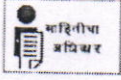


Negative Pressure Wound Closure System

Technical Specifications of Negative pressure Wound Therapy System

- It should provide controlled, localized sub-atmospheric pressure in continuous or intermittent mode to help draw wounds closed allowing tissue decompression and enhanced blood flow
- It should provide closed, moist wound healing environment & promote granulation tissue formation through promotion of wound healing
- It should promote flap and graft survival
- It should have dressing system made up of soft open cell reticulated polyurethane foams with pore size 400-600microns.
- The system should be able, to be used on heavily exudation wounds of various sizes and shapes to deal with like trauma wounds, Partial Thickness burns, chronic wounds, diabetic foot, open abdomen, sternal infections etc.
- Should have disposable canister with bacteria filter & waste solidifier and should have minimum of 300ml capacity.
- The system should have digital display screen with screen lock facility for unauthorized handling and should be able to operate on Fingers and Stylus.
- Should have sophisticated alarms for safety and troubleshoot, should be portable & light weight not more than 1 kg.
- It should have microprocessor controlled pressure (-25-200mmHg) settings with steps of 25mmHg to efficiently treat entire range of wound etiologies & sizes
- It should be electrically operated and have atleast 12-18 hours internal battery backup for enhanced patient freedom
- Unit should have patient mode and surgeon mode setting to prevent unauthorized use by patient
- Have Case to be easily carried by patient.
- Can be used in Ambulatory set up beside hospital and homecare setting
- It should be able to monitor and It should have the capability to alert the user of tubing blockage, pressure leakage, canister full, therapy inactive or any malfunctioning to maximize patient safety
- The system should operating under 100V to 240V (50/60Hz) Power supply
- The System should have night mode facility - to minimize the disturbance to the patient because when the night mode is active then ON-OFF Switch light will be dim and screen will be black.
- USB and Memory Card Ports for downloading Patient data and Wound Size analysis.
- Digital wound image feature allows healthcare professionals to measure and calculate wound area and volume, which helps wound progress assessment
- The following Alarm Facility Should be available :
 1. Leak Alarm – To detect leakage in Tubing or Dressing
 2. Blockage Alarm – To detect Blockage in the tubing
 3. Canister Full alarm – To let the care-giver know the canister is full
 4. Canister not engages alarm.
- The Systems should have an FDA and CE Certifications
- VAC Therapy system should have following registration and certificates.
 1. Registration certificate under the Drugs and Cosmetic Act - India
 2. Import License copy - India
 3. FDA Certificate
 4. CE Certificate
 5. ISO Certificate

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26/5/17



Sassoon General Hospital, Pune

Jayprakash Narayan Road, Pune Railway Station Near, Pune 411 001

Purchase Section

Tel No.020-26102306 Email. www.bjmcpune.org/www.sassoonpurchase@gmail.com

Fax No.020-26053452

Subject : Purchase & Repair Section Online Quotation Year 2017-2018

This Hospital has to purchase the Machine & material mentioned below. Therefore, please send your quotation in sealed envelope before the last date in the name of Dean, Sassoon General Hospital, Pune. The terms and conditions are as under. Quotation Letter the Mention GST, Vat/Tin No, & Pan No.

Last Date to Submit Quotation : Dt. 6 / 09 / 2017

Sr.No	Machine Name & Spare Part	Outward Number	Date
01	Negative Pressure Wound Therapy System	6091	28/08/2017
02	Knee Suppliment Set	cancel	
03	Suction Machie Part (काचेची बरणी व त्यांचे झाकणे टयुर्बींगसह)	6092	28/08/2017

Terms & Conditions :-

- 1) Rights to Accept or reject quotation are reserved by this office.
- 2) Quotation received after last date will not be considered.
- 3) Mention Taxes and other charges if any separately.
- 4) The Sale tax registration number & shop Act Licence Number is to be quoted in Quotation otherwise your quotation will not be considered.
- 5) Demonstration of machine is compulsory.
- 6) The Material will be accepted only if they are borne by this office the machine & material will be accepted to our Specification. Please quote the rates as per Specification asked
- 7) Please Mention our Quotation subject, letter Ref.No.& due date on envelope
- 8) Warrantee – One year from date of installation.

DEAN

Sassoon General Hospital, Pune