# *ANNEX II + III:* TECHNICAL SPECIFICATIONS + TECHNICAL OFFER

**Contract title: Supply of** MRI device **p 1 /…**

**Publication reference:** RORS00013/SBPB Vrsac/TD3

**Columns 1-2 should be completed by the contracting authority**

**Columns 3-4 should be completed by the tenderer**

**Column 5 is reserved for the evaluation committee**

Annex III - the contractor's technical offer

The tenderers are requested to complete the template on the next pages:

* Column 2 is completed by the contracting authority shows the required specifications (not to be modified by the tenderer),
* Column 3 is to be filled in by the tenderer and must detail what is offered (for example the words ‘compliant’ or ‘yes’ are not sufficient)
* Column 4 allows the tenderer to make comments onits proposed supply and to make eventual references to the documentation

The eventual documentation supplied should clearly indicate (highlight, mark) the models offered and the options included, if any, so that the evaluators can see the exact configuration. Offers that do not permit to identify precisely the models and the specifications may be rejected by the evaluation committee.

The offer must be clear enough to allow the evaluators to make an easy comparison between the requested specifications and the offeredspecifications.

| **1.**  **Item number** | **2.**  **Specificationsrequired** | **3.**  **Specificationsoffered** | **4.**  **Notes, remarks,  ref to documentation** | **5.**  **Evaluation committee’s notes** |
| --- | --- | --- | --- | --- |
| **1** | **MRI Device 1 set**  **consisting of equipment with following technical specifications:**  **SUPERCONDUCTING MAGNET MIN. 1.5 T**   * Active magnet protection system against external interference * Magnetic field strength: min. 1.5 T * Magnet tunnel diameter (bore size): min. 70 cm * Guaranteed min. homogeneity of the magnetic field within the volume of a sphere with a diameter of 40 cm (according to the V-RMS method in min. 24 planes): max. 0.55 ppm. * Guaranteed min. homogeneity of the magnetic field within the volume of a sphere with a diameter of 30 cm (according to the V-RMS method in min. 24 planes): max. 0.17 ppm. * Guaranteed min. homogeneity of the magnetic field within the volume of a sphere with a diameter of 20 cm (according to the V-RMS method in min. 24 planes): max. 0.07 ppm. * Edge field line (0.5 mT) in the radial plane: max. 2.45 m. * Edge field line (0.5 mT) in the axial plane: max. 4.5 m. * Magnet length (without covers): max. 175 cm * Zero-rate helium consumption regardless of system operating conditions ("Helium Free" technology or "appropriate") * The system has/does not have a Quench - tube. (please specify) * Minimum field of view: 55x55x50 cm.   **SYSTEM OF GRADIENTS:**   * Gradient amplitude on each axis (for max. FOV): min. 33 mT / m on the axis * Slew rate on each axis (for max. FOV): min. 120 T/m/s * Max. matrix for scanning and reconstruction min. 1024 * Min. slice thickness (2D) max. 0.5 mm * Min. slice thickness (3D) max. 0.05 mm * Duty cycle of gradients - min. 100% * Gradient linearity/ differential linearity error: Within the volume of the sphere diameter of 20 cm ≤ 0.4 %; Within the volume of the sphere diameter of 50 cm ≤ 1.4 %   **RF SIGNAL TRANSMISSION / RECEIVING SYSTEM:**   * Digital signal processing system * RF amplifier with "solid state" or "appropriate" technology. * RF amplifier output power: min. 18 kW * Number of independent channels for RF reception: min. 128 or a system equipped with a fully digital RF reception path independent of the number of channels, i.e. with coils equipped with individual analog-to-digital converters (coil technology with optical output dStream, Breeze or "appropriate") * Max. transmitter bandwidth: min. 60 MHz. * Transmitter amplitude resolution min. 16 bits * Max. dynamic reception range of min. 190 dB or more (allowable deviation +/-5%) * Combination allowed of several coils in one scan. (please specify the number of coils that may be combined in one exam)   **PATIENT COMFORT AND MONITORING:**   * Max. table load (including during vertical table movement): min. 250 kg. * Max. speed of longitudinal movement of the table top: min. 300 mm / s or more. * Min. height to which the table may be lowered: max. 60 cm. * Horizontal scanning range: min. 200 cm.   **Methods to reduce patient anxiety:**   * Noise reduction. * Adjustable ventilation and indirect light in the tunnel. * Integrated audio system with headphones for additional noise reduction and reproduction of ambient sounds.   **Monitoring of patients**   * Patient alarm * Communication between patient and operator (type of intercom system) * Automatic voice commands * User programmable voice commands   **System for measuring physiological parameters**   * Synchronization of measurements with the physiological cycle of heart and/or respiratory motion. * ECG gating and triggering   **ACQUISITION AND RECONSTRUCTION CONSOLE**   * Color LCD or LED or TFT monitor with panel size: min. 27" (inch). * Visualization / resolution matrix: min. 3840 x 2160. * High-speed processor, min. frequency 3.5 GHz. * RAM memory capacity: min. 32 GB. * Image reconstruction speed in square matrix 256 x 256, min. 100,000 reconstructed images per second at 100% FOV. * Keyboard and mouse.   **SCANNING PARAMETERS:**  **Neuroimaging sequences/techniques/tools**   * dS Sense /Sense parallel imaging/ iPAT/ ASSET ARC/ SPEEDER or "appropriate" - Parallel imaging technology, designed for fast scan time, high resolution or to reduce artifacts. May be combined with almost all existing sequences/techniques with image contrast continuity. * CLEAR or Prescan normalize or PURE or PilotScan or “appropriate”: Signal uniformity correction, based on coil sensitivity and patient load. * FLAIR/TRIM/FAST FLAIR or “appropriate” fluid-attenuated inversion recovery sequence with CSF signal attenuation. * Single, double and triple IR sequences to assess gray and white matter differentiation. * DRIVE/RESTORE/FR-FSE or “appropriate” to improve fluid visualization available for all 2D and 3D T2wTSE acquisitions. * Combination of TSE and EPI sequences to ensure image quality and speed while reducing SAR. * Technique that provides gray/white matter contrast enhancement in 2DT2wTSE and FLAIR/TRIM/FAST FLAIR or “appropriate” acquisitions. