AMENDMENT NOTICE NO: BMSICL/PROC/EQPT/MC-001 dated 14th Jun 2012 against Tender No. BMSICL/2012-13/MC-002.

In order to financially evaluate each equipment separately, the price bid, for bidders quoting for more than one equipment shall be enclosed in separate envelope for each of the equipment quoted by the bidder as per the price schedule form.

The last date for sale of tender document has been extended to 27th Jun 2012 till 3.00 PM and the last date for submission of Bids is extended to 10th July 2012 till 11.00 AM. The Technical bids will be opened on 10th July 2012 at 2.00 PM.

Equipment	Existing clause	Amended Clause
Anesthesia Workstation	Ventillator should be electrically driven and should be ascending bellows type	Ventillator should be pneumatically/ electrically driven, electronically controlled with ascending bellow/bag in bottle type.
	Ventillator shall have large color display with touch screen user interface	Ventillator shall have a 15" color TFT display with touch screen user interface.
	Should have unlockable oxygen flush to deliver oxygen flow of approximately 40 L/m	Should have unlockable oxygen flush to deliver oxygen flow of > 30 L/m
	Drawers shall all have the ability to lock, and shall be easily removed for the purposes of cleaning and sterilisation	Drawers should not be lockable.
	Pipeline, cylinder and Airway pressures should all be displayed on colour coded gauges and be visible at all times during operation.	Pipeline and cylinder pressures should all be displayed on colour coded gauges and be visible at all times during operation and if displayed on ventilator monitor at all times during operation
	Should have locking of the front castors by a single central brake mechanism.	Should have facility of locking the front castors brake mechanism.
	The ventilator bellows shall be clearly visible and should ascend on expiration to provide a quick visual indicator for system leaks.	The ventilator bellows/bag shall be clearly visible by bellow/graph and provide a quick visual indicator for system leaks.
	Ventilator should be capable of ventilating diverse range of patient groups from neonates to patients with restrictive airways with tidal volume range between 20 ml to 1500 ml with single bellows system.	Ventilator should be capable of ventilating diverse range of patient groups from neonates to patients with restrictive airways with tidal volume range between 20 ml to 1600 ml with single bellows system/bag and bottle type. Should have optional tidal volume range of 10-1600ml for premature babies
	Measurement at the patient end of the circuit (sensor at the patient end) should be provided to compensate for small leakages and compressible volume variability that occur during	Measurement at the patient end of the circuit (sensor at expiratory and inspiratory end) should be provided to compensate for small leakages and compressible volume variability that

		range of 10-1600ml for premature babies
	Measurement at the patient end of the circuit (sensor at the patient end) should be provided to compensate for small leakages and compressible volume variability that occur during ventilation.	Measurement at the patient end of the circuit (sensor at expiratory and inspiratory end) should be provided to compensate for small leakages and compressible volume variability that occur during ventilation.
	User should be able to set their own password	Deleted
	Ventilator should have the ability to display and store Patient Spirometery loops including Flow-Volume and Pressure-Volume curves	Ventilator should have the ability to display and store Patient Spirometery loops/values including Flow/volume/ pressure curves
	Ventilator should also display waveforms/digital value for flow and airway pressure.	Ventilator should also display waveforms/digital value for flow and airway pressure and capnography.
	Monitor should have minimum 19" independent flat panel display with multi color touch screen user interface to ensure all parameters are visible simultaneously.	Monitor should have minimum 15" independent flat panel display with multi color touch screen user interface to ensure all parameters are visible simultaneously.
	Should have automatic identification and measurement of anesthetic agents, EtCo2, O2 and N2O and MAC value.	Should have automatic identification and measurement of anesthetic agents, EtCo2, O2 and N2O and MAC value in monitor/ventilator screen any of the two.
	EtCO2 should have both mainstream and side stream in one module.	EtCO2 should have both mainstream and side stream in one module in monitor/ventilator display
	Ventillator should have the ability to set hospital default as well as individual user preference for easy selection of ventilation parameters and include screen layout, alarm preferences and ventilation settings.	Ventillator should have the ability to set and store an individual user preference for easy selection of ventilation parameters, alarm preferences and ventilation settings.
	Apnea alarms must be user adjustable to allow for all operating conditions and phases during anesthesia	Apnea alarms must be available in manual/spontaneous mode and PSV mode of ventilation during phase of anesthesia.
	Should be US FDA approved	Should be CE/USFDA approved
Pulse Oxymeter	Should have plethysmographic wave form with numeric display for SPO2 and Heart rate on LCD/TFT display.	Should have plethysmographic wave form with numeric display for SPO2 and Heart rate on LCD/TFT display (6" or more).
	Should provide with adult reusable finger probe with technology from standard reputed companies..	Should provide with adult, paediatric and neonatal (button type) reusable finger probe with technology from standard reputed companies
Ventillator ICU	Ventillation modes	Add following modes to existing modes, PrVC/equivalent, Automode/equivalent, Apnea backup in Pressure and volume Control mode IBW Setting.

