



MINISTRY OF HEALTH
PROJECTS MANAGEMENT UNIT

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Our ref.no: 55307/October 6th, 2017

To: All prospective bidders that received the Bidding Documents

Ref: Health Sector Reform - Improving Health System Quality and Efficiency Project - Loan No. 8362-RO. Procurement of radiotherapy equipment - ICB No. G/C1/3.2

Dear Mrs. /Mr.

Please find attached the following documents:

1. Amendment no. 2 to the Bidding Documents for Procurement of radiotherapy equipment – ICB No. G/C1/3.2, consisting of 3 pages that include the amended clause/technical specifications as a result of the responses given to the requests for clarifications received;
2. The responses to the clarification requests related to the provisions of the bidding documents – Clarification no. 1 (8 pages).
3. The CD – archive with updated drawings, radioprotection calculations, etc.

Due to the size, all the documents mentioned above will be sent only by e-mail to the address provided by your company.

Please confirm the receipt of the documents above and that you will take into account the provisions of the clarifications address no. 1 and amendment no. 2 to the Bidding Documents in preparing your bid.

Considering the provisions of amendment no. 1 and no. 2 and the clarification address no. 1, we are kindly inform you that the deadline for bids submission will be **October 17th, 2017, 12:00 hour's local time.**

Yours sincerely,

Ministry of Health – PMU

Mircea-Sorin Zaharcu,
PMU Interim Director



ROMANIA
Ministry of Health – Project Management Unit
Health Sector Reform - Improving Health System Quality and Efficiency Project
(HSRIHSQEP) - IBRD Loan No. 8362-RO

**AMENDMENT NO. 2 TO THE BIDDING DOCUMENTS FOR PROCUREMENT OF
RADIOTHERAPY EQUIPMENT – 5 LOTS - ICB NO. G/C1/3.2**

Under this addendum it is agreed that the provisions of the Bidding Documents shall be amended as follows:

Article 1: Section IX Special Conditions of Contract – clause GCC no. 13.1 the following provisions will be added:

“Delivery terms are CIP Final Place of Destination, i.e. List of final destinations, Romania, according to INCOTERMS 2010.

According to annex (g) “The completed Schedules (including Price Schedules)”, following dates are to be considered:

- Goods delivery date as per INCOTERMS: days after the date when the final beneficiary will obtain all legal licenses (construction and CNCAN) for the new equipment;
- Completion of all contractual obligations/acceptance date: days after the date when the final beneficiary will obtain all legal licenses (construction and CNCAN) for the new equipment.”

Article 2: Invitation for Bids – Procedure title.

Shall read: “Procurement of radiotherapy equipment - IFB No. G/C1/3.2 (3 lots)”

Instead of: “Procurement of radiotherapy equipment - IFB No. G/C1/3.2 (5 lots)”

Article 3: Section VII Schedule of requirement – 4. Specific information for the radiotherapy centers – general provisions

Shall read: “All needed works (incl. radioprotection upgrades for door, walls, etc., if needed) for proper installing in accordance with national legislation, international recommendations, manufacturer’s requirements for full and safe operating of the equipment offered, must be included within the bid price for each of the 3 lots”

Instead of: “All needed works (incl. radioprotection upgrades for door, walls, etc., if needed) for proper installing in accordance with national legislation, international recommendations, manufacturer’s requirements for full and safe operating of the equipment offered, must be included within the bid price for each of the 5 lots”

Article 4: Section II. Bid Data Sheet (BDS) - ITB 1.1.

Shall read:

“The name of the ICB is: **Procurement of radiotherapy equipment.**

The identification number of the ICB is: **G/C1/3.2**

The number and identification of lots (contracts) comprising this ICB is:

LOT I: Radiotherapy equipment for Emergency County Clinical Hospital Craiova, consisting of:

- Level 2 Dual energy linear accelerator (LINAC – 6MV and 10 MV);
- CT simulator (CT);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (one for LINAC and one for CT simulator);
- Complete set of dosimetry;
- Additional civil works required to achieve the objectives of the project.

LOT II: Radiotherapy equipment for Municipal Hospital Oradea, consisting of:

- Level 2 Dual energy linear accelerator (LINAC – 6MV and 15 MV);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (one for LINAC and one for CT simulator);
- Upgrade to level 2 dosimetry;
- Additional civil works required to achieve the objectives of the project.



