

**Office of the Medical Superintendent, Guru Gobind Singh Medical Hospital, Faridkot**

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NO. MSO/Pur/2023/ 26076

Date:- 14/12/23

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**Sub:- Quotations for Purchase of Uroflow Meter System.**

Sealed quotations are invited for purchase of following items on the terms & conditions mentioned below:-

S. No.	Name of the item & Specifications	Qty
1	Uroflowmeter System for Urology	01 pc
<b>Specifications enclosed</b>		

**Terms & Conditions:**

- Payment : The payment of the material shall be released through RTGS/Cheque after satisfactory inspection report of the material by the Institution Inspection Committee.
- F.O.R : General Store, GGSMH, Faridkot.
- Rate : 1. Taxes (as applicable), if any, be mentioned separately in the quotation.  
2. The rates of taxes, be charged as per prevailing Govt. Notified Schedule.
- Quantity/Item : Quantity may increase or decrease as per requirement.
- Others : 1. The firm should have PAN No, GST No and Bank Account No.  
2. The material should meet standard in quality and as per mentioned specifications only.  
3. The final decision will be reserved to Medical Superintendent and consumer/concerned deptt.
- Penalty Clause : The supply should be made within stipulated time period failing in which 2% of late delivery charges will be incorporated on total amount for delay of 30 days and there after @4% for further delay.
- Validity of Rates: 6 months from the date of approval of the rate.
- Delivery Period: within 30 days
- Warranty/Garrantee: 02 Years or more ( Should be clearly mentioned)

**Note: Quotations received after due date will not be entertained and no communication in this regard will be done.**

Quotation should be submitted on the Letter Head of the company duly dated/signed and stamped.

You are therefore requested to quote your lowest rates of above items and submit Quotations addressed to "**The Medical Superintendent, Guru Gobind Singh Medical Hospital, Faridkot (Punjab)**". The words "**Quotations for Purchase of " Uroflowmeter System"**" may please be inscribed on top of the envelope.

The Medical Superintendent reserves the right to reject the quotations without assigning any reason.

The sealed quotations should reach this office on or before 04/01/2024 by 5.00 PM through **Registered/Speed Post/Traceable Courier** only.

Medical Superintendent

*[Handwritten Signature]*

# Specifications for uroflowmeter

1. Flow system should have weight based uroflow transducer.
2. The flow transducer should be provided with at least two graduated urine beakers for flow measurement.
3. Should have a flow range of 0-50 ml/sec with volume range of 0-1000 ml.
4. Uroflowmeter must be supplied with the micturition chair for voiding.
5. The Uroflowmeter sensor unit should be operable by wireless mode by control unit placed in another nearby room.
6. The Control Unit should include database software, uroflow software, viewing monitor, keyboard, mouse and PC based printer for printing report.
7. Should have the facility of wireless transfer of data using Bluetooth/RF Technology with automatic start, automatic stop of investigation and analysis by control Unit.
8. Should have auto-record and zero facility.
9. Sampling rate, reporting parameters and accuracy of the readings must be as per the ICS (International Continence Society) guidelines.
10. Report format must contain all the report parameters required for the uroflowmetry diagnosis like: Patient identifications, position of voiding, hesitancy, Voided Volume, Qmax, Avg. flow, total flow time.
11. Report format must contain required graphs for the report of uroflowmetry diagnosis like: a. Time vs Vmic (ml) b. Time vs Qura (ml/sec) c. ICS Nomogram curve for Qmax d. ICS Nomogram curve for Average flow.
12. The system must include all connection and power accessories required for full functioning of Uroflowmeter unit. All components must be ISO certified for the required medical use.