	Tidal volume - 200 – 2000 ML (Adult patient). a. 50 to 300 ML (Paediatric PC mode).	Tidal volume 20ml to 2000ml.
	Pressure - 0 – 100 cm H2O.	3. Pressure - 4– 80 cm H2O.
	Inspiratory Peak Flow - 4 – 100 1/min.	Inspiratory Peak Flow - 4 – 180 1/min.
	Minute volume - 1 – 30 1/min.	Minute volume - 1 – 30 1/min and can be set by respiratory and tidal volume
	Inspiratory pause - 0.1 – 5.5 sec.	Inspiratory pause - 0.1 – 2.0 sec.
	Monitor with LCD/TFT (10" or higher size) graphical display for real time simultaneous display of two waveforms. Should display minimum 3 graphs and 2 loops may not simultaneously	Monitor with > 12" TFT color touch screen for graphical display for real time simultaneous display of three (Pressure, Volume and Flow) waveforms . Must have provision for display of 3 waveform graph and 2 loops simultaneously.
	Features	Add following features: Monitor shall measure RSBI (Rapid shallow breathing index), P 0.1 (Tracheal Occlusion Pressure) dynamic compliance, airway resistance and auto PEEP Flow sensor shall have life time replacement warranty. Delivery of 100% oxygen for 3 minutes with a single button for pre and post suction management.
	Internal Battery (maintenance free) with 1 hour minimum operating time for the ventilator	Internal Battery (maintenance free) with 3 hour minimum operating time for the ventilator
Infusion Pump	3. Should have following flow rates	Delete Drops/min column.
Modular Multi parameter monitor	Should have high resolution minimum 12 inch active matrix LCD (TFT) display.	Should have high resolution minimum 12 inch touch screen display
	Each monitor to have onscreen, user help / support system to have single line prompt message to indicate function of the selected menu. An integral teaching program which provides systems operation via a paragraph oriented popup window format.	Deleted.
	Patient monitoring network shall be able to support up to 1,000 monitoring nodes.	Patient monitoring network shall be able to support monitoring nodes.
		Accessories: Reusable probes for SpO_2 (adult, neonate (button type) and paediatric 2 each) Reusable probes for $EtCO_2$, NIBP, IBP, ECG (adult and paediatric 2 each)

		Shall have 2 hrs battery backup.
	Standards: UL 2601-1 classified	Deleted
Syringe Pump	Flow rate programmable form 0.1 to 1000 ml/Hr or more in steps of 0.1 ml/Hr, with user selectable flow set rate option. Save last infusion rate even when the AC power is switched OFF	Flow rate programmable form 0.1 to 1000 ml/Hr or more in steps of 0.1 ml/Hr, with user selectable flow set rate option.
	Rechargeable Battery having at least 5~6 hour backup for about 5ml/hr flow rate with 50ml syringes. Larger battery life and indication of residual life will be preferred	Rechargeable Battery having at least 3 hour backup for about 5ml/hr flow rate with 50ml syringes. Larger battery life and indication of residual life will be preferred
	Mounting device/ Docking Station for two or four pumps as per requirement so as to enable to power up to 2-4 pumps with one power cord when mounted on IV pole. -01	Mounting device/ Docking Station for two or four pumps as per requirement d when mounted on IV pole. -01
Defibrillator	Should have external & internal paddles with paddles contact indicator – for good paddle contact.	Deleted.
Nasal Endoscope with FESS	Should be a single chip camera technology.	Full High definition 3 chip with 1920 X 1080 pixel with progressive scan technology
	Should have horizontal resolution of more than 450 lines	Deleted
	Should be supplied with 15" LCD/TFT monitor.	24" Full HD Monitor
	Telescope	Telescope (Length 18cm)
		4mm and 2.7 mm autoclavable 30° wide angle telescopes- 2 nos each
	Should be a halogen light source with minimum 250W light output.	Should be a LED light source with minimum 175/180W light output
	Should have two lamps of 250W and should have provision to change over in the event of failure from one lamp to another.	Deleted

Add Following FESS Instruments:

1. Bipolar coagulating forceps, insulated angular blunt with integrated suction channel, length 19 cm
2. Bipolar suction forceps 45° upturn, length 0.5 cm
3. Septum needle
4. Maxillary sinus osteum seeker double ended elevated double ended
5. Antrum Grasping forceps, jaws curved downward, fixed jaw, curved 90°, movable jaw opening upto 120°, backward opening, length 10 cm
6. Forceps cupped jaws, vertical opening 65°, upturn, length 12 cm.
7. Forceps cupped jaws, horizontal opening 65°, upturn, length 12 cm.
8. Biopsy and Grasping forceps with oval cupped jaws, length 12 cm.

9. Antrum punch, leftside downward and forward cutting, length 10cm.
10. Antrum punch, rightside downward and forward cutting, length 10cm
11. Antrum punch, right and left side backward cutting, length 10cm
12. Nasal cutting forcep, length 13 cm.
13. Suction punch straight and 30° upturn with suction channel, length 10 cm
14. Mushroom punch circular cutting sphenoid 18 cm length diameter 4.5 cm
15. Mushroom punch 65° upturn for frontal sinus/recess length 17 cm diameter 3.5cm
16. Biopsy and grasping forceps, vertical opening with 4 mm cupped jaws length 18cms.
17. Trocar and cannula for sinoscopy.
18. Should be quoted with appropriate Cautery machine CE/FDA approved.

Equipment	Existing clause	Amended Clause
Head Light with cold light source	Should use a Xenon light source 180/300W with spare lamp and should have provision to change over in the event failure of the primary bulb.	Should use a LED light source 175/180W with spare lamp.
Micromotor, Handpiece and Burr	NA	Add NASAL shaver handpiece.
	NA	Removable Blades 4 nos. 2 two straight and two curved
Dialysis Machine	Should have variable dialysate flow 350-800 ml/mt and should have increasing facilty to step up by 2o ml	Should have variable dialysate flow 200-800 ml/mt and should have increasing facility to step up by 20 ml
	Heparin pump with syringe sizes up to 50 ml with pump flow rate from 1-10 ml/hr(0.1 ml increments)	Heparin pump with syringe sizes 20-30 ml with pump flow rate from 1-10 ml/hr(0.1 ml increments)
	Should have integrated heat and chemical disinfection facility with both short and long disinfection programme with day knight week schedule	Should have integrated heat and chemical disinfection facility with one standard time
	Extra facilities like Blood Volume sensor, Bicart Select technique and online clearance kt/V	Extra facilities like Blood Volume sensor, Bicart Select technique and online clearance kt/V and Blood temperature monitor
	Ability to monitor pulse rate and NIBP with graphic and tabulated trends.	Ability to monitor pulse rate and NIBP
CRRT	Programmable Effluent Flow Rate : 60-10000 mL/Hr	Programmable Effluent Flow Rate : 0-6000 mL/Hr
	Able to perform SCUF, CVV, CVVHD, CVVDF, TPE	Able to perform SCUF, CVVH, CVVHD, CVVDF, TPE
	Clear touch screen TFT/LCD Monitor/menu driven soft keys	Clear touch screen/button operated TFT/LCD Monitor/menu driven soft keys
	Three weighing scales to control system with balancing accuracy of less than 1 % of total turnover in	Four weighing scales to control system with balancing accuracy of less than 1 % of total turnover in normal conditions

	normal conditions and weighing capacity of at least 0-20 kg.	and weighing capacity of at least 0-12 kg.
Upper GI Endoscope	NA	Add Foreign body removal forcep
Digital Radiography	The detector should be fixed type and move between horizontal and vertical positions.	The detector should be moving type, wireless and move between horizontal and vertical positions.
	Should be a horizontal table with carbon fiber table top of minimum 2000mmx720mm.59 with adjustable height	Should be a horizontal table with carbon fiber table top of minimum 1120mmx720mm or more with adjustable height
	Four 3 ton split AC for X-ray and work station room.	Four 2.0 ton split AC for X-ray and work station room.
Digital Mammography	Detector should be TFT Based Direct capture technology, with X ray absorption material of Amorphous Selenium, size of 24 x 29 cm.	Detector should be TFT Based Direct capture technology, with X ray absorption material of Amorphous Selenium/Cesium, size of 24 x 29 cm.
	Pixel size of the detector should be 90 micron or less.	Pixel size of the detector should be 100 micron or less.
	Spatial resolution 3.5Lp/mm	Spatial resolution 35Lp/mm
	Dual Medical Grade monitors with Display of 5 Mega pixel each (High definition)	Dual Medical Grade monitors with Display of 5 Mega pixel each (High definition) 19" or more
Portable x ray	mA range: 30 mA- 75 mA	mA range: 30 mA- 60 mA
	Rotating Anode tube. Anode speed 300 rpm, thermal capacity 40 KHU or better.	Stationary Anode tube. Anode speed 300 rpm, thermal capacity 40 KHU or better.
Ultrasound with Color Doppler	Should have multi frequency convex array probe 3-10 MHZ for paediatric Imaging.	Deleted
	The system should have a very high dynamic range of at least 200dB to pick up subtle echoes	The system should have a very high dynamic range of at least 170 dB and above to pick up subtle echoes
	Should have 15" or more high resolution TFT monitor with tilt and swivel facility and should be able to view in all angles and all light conditions.	Should have 15" or more high resolution TFT/LCD monitor with tilt and swivel facility and should be able to view in all angles and all light conditions.
Ultrasound machine (paediatric probes)	The system should have minimum 1500 or more digital processing channels and 256 or more grey shades.	Deleted.
DEXA	Multi Detector elements minimum 60 or more	Multi Detector elements minimum 16 or more
	BMD Analysis of AP Lumbar Spine, Lateral Spine, Proximal Femur, Forearm, Supine lateral BMD using integrated motorized rotating C arm, dual hip, whole body	**BMD Analysis** of AP Lumbar Spine, Lateral Spine, Proximal Femur, Forearm, Supine lateral BMD using integrated motorized C arm, dual hip, whole body composition of adult with

	composition of adult with sub-region analysis, and sub-region bone density, infant & pediatric whole body densitometry should be possible	sub-region analysis, and sub-region bone density, infant & pediatric whole body densitometry should be possible
Q Switched Nd-Yag LASER	Wave length: 1064nm/532 nm or mixed wavelengths and 1064 nm single/532 single	Wave length: 1064nm/532 nm
	Fluence : Upto 15 J/cm2	Fluence : Upto 12 J/cm2
	Pulse width: upto 3 nsec (+/-1)	Pulse width: upto 3 nsec to 6 nsec
	Dimensions(app) :20" (L), 20" (H), 15" (D)	Deleted
	Manufacturer should have ISO certification for quality standards.	Deleted
CO_2 Fractional LASER	Principal company should be present in India	Deleted
Intense Pulse Light	Handpieces: a. One dedicated for Hair removal. b. One dedicated for acne treatment. c. One dedicated for vascular treatment	Single handpiece with different filters
Nd-Yag LASER	NA	Item deleted (Schedule 111)
ESR Analyser	Reading Time: Maximum 20 to 30 sec/ sample	Reading time: maximum 20-30 minute
	Sample Volume: 50 microlitres	Sample volume: 1.0 to 2.0 ml
	Reading Temperature: 37° c	Reading Temperature: Room Temperature
	Correlation with Westergren Technique for blood collection in EDTA.	Deleted
Automated Cell Counter	Parameters to be measured are -WBC, LYM%, LYM, MON%, MON, GRA%, GRA, RBC, HGB, HCT, MCV, MCH, MCHC, RDW, PLT, MPV, PCT, PDW	Parameters to be measured are -WBC, LYM%, LYM, MON%, MON, GRA% (with neutrophil, easonophil and basophil with counts) GRA, RBC, HGB, HCT, MCV, MCH, MCHC, RDW, PLT, MPV, PCT, PDW
	Throughput > 60 samples per second.	Throughput > 60 samples per hour.
	Measurement Principle Electrical impedance method (WBC, RBC, HCT, PLT) Cyanmethemoglobin colorimetric method (HGB)	Measurement Principle : Specify Measurement Principle
	Linearity Ranges WBC 0.5-80.0 * 103/µL	Linearity Ranges WBC 400 * 10^3/µL
	Reproducibility (CV) WBC RBC HGB HCT PLT LYM% MON% GRA%	Reproducibility (CV) WBC RBC HGB HCT PLT LYM% MON% GRA% (with neutrophil, easonophil and basophil with counts)
	Thermal Printer	External Printer
	On board memory for about 200-250 tests records.	On board memory for about 10000 tests records or more.
	NA	Shall use Cyanide free reagents

	NA	LAN interface facility :Online data transmission facility through LAN to the Computer Network of the Hospital along with necessary software
Automated Clinical Chemistry Analyser	For analysis of serum, plasma, urine, cerebrospinal fluid (CSF), hemolysate and whole blood	For analysis of serum, plasma, urine, cerebrospinal fluid (CSF), hemolysate and whole blood for HbA1C
	A discrete patient prioritized automated random access clinical chemistry analyzer,For chemistries, immunoglobulins, drug assay etc. in blood/urine/fluid with ISE electrolyte analyzer (Na+,K+,Cl). Independent calibration of photometer and electrolyte analysts and an open versatile system	A discrete patient prioritized automated random access clinical chemistry analyzer,For chemistries, immunoglobulins, drug assay etc. in blood/urine/fluid with ISE electrolyte analyzer (Na+,K+,Cl, Ca, Bicarbonate, Mg). Independent calibration of photometer and electrolyte analysts and an open reagent system
	Through put:Minimum 600 test/hour without ISE test (350-400 tests with ISE). Continuous loading facility to be provided	Through put:Minimum 600 test/hour and ISE test (350-400 tests with). Continuous loading facility to be provided
	Wave Length Range:340 – 800 μμ with polychromatic correction	Wave Length Range:340 – 800 nm with polychromatic correction
	Computer specification :CPU Pentium IV 2.7 GHz and above;128/64 MB RAM;1.44 MB Floppy drive;80 GB Hard Disk Drive;High Speed DVD/CD Rom 52 X: Serial and parallel pOrts ;Keyboard (IOS) , Mouse and Mouse Pad;Preloaded latest MS Windows Versions;SVGA Monitor size 15";Inkjet printer;Modem 56K;latest anti-virus SOLOMAN & NORTON	Computer specification :CPU core i5, 2.7 GHz and above; 1 GB RAM;500 GB Hard Disk Drive; High Speed DVD/CD Rom 52 X: Serial and parallel ports ;Keyboard (IOS) , Mouse and Mouse Pad;Preloaded latest MS Windows Versions; SVGA Monitor size 15";Inkjet printer; Modem 56K;latest anti-virus SOLOMAN & NORTON
Semi Automated Coagulation Analyser	It should be compact and easy to operate automated 4 channel coagulation analyzer for analyzing upto 4 differential parameters simultaneously .	It should be compact and easy to operate automated single channel coagulation analyzer for analyzing upto 4 differential parameters .
	Parameters like PT , APTT , Fbg , TT and all factor assays should be possible on the coagulation analyzer	Parameters like PT , APTT , Fbg , TT, D-Dimer and all factor assays should be possible on the coagulation analyzer
	Start up reagents for 1000 tests.	Start up reagents for 250 tests each for PT , APTT , Fbg , TT, D-Dimer.
Blood Gas Analyser with Electrolyte	Essential Measured parameters; pH, pCO2, pO2, tHb, Barometric Pressure, Na+, K+, Ca++, Cl-, Bl urea and Sr Creatanine & Blood sugar. All these parameters should be measured simultaneously	Essential Measured parameters; pH, pCO2, pO2, tHb, Barometric Pressure, Na+, K+, Ca++, Cl-, . All these parameters should be measured simultaneously
	NA	Shall be provided with online UPS with one hour backup