LOT III: Radiotherapy equipment for Oncological Institute "Prof. Dr. Ion Chiricută" Cluj Napoca, consisting of:

- Level 1 Dual energy linear accelerator (LINAC – 6MV and 10 MV);
- CT simulator (CT);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Upgrade of the existing TPS/CS and R&V system, linked to Varian infrastructure (e.g. LINAC) must be upgraded to the latest and newest version or replaced by adequate other equipment, assuring full connectivity and functionality with existing VARIAN and new equipment (e.g. LINACs, RT CT simulators, lasers, etc.)
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (fully compatible with on site CIVCO – (one for the new LINAC and one for the new CT simulator);
- Complete set of dosimetry;
- Additional civil works required to achieve the objectives of the project.

Bidders are invited to bid for all or any of the lots.

Evaluation will be done on a lot-by-lot basis. Incomplete lots will be rejected.”

Instead of:

“The name of the ICB is: **Procurement of radiotherapy equipment.**

The identification number of the ICB is: **G/C1/3.2**

The number and identification of lots (contracts) comprising this ICB is:

LOT I: Radiotherapy equipment for Emergency County Clinical Hospital Craiova, consisting of:

- Level 2 Dual energy linear accelerator (LINAC – 6MV and 10 MV);
- CT simulator (CT);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (one for LINAC and one for CT simulator);
- Complete set of dosimetry;
- Additional civil works required to achieve the objectives of the project.

LOT II: Radiotherapy equipment for Municipal Hospital Oradea, consisting of:

- Level 2 Dual energy linear accelerator (LINAC – 6MV and 15 MV);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (one for LINAC and one for CT simulator);
- Upgrade to level 2 dosimetry;
- Additional civil works required to achieve the objectives of the project.

LOT III: Radiotherapy equipment for Municipal Emergency Clinical Hospital Timișoara, consisting of:

- Level 1 Dual energy linear accelerator (LINAC – 6MV and 10 MV);
- CT simulator (CT);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (one for LINAC and one for CT simulator);
- Complete set of dosimetry;
- Additional civil works required to achieve the objectives of the project.

LOT IV: Radiotherapy equipment for Oncological Institute "Prof. Dr. Ion Chiricută" Cluj Napoca, consisting of:

- Level 1 Dual energy linear accelerator (LINAC – 6MV and 10 MV);
- CT simulator (CT);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Upgrade of the existing TPS/CS and R&V system, linked to Varian infrastructure (e.g. LINAC) must be upgraded to the latest and newest version or replaced by adequate other equipment, assuring full connectivity and functionality with existing VARIAN and new equipment (e.g. LINACs, RT CT simulators, lasers, etc.)
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (fully compatible with on site CIVCO – (one for the new LINAC and one for the new CT simulator);
- Complete set of dosimetry;
- Additional civil works required to achieve the objectives of the project.



LOT V: Radiotherapy equipment for County Clinical Hospital Mures, consisting of:

- Level 2 Dual energy linear accelerator (LINAC – 6MV and 10 MV);
- CT simulator (CT);
- Treatment planning system/contouring station (TPS/CS) – 2/2;
- Record and verify system (R&V) – 5 work stations with all licenses;
- 2 sets of immobilization system (one for LINAC and one for CT simulator);
- Complete set of dosimetry;
- Additional civil works required to achieve the objectives of the project.

Bidders are invited to bid for all or any of the lots.

Evaluation will be done on a lot-by-lot basis. Incomplete lots will be rejected.”

Article 5: Section II. Bid Data Sheet (BDS) - ITB 19.1.

Shall read:

“A Bid-Securing Declaration is not accepted

A Bid Security is required.

Bid shall include a Bid Security (issued by bank) in the form of a Bank Guarantee using the form included in Section IV Bidding Forms.

The amounts and currencies of the Bid Security for each of the 3 (three) lots shall be: **EUR 50,000** (fifty thousand Euro) *or* **RON 230,000.00** (two hundred thirty thousands RON).

In the case of a bid covering multiple lots the bid security amount must be not less than the total of the required bid security amounts per each lot, as covered by the bid.”

Instead of:

“A Bid-Securing Declaration is not accepted

A Bid Security is required.

Bid shall include a Bid Security (issued by bank) in the form of a Bank Guarantee using the form included in Section IV Bidding Forms.

