.	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
7) Must have eye level raiser plates available to	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain

increase the height of the tube.	
8) LED illumination preferred	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
9) Must have 10x and 40x plan dry objectives and 50x, 100x plan oil objectives *Note: Quotation should include a range of options and prices for objectives	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
10) Must have polarizer/analyzer (Gout Kit)	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
11) Micrometer for eyepiece available	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain
12) Option for teaching head attachment must be included in quotation	<input type="checkbox"/> Yes or <input type="checkbox"/> No Explain

Deviations from requirements, considered by the Evaluation Committee to be minor in nature may be taken into consideration.

2.1.2 Equipment Safety

- 1) The vendor represents and warrants, where applicable, that all equipment **must** have Health Canada’s Health Protection Branch Therapeutic Device (HPB-TPD) licensing, as required. A copy of this license must be included with the proposal; else an explanation as to why it is not required must be supplied.

The vendor will inform Health PEI, in writing, immediately of any withdrawal of any products HPB-TPD approval or any products non-compliance with HPB Standards.

- 2) In the event any product for which HPB approval has been withdrawn or any product not in compliance with HPB Standards is included in the suppliers proposal or agreement subsequent thereto, Health PEI, at its sole discretion, may, upon written notice to the supplier, decline acceptance of any proposal including such product or products and may terminate any agreement arising from this RFP containing product so affected.
- 3) The equipment **must** be certified to all appropriate CSA standards by a recognized agency. This includes, but is not limited to all electrical and mechanical standards applicable to a health care environment. All components of the equipment require this approval individually, as well as the combined system. If the equipment is supplied without such required certification and labelling, the supplier is responsible for all testing and modification costs to make the equipment/system acceptable by CSA standards.

2.1.3 New Technology

New Technology” will be defined as any technology that is introduced to the Canadian Marketplace after this RFP close or a contract is signed with one of the respondents.

In the event that new technology is introduced during the term of the contract, Health PEI will give the respondent first opportunity to supply comparable technology within six (6) months of notification to the respondent.

If it is agreed that the respondent’s technology is not comparable, Health PEI reserves the right to modify this agreement to allow Health PEI to purchase products incorporating the new technology and to reduce the level of purchase commitment.

2.1.4 Product Quoted

All products quoted must be in current production and publicly available in Canada as of the date of this RFP. Unproven future products shall not be bid. All desired features listed must be in current production, installed and in use at the time of the quote. All equipment, components and materials to be supplied in response to this RFP shall be new, and of first quality with no defects. Refurbished or demonstration models will not be accepted.

2.1.5 Warranty, Service and Maintenance

1. Respondents are to provide no less than 1 year warranty on the system, covering all parts, labor and related shipping charges.
2. Specify the availability of onsite service beyond warranty term above. This is to include all labour, travel and accommodation rates.
3. Respondents are to include complete warranty details for the equipment within the proposal. Proposals shall clearly indicate warranty coverage periods, including any stipulations, restrictions or limitations. The warranty will provide service support for the duration of the contract.
4. Specify any hardware and software upgrades that will be included during the contract period.
5. Respondents may provide a quotation on a service contract that covers regular preventative maintenance. All costs related to correction of defective and/or malfunctioning parts, at least 24-hour availability for emergency technical service by telephone and guaranteed on-site service within 24 hours for urgent requests.

2.2 EVALUATION PROCESS

Although Health PEI representatives will act in a collaborative and coordinated manner, the final decision as to the equipment purchase will be made by Health PEI based on the tender evaluation process. Health PEI reserves the right to purchase from more than one respondent.

Short-listed respondents may be requested to provide presentations for the evaluation committee members or participate in conference calls. The evaluation committee will be provided with demonstrations and hands-on time by the respondent.

2.3 TRAINING

The vendor is expected to provide education and training of the equipment to Health PEI staff member and will be included in the tender costs.

2.4 DELIVERY

The delivery of equipment will be required by a mutually agreeable time and shall be shipped Delivery FOB Destination (freight included, delivery charged included).

Respondents will be required to state minimum and maximum time required from date of receipt of purchase order to delivery of complete system.

2.4.1 Shipping

Equipment shall be shipped complete with all brackets, mounting hardware, and accessory (cables, cords, etc.) necessary for full operation of the equipment.

2.5 PAYMENT TERMS

A mutually agreeable payment schedule will be negotiated.

Where there is a question of non-performance involved, payment in whole or in part will form part of the contract between both parties.

2.6 EVALUATION CRITERIA

Proposals meeting the mandatory requirements will be further assessed against the following criteria. The relative weighting for each criterion is also given.

Price		
	Equipment & Freight costs	40%
	Service & Training Costs	
Clinical Evaluation		35 %
	Ergonomics	
	Operation	
	Clinical range and use	
Warranty, Support & Service Coverage		10%
Hardware		10%
	Range of products	
	Suitability & Physical footprint	
	Compatibility with existing equipment	
	Future technology	
Company Vision		5%
	Strength of company & Continuity of service	
	Long- term commitment	
	Corporate resources	
	Years in business	

Please note that respondents must achieve a 75% overall scoring or greater. Any respondents that do not meet this rating will not be considered for further evaluation and consideration.

2.7 REFERENCES

Respondents must provide a minimum of three (3) references where they have successfully implemented similar equipment and provided similar services. The proposal must address reliability, service provisions as well as contain the following information for each reference provided, (1) agency name; (2) complete address; (3) contact person and telephone number (4) size and project scope of each reference.