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SKIN GRAFT MESHER	Cutting cylinder made of high tempered steel	Cutting cylinder made of high tempered steel mounted with 50 blades
	Width of grafts 8 cm (3.5") x 23 cm	Different width of grafts.
	Graft integrity is maintained by state of the art of meshing mechanism that meshes the graft by pinching the skin in diamond shape pattern.	Graft integrity is maintained by state of the art of meshing mechanism that meshes the graft by pinching the skin in diamond/V shaped pattern.
	The unique smooth operation of the ratchet handle makes the meshing effortless	The unique smooth operation of the ratchet handle/rotational drive makes the meshing effortless
Electric Dermatome	The dermatome should be compact and in a case with compartments for Dermatome unit, knife clamps, conducting cord, and power supply neck	The dermatome should be compact and in a case with compartments for Dermatome unit, knife clamps/reducing clamps, conducting cord, and power supply neck. Should work on rechargeable battery
Evoked Potential Machine	Standard program for routine electromyogram (EMG) recording motor unit potential (MUP) analysis, interference pattern analysis, single fiber EMG, jitter analysis, automatic computation wit display	Standard program for routine electromyogram (EMG) recording motor unit potential (MUP) analysis, interference pattern analysis, , automatic computation with display.
	Input impedance: 1000 mega ohms or more	Input impedance: 100 mega ohms or more
	Standard program for recording brain stem auditory evoked response, middle latency response and slow vertex response	Standard program for recording brain stem auditory evoked response, middle latency response, VEMP and slow vertex response
32 channel EEG	Should be PC based with minimum following PC specifications: Pentium IV, 512 MB DDR RAM, 160 GB HDD, CD/DVD RW, 17-25" LCD TFT Display, Key Board, Mouse and UPS	Should be PC based with minimum following PC specifications: core i5, 1GB DDR RAM, 160 GB HDD, CD/DVD RW, 17-25" LCD TFT Display, Key Board, Mouse and UPS
	Number of EEG Channels should be 32 with color coding,and another eight channels for Polygraphy. Also any two channels can be configured as Bipolar, AC or DC through software	Number of EEG Channels should be 32 with coding, including eight channels for Polygraphy. Also any two channels can be configured as Bipolar, AC or DC through software
	Standard programme for routine electromyogram (EMG) recording, motor unit potential (MUP) analysis, interference pattern analysis, single fiber EMG, jitter analysis	Standard programme for routine electromyogram (EMG) recording, motor unit potential (MUP) analysis, interference pattern analysis and VEMP
Neonatal Ventillator	Inspiratory Time: 0.1 – 3.10 seconds	Inspiratory Time: 0.1 – 3 seconds
	Trigger Mechanism: Flow triggering Mechanism detected by reusable hot wire flow sensor at the proximal end of the circuit	Trigger Mechanism: Flow triggering Mechanism detected by flow sensor of the circuit