The amounts and currencies of the Bid Security for each of the 5 (five) lots shall be: **EUR 50,000** (fifty thousand Euro) *or* **RON 230,000.00** (two hundred thirty thousands RON).

In the case of a bid covering multiple lots the bid security amount must be not less than the total of the required bid security amounts per each lot, as covered by the bid.”

Article 6: Invitation for Bids – para. 7.

Shall read: “All bids must be accompanied by a *Bid Security* for each of the three lots shall be in amount of: **EUR 50,000** (fifty thousand Euro) *or* **RON 230,000.00** (two hundred thirty thousands RON).”

Instead of: “All bids must be accompanied by a *Bid Security* for each of the five lots shall be in amount of: **EUR 50,000** (fifty thousand Euro) *or* **RON 230,000.00** (two hundred thirty thousands RON).”

Article 7:

All provisions, requirements, information related to LOT III: Radiotherapy equipment for Municipal Emergency Clinical Hospital Timișoara and LOT V: Radiotherapy equipment for County Clinical Hospital Mureș **will be deleted.**

All other parts, clauses and provisions of the original Bidding Documents that are not amended as per the articles above and the provisions of the Amendment no. 1 and 2 shall remain valid and unchanged.

-----**END OF DOCUMENT**-----



CLARIFICATIONS NO. 1

Bidding Documents ICB No. G/C1/3.2 "Procurement of radiotherapy equipment – 5 lots" dated August 17th, 2017

1. **Q.** Three sites: Craiova, Timisoara and Targu Mures have currently in clinical use equipment from the same producer "...". These systems according to the tender book need to be removed by the potential bidders According to the Law NSR 12 imposed by CNCAN Chapter 26 the decommissioning of those clinically used Linacs can only be done by a single Authorized Company, here "...".

Since, "*potential bidder*" or "*potential bidder*" cannot decommission these systems we are forced to ask "*potential bidder*" to give us financial offer for such work.

This act immediately influences our financial bid according to chapter 4. 2 point d) of the Bidding Procedure. Since this is not in accordance with the procurement procedure we kindly ask you to remove this decommissioning request from the tender procedure and leave it to local Hospitals to manage and take out this obligation from the tender book.

For a "*producer*" installed and in clinical use at IOCN this problem does not occur since "*producer*" is not of the bidders. Such a constellation will not influence the final price of this LOT.

We hope that you agree with such a proposal, having in mind that no relation between bidders is allowed.

A: In accordance with the bidding documents actual linear accelerators and/or CTs will be decommissioned by the beneficiary units. Please see Section VII "Schedule of requirements" – point 4 "Specific information for the radiotherapy centers" - before the table "Bunkers conditions – Synthesis" the following specific information (page no. 122): "For four of the five sites, except Municipal Hospital Oradea, actual linear accelerators and/or CTs will be decommissioned by the beneficiary units of the new equipment before starting the rehabilitation works needed for a proper installation of the new equipment".

The information presented in Section VII "Schedule of requirements" – point 4 "Technical specifications for all the radiotherapy equipment" - table "Procurement of equipment – Centralizer" it is just a synoptic table, general view of all 5 sites and includes details to be considered by the potential bidders, respectively that linear accelerators and/or CTs must be decommissioned.

2. **Q.** Due to the planned visits to 5 sites next week, please, confirm that the deadline for any clarification regarding additional site refurbishment works and specific requirements will be postponed until September 19th, 2017. For other clarifications the deadline remains September 12th, 2017.

A: As a general remark, PMU will respond to any request for clarification received no later than twenty-one (21) days prior to the deadline for submission of bids and after this date, if the clarification requests affect the procurement process as we did before. In this case an accurate assessment of the work needed to be executed at each of the five sites it is an important part of the procedure and all requests were cumulated within the present clarification address.

3. **Q.** Due to legal obligations and restriction for start of construction works on any site that involve concrete molding outside of the bunker walls, please accept as a starting date of contractual obligation the date when the local hospital will have the construction license from the authority and the CNCAN license for new equipment implementation in place.

Considering the date of the contract signature as starting date cannot be seen as valid since any work on bunkers is illegal if done without the presence of proper licenses issued in the name of the respective hospital. IN any case we are supporting the local hospitals to obtain the necessary licenses.

A: Accepted. The contract provisions will be revised accordingly. Please see article no. 1 of the amendment no. 2 to the bidding documents.

4. **Q.** Please confirm that the administrative eligibility list of projects needed according with ITB 36 Point 3 article a) qualification requirement used in the first tender ICB: G/C1/3.1 can be used also for this tender G/C1/3.2.

A: Yes. We confirm.



5. Q. The requested technical specification for the Treatment Planning/ Contouring System at Item I.3: LEVEL 2 TPS/CS page 140 mentions also the IMRT functionality in the form of Step and Shoot, Dynamic Planning.

The technical specification for the linear accelerator for the same LOT does not inquire any IMRT delivery capability, which makes the TPS IMRT functionality redundant.

Please clarify, whether the linear accelerator shall also deliver IMRT or take out the TPS requirement of IMRT for this lot.

A: The quality of the RT treatment delivery for patient is our most important and final goal. In the case of LEVEL2 equipment minimum requirements in accordance with chapter "FUNCTION DESCRIPTION" the offered TPS must be capable of being upgrade to DART, IGRT, IMRT, latest modalities. Considering this, it is highly recommended that the upgrade (implementation) of the DART, IGRT, IMRT, latest modalities to be done swift and with minimum impact on clinical workflow in the RT department considered. In this respect, all the TPS offered must be capable of step and shoot and dynamic (or sliding window) MLC. This technical specification was present in the first round of the tender, also.

6. Q. After carefully analyzing the bidding documents for the procurement of radiotherapy equipment, in accordance with sub-clause ITB 7.1, we kindly ask you to accept the revision of the following technical requirement from Lot. III Radiotherapy equipment for Municipal Emergency Clinical Hospital Timisoara Item III.2 CT simulator, "UPS: on line UPS with batteries for the backup of the entire computational system for at least 15 minutes" into

"UPS system designated to ensure backup, to allow the images to be saved. UPS for moving the table in order to safely evacuate the patient which might be under examination at a given time or an equivalent solution to safely evacuate the patient".

This request is in line with the wording used for Lot I – Emergency County Clinical Hospital Craiova, Lot IV - Oncological Institute "Prof.Dr. Ion Chiricuta" Cluj-Napoca and Lot V - County Clinical Hospital Mures.

A: Please see articles 2 to 7 of the amendment no. 2 to the bidding documents.

7. Q. With reference to BDS - ITB 11.1 (g), please clarify what "administrative – eligibility documentation" represents by reference to ITB 11

A: Such documents that are not part of the technical proposal and financial proposal; e.g. financial statements; documents proving the fulfilment of the qualification requirements; certificates; company administrative documents, etc.

8. Q. With reference to BDS - ITB 11.1 (g) and ITB 11.1 (j), please confirm that, if a bidder participates to more than one lot, all bid documents except for "administrative – eligibility" documentation must be submitted separately for each lot

A: Yes. The supporting documents (manuals, brochures, etc.) referred to as a reference for multiple lots can be transmitted in one original and one copy.

9. Q. With reference to BDS - ITB 1.1., please clarify what "incomplete lots" signifies. In order to avoid any misunderstanding, please clarify whether, in a practical case where a bidder participates to two lots, if the bidder fails to submit all bid documents (except for "administrative – eligibility" documentation) separately for each of the two lots, the lot lacking the full bid documents (except for "administrative – eligibility" documentation) shall be deemed incomplete.

A: "incomplete lots" means that the bid does not cover all the requested goods; e.g. Complete set of dosimetry not included in the technical and financial proposal.

10. Q. In case the bidder intends to subcontract part of the contract, please specify if this intention and the information detail of the subcontractors have to be expressed in the Bid.



A: No. Except the information related to the local agent/s for provision of after sales services and the company that will execute the civil works.

11. Q. With reference to Lot No. 1 Emergency County Clinical Hospital Craiova, regarding the bunker door, we would like to propose the Authority a solution for replacing the hinges mechanism by a sliding one, therefore we are kindly requesting your approval herein

A: Any of the mechanical support and drive system solutions are considered acceptable if they comply with the legislation and recommendations in the field and considering also the maintenance period.

12. Q. With reference to Lot No.3 Municipal Emergency Clinical Hospital Timisoara, please provide us the drawings of the new bunker that will be built by local County Council on Municipal Hospital courtyard.