Health PEI will not enter into a contractual agreement with any respondent whose references are found to be unsatisfactory.

2.8 SUMMARY

After examining the mandatory proposal requirements and considering the project scope, the respondent is asked to provide a quotation on these goods and services with prices to be quoted in Canadian Dollars. Taxes are to be quoted separately.

Signature of Bidder _____

Date_____

3 APPENDICES

3.1 Appendix 1 – Proposal Acknowledgement and Authorization Form

**PROPOSAL ACKNOWLEDGMENT AND AUTHORIZATION FORM
FOR PROPOSED CLINICAL CYTOLOGY/PATHOLOGY/HEMATOLOGY MICROSCOPES BY
HEALTH PEI, PRINCE EDWARD ISLAND**

The undersigned hereby acknowledges that he/she, as an officer of the stated corporation, has read and understands the specifications, requirements, and proposed agreement regarding the purchase of 4 Clinical Cytology/ 1 Pathology/ 1 Hematology Microscopes by Health PEI, Prince Edward Island. He/she further acknowledges that the seller's proposed equipment, materials, and services fully meet or exceed those as specified in the Corporation's Request for Proposal # ___ dated _____. Additionally, the respondent agrees that all its proposal documents and responses to the aforementioned RFP will, at the option of the Health PEI, become a legally binding and essential portion of the final contract between the successful respondent and Health PEI.

Signature: _____

Name: _____

Title: _____

Phone No.: _____ Fax No.: _____

E-mail: _____

R.F.P. Contact Name (if different from above):

Title: _____

Phone No.: _____ Fax No.: _____

E-mail: _____

E-mail will be the preferred mode of communication for additional information to be exchanged with respondents.

3.2 Appendix 2 – Full Disclosure of Financial Contribution Form
(Mandatory that this be completed and returned with submission)

HEALTH PEI
FULL DISCLOSURE OF FINANCIAL CONTRIBUTION FORM
(Please Attach Full Details to This Appendix)

Respondent:

Covering Period From: November 1st, 2014 until November 1st, 2015

Type of Funding	Hospital	Department	Recipient	Estimated Market Value
Capital Equipment				
Seminars				
Respondent Sponsored Off Site Hospital Visits				
Supplies				
Educational Support				
Research Support (ie) * Drug Trials * Projects * Publications * Other				
Major Donations				
Other Funding				
TOTAL				

HEALTH PEI
FULL DISCLOSURE OF FINANCIAL CONTRIBUTION

We, the undersigned company, represent we are a vendor of products, equipment, and/or services to Health PEI. As a privilege of conducting business with Health PEI, we agree to the following terms and conditions:

1. We understand and agree to comply with Health PEI Purchasing Policies.
2. We understand and agree to provide, in Appendix #2 of this document, a statement of full Funding Disclosure. This statement fully and accurately discloses all funding provided to any employee, staff member, or other individual of the Health PEI mentioned for the time period indicated. Necessary documentation detailing the type and level of funding is attached to Appendix #2. The time period to be reporting is for the past twelve months.
3. We understand and agree to provide a revised Statement of Full Disclosure at a minimum every 12 months or when a contract is renewed. The onus is on our company to ensure that this regular reporting is completed.
4. We understand and agree that failure to identify all funding support in this Statement of Full Funding Support may result in cancellation of any or all contracts in force with no penalty to Health PEI.

Respondent:

Address:

Period covered: From: _____ To: _____

(Note: Must cover at a minimum the past 12 months).

Signed: _____ Date: _____

Full Name: _____ Title: _____



REQUEST FOR PROPOSALS

Tender Number: 4209

Closing Date: Jan 8, 2016

Closing Time: 2:00PM

1. Check for changes to this request

Before submitting this proposal, visit the Procurement website or phone our office to see if any Addenda detailing changes have been issued on this tender. Changes may be posted up until the tender closing time. It is your responsibility to acknowledge and take into account **ALL** Addenda.

2. Give your business information (please print)

Name of Company: _____
(if you are not a registered company, give your name)

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Email Address: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____

HST/GST Registration Number (BN): _____ (leave blank if NOT applicable)

3. Follow any special instructions

The full RFP document is attached to this PDF.

4. Review the following documents, which will form part of your proposal

(All documents can be found on the Procurement Services website at <http://www.gov.pe.ca/tenders>)

○ [Atlantic Standard Terms and Conditions](#)

○ [Applicable Trade Agreements](#)

5. Acknowledge receipt of addenda (if any)

ADDENDUM	SIGNATURE
Addendum #1	
Addendum #2	
Addendum #3	

Were there more than 3 addenda for this proposal? YES NO

Indicate the number of additional Addendums you have received.

Please sign indicating that you acknowledge the additional addenda noted above

6. Sign your Proposal

I confirm that the information I provided on this proposal is complete and accurate and that I am authorized to sign on behalf of the company.

Name (please print): _____ Position or Title: _____

Signature: _____ Date: _____

7. Submit Proposal To:

PROCUREMENT SERVICES
95 Rochford Street
2nd Floor South, Shaw Building, Room 27
PO Box 2000, Charlottetown, PE, C1A 7N8
Telephone: (902)368-4040

Fax and E-mail submissions are not accepted.