	Ventillation Frequency: 0 to 255 BPM	Ventillation Frequency: 0 to 150 BPM
	It should have the following operating modes: Assist-control, SIMV/IMV, SIMV/PSV, flow cycled Assist-control, flow cycled SIMV, CPAP, PSV, Manual Breath, PEEP, Apnea backup ventilation with user selectable apnea time interval, etc.	It should have the following operating modes: Assist-control, SIMV/IMV, SIMV/PSV, CPAP, PSV, Manual Breath, PEEP, Apnea backup ventilation with user selectable apnea time interval, etc.
	The unit should have an auxiliary gas outlet port delivering blended gas for Nebulization during ventilation and for nasal CPAP function	The unit should have provision for Nebulization during ventilation and for nasal CPAP function.
	The ventilator should have built in digital monitoring facility to display important parameters like breath rate, patient initiated indicator (LED), minute volume, tidal volume (inspired and expired), percentage of tube leak, inspiratory time, expiratory time, I:E ratio, peak inspiratory pressure, mean airway pressure, peep incoming air pressure, incoming O2 pressure, hour meter and test.	The ventilator should have built in digital monitoring facility to display important parameters like breath rate, patient initiated indicator (LED), minute volume, tidal volume (inspired and expired), percentage of tube leak, inspiratory time, expiratory time, I:E ratio, peak inspiratory pressure, mean airway pressure, peep.
	The Ventilator should have easy color coded for control setting, alarm setting and monitoring panels for user friendly operation with electronic knob controls.	The Ventilator should have easy control setting, alarm setting and monitoring panels for user friendly operation with electronic knob controls.
	The unit should have audio visual alarm facility to prompt the user for improper / incompatible settings and also to indicate the following alarm conditions. Low PEEP, high breath rate, low Inspiratory pressure, high pressure limit, failed to cycle, low gas supply, low battery patient circuit, prolonged inspiratory pressure, flow sensor fault, Apnea, etc	The unit should have audio visual alarm facility to indicate the following alarm conditions. Low PEEP, high breath rate, low Inspiratory pressure, high pressure limit, low gas supply, low battery patient circuit, prolonged inspiratory pressure, flow sensor fault, Apnea, etc
	The unit should have an integral air oxygen blender with proper bleed facility for accurate blending of air and o2 and should have an auxiliary outlet to provide nebulisation as and when deemed necessary.	The unit should have an integral air oxygen blender with proper bleed facility for accurate blending of air and O_2)
Paediatric Ventillator	Should be a Microprocessor Volume Cycled Pressure Limited	Should be a Microprocessor based Pressure Limited
	Advanced modes – PVC, PC, PSV, SIMV/CPAP, Base Flow, Flow Trigger etc.	Advanced modes – PVC, PC, PSV, SIMV/CPAP, Flow Trigger etc.
	Should have built-in Noiseless compressor	Should have built-in/ External Noiseless Compressor.

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Automatic Chest Compressor	Pneumatically/Battery driven Mechanical External Chest compressor for delivering effective, uninterrupted and consistent chest compression at a rate of 100 compression/min and a compression depth of 4-5cm (approx. 2in It should have a 50%-50% compression/ decompression duty cycle.	Pneumatically/Battery driven Mechanical External Chest compressor for delivering effective, uninterrupted and consistent chest compression at a rate of 80 compression/min and a compression depth of 4-5cm (approx. 2in It should have a 50%-50% compression/ decompression duty cycle.

VIKAS PATIL