A: Please see articles 2 to 7 of the amendment no. 2 to the bidding documents.

13. Q. With reference to all lots please provide us the radioprotection calculations of the bunkers

A: Please see attached the CD – archive with additional supporting documents (incl. radioprotection calculations).

14. Q. After our visit to TarguMures radiotherapy department we have investigated all possible scenarios about the refurbishment of the existing bunker where currently “potential name” system is installed and in clinical use.

We have concluded following situation:

Between the control room and the treatment room (bunker) there is a vertical difference compared to the ground parking level of about more than 1 m. On a such short distance the staff cannot transport patients on a stretcher, especially if the shift consists of female technologists.

The entrance door has a size of less than 1 m width. It is impossible for any current system especially for the new ones (subject of the current tender) to pass through such small entrance. The height of all corridors due to the fact that they are in the basement of an old building is about 1,8 m, which is not compliant to the new hospital recommendations. The width of such crucial space for communication in between department areas is also less than 2 m, which is also not in accordance with the technical sanitary requirements.

The simple stretcher cannot be turned in such restricted space. Introduction of heavy sick patients for treatment with the stretcher is impossible. Also from fire protection perspective such limited areas are impossible to protect from fire outbreaks.

At the same time existing holes connecting the bunker with the control room through which existing cables are placed are full of water that penetrates bellow foundation and from sides due to the lack of hydro isolation.

In order to remove the old existing system that one needs to be cut in pieces.

On the other hand, the installation of the new modern system can be done only through a sidewall hole that needs to be opened and than afterwards closed.

This is just one part of the work that technically requires lot of risk since sophisticated collimators nowadays do not support dust that will be created in huge volume during such works.

We talk here about the removal of 2 m width concrete wall and rebuilding of a new one.

Even if this will be done, the existing bunker will need extra shielding in all directions especially on the roof.

This is due to the fact that the required new systems should deliver modern techniques which allow higher patient loads and extra shielding's that can achieve even 2 TVL's in some direction.



16. Q. Section VII, Item I.3: LEVEL 2 TPS/CS, page 141, Connectivity:

Connection to DICOM imaging systems (e.g. CT, MRI, PET, Cone Beam CT, etc.);

- Full DICOM connectivity for import and export of images, dose plans, structured, registration, etc.;
- System must be fully DICOM compliant (all DICOM services options for DICOM 3.0 and DICOM RT, including import, export, printing, archive, store (e.g. dose plan, structure, image, etc.) to assure complete functionality with equipment offered and equipment existing on site (see SITE SPECIFIC INFORMATION). DICOM compliance statement must be provided;
- IHE RT profile is preferred.

And

Section VII, Item I.4: LEVEL 1, 2 R&V SYSTEM, page 143 Connectivity:

- It must have full control of parameters, including MLC, imaging systems;
- System must be fully DICOM compliant (all DICOM services options for DICOM 3.0 and DICOM RT, including: work list, printing, archive, store, export, import, etc.) to assure complete functionality with equipment offered. DICOM compliance statement must be provided;
- The system capability to be interfaced and connected to Hospital Information System (HIS) or having HL7 compatibility with all licenses needed is recommended;
- Electronic medical record

We kindly ask you to confirm that the offered systems are requested to provide full connectivity and data transfer to all equipment existing already on site, including brachytherapy systems.

A: [The requirements are not mandatory, but they are recommended](#)

17. Q. Section VII, Item II.2: LEVEL 2 TPS/CS page 156, Conectivity and Item II.3: LEVEL 1, 2 R&V SYSTEM, page 157

- It must have full control of parameters, including MLC, imaging systems;
- System must be fully DICOM compliant (all DICOM services options for DICOM 3.0 and DICOM RT, including: work list, printing, archive, store, export, import, etc.) to assure complete functionality with equipment offered. DICOM compliance statement must be provided;
- The system capability to be interfaced and connected to Hospital Information System (HIS) or having HL7 compatibility with all licenses needed is recommended;
- Electronic medical record

We kindly ask you to confirm that the offered systems are requested to provide full conectivity and data transfer to all equipments existing already on site, including brachytherapy systems

A: [The requirements are not mandatory, but they are recommended](#)

18. Q. Section VII, Item III.3: LEVEL 1 TPS/CS page 175 and Item III.4: LEVEL 1, 2 R&V SYSTEM page 176

- It must have full control of parameters, including MLC, imaging systems;
- System must be fully DICOM compliant (all DICOM services options for DICOM 3.0 and DICOM RT, including: work list, printing, archive, store, export, import, etc.) to assure complete functionality with equipment offered. DICOM compliance statement must be provided;
- The system capability to be interfaced and connected to Hospital Information System (HIS) or having HL7 compatibility with all licenses needed is recommended;
- Electronic medical record

We kindly ask you to confirm that the offered systems are requested to provide full conectivity and data transfer to all equipments existing already on site, including brachytherapy systems.

A: [The requirements are not mandatory, but they are recommended](#)



19.Q. Section VII, Item IV.3: LEVEL 1 TPS/CS page 196 Connectivity and Item IV.4: LEVEL 1, 2 R&V SYSTEM, page 198

- It must have full control of parameters, including MLC, imaging systems;
- System must be fully DICOM compliant (all DICOM services options for DICOM 3.0 and DICOM RT, including: work list, printing, archive, store, export, import, etc.) to assure complete functionality with equipment offered. DICOM compliance statement must be provided;
- The system capability to be interfaced and connected to Hospital Information System (HIS) or having HL7 compatibility with all licenses needed is recommended;
- Electronic medical record

We kindly ask you to confirm that the offered systems are requested to provide full connectivity and data transfer to all equipment existing already on site, including brachytherapy systems.

A: [The requirements are not mandatory, but they are recommended.](#)

20. Q. Section VII, Lot III, Item III.1: Level 1 Dual energy linear accelerator (LINAC), page 166, Other specs:

The target to axis distance should be 100 ± 0.1 cm

The target to axis distance is a nominal mechanical parameter, which in 'producer name' LINACs can differ between different machines up to 0.2 cm, mechanically this is a tolerance of 0.2%.

This mechanical tolerance does not affect the accuracy of the dose delivered to the patient.

Given the specific clarification, as answered to question nr 23 in the first round of this tender (document: 2.1 Clarification address_answers_no. 1_ICB_GC1 3.1 RT_29.05.2017 pdf, sent on 29.05.2017), kindly accept to change the tolerance of this parameter to : „The target to axis distance should be 100 ± 0.2 cm;”

A: [Please see articles 2 to 7 of the amendment no. 2 to the bidding documents.](#)

21. Q. Section VII, page 122

For four of the five sites, except Municipal Hospital Oradea, actual linear accelerators and/or CTs will be decommissioned by the beneficiary units of the new equipment before starting the rehabilitation works needed for a proper installation of the new equipment.

and

Section VII, page 128 Procurement of equipment – Centralizer

Please confirm that the beneficiary of the new units (hospitals) are fully responsible for decommissioning of the machines existing on site

A: [Please see the answer to question no. 1.](#)

22. Q. Section VII, Item III.1: Level 1 Dual energy linear accelerator (LINAC), page 164, ROBOTIC POSITIONING SYSTEM FOR PATIENT SETUP

The couch shall be adapted for IGRT. The system shall support robotic couch 6-degree correction for high-precision patient setup for stereotactic radiosurgery applications throughout the body. Table top should allow patient positioning in 3 linear directions and 3 angular movements

Given the development of robotics technology to our IGRT imaging system (fully remotely controlled imaging arms) we as introduced the stereotactic capability to our linacs with remotely controlled robotic couch including the high precision imaging supported by calculation of positioning errors in software in 6D translated to 4D shifts. Therefore, we kindly ask you to also accept the robotic couch with 4 degrees correction in combination with 6d robotics imaging system.

A: [Please see articles 2 to 7 of the amendment no. 2 to the bidding documents.](#)

23. Q. Section VII, Item IV.1: Level 1 Dual energy linear accelerator (LINAC), page 185-186 ROBOTIC POSITIONING SYSTEM FOR PATIENT SETUP



The couch shall be adapted for IGRT. The system shall support robotic couch 6-degree correction for high-precision patient setup for stereotactic radiosurgery applications throughout the body. Table top should allow patient positioning in 3 linear directions and 3 angular movements

Given the development of robotics technology to our IGRT imaging system (fully remotely controlled imaging arms) we as "*producer name*" introduced the stereotactic capability to our linacs with remotely controlled robotic couch including the high precision imaging supported by calculation of positioning errors in software in 6D translated to 4D shifts. Therefore, we kindly ask you to also accept the robotic couch with 4 degrees correction in combination with 6d robotics imaging system.

A: Please provide written/electronic format documentation regarding this topic in order to be analysed by Technical Working Group, including comparative study of patient 3D positioning (incl. accuracy and precision) between 6D and 4D / software 6D robotic couch for specific applications.

24. Q. Section VII, Item III.4 (page 176), LOT III – Radiotherapy equipment for Municipal Emergency Clinical Hospital Timișoara, Requested Functions:

Medical oncology charting;

Please confirm if "medical oncology charting" used in medical oncology department is a mandatory request and kindly ask you to accept "Radiation therapy charting" as the function preferred in the Radiation Therapy Department as a replacement to initial statement

A: Please see articles 2 to 7 of the amendment no. 2 to the bidding documents.

25. Q. After the site visit we performed yesterday at Municipal Hospital Timisoara we were faced with a strange situation, which requires your kind attention and clarification.

When we declared that we need to measure and check the current bunker hosting the "*producer name*" system, local personal including chief Dr. Dema suggested that we talk to PMU.

They declared that it was stated during the last week meeting with potential bidders Varian, Siemens, GE, PMU and the WB representative, that the new system will be installed in a brand new bunker, which will be built by local authorities.

They showed to us FS for the new bunker, consisting of about 450 square meters space and which will be attached to the current RT facility. They assured us that they have all permissions from local authorities to build it, approval of certain funds from County and Municipality for this construction.

We do not know how to proceed and which bunker to take into account for future system installation.

At the same time we all face following facts and situation that need to be clearly stated:

The current bunker has a system inside, which is fully operational and currently treats about 70 patients/day. If we consider all localizations and type of treatments, it will allow the department to treat about 100 patients/month.

In the case that the old bunker will be used, the currently operating system will need to be decommissioned, which is not ideal, having in mind the fact that it works well.

With optimistic approach, minimum 600 – 700 patients in the period of 6 - 7 months before new system will get clinical license will remain without treatments. This is something that MOH and hospital cannot allow and effort. However, this number may rise due to possible construction period extension.

The new system of high financial value, having all modern and current treatment options as per tender book will need to be installed in the old space, which is already having radiation protection problems around the outside walls and roof.



Due to implementation of future IMRT and VMAT treatments, it will be necessary to add at least 1 TVL on secondary and minimum 2 TVL on the primary roof.

Measured instant values in certain points outside of bunker as well restriction of personal movement around and inside RT departments confirms our statement.

Additional shielding means additional expenses. Also the entrance doors that are of swing type with two equal wings will need exchange although the maze is quite long and solid.

The FS study that we have seen for the new bunker and department extension has basic bunker proposal that needs to be changed if locals want to stick to current tender book requirements with maximum energy of 10 MV and IMRT and VMAT treatments.

As of now, the 1,5 m equally thick walls will not assure proper radiation protection of the primary beams. For that purpose extra 2 TVL are missing on the primary walls.

Since, we talk here about FS study, there is time to change and implement this requirement in the new project plan. This is very important and we highly suggest that this needs to be taken into account.

Like in the case of previous sites, we did not receive any information and drawings of vertical transverse cross sections.

It is mandatory to have them, so, once again we kindly ask PMU to provide these drawings to us.

It is impossible to make correct estimation of refurbishment costs without this basic information. We are still waiting for these section drawings for all 5 sites.

Having in mind that the estimated budget for existing bunker refurbishment is significant and that the cost of a new bunker construction should not exceed double of this value we suggest, like in the case of Baia Mare, PMU together with WB should allow minimum 6 months time to Hospital to build a new bunker.

Such action makes full sense especially after local authorities approved such project and secured financing according to information we were given by hospital manager.

In any case we need to know what we are requested to offer. It is important that both vendors have same idea and equal task otherwise we may face different costs in civil works that influence highly the final bid.

We also think that the PMU should extend tender validity and postpone closing date.

In the last clarification we requested minimum of two weeks. This extension should be enough also to clarify situation in Timisoara.

A: [Please see articles 2 to 7 of the amendment no. 2 to the bidding documents.](#)

-----**END OF DOCUMENT**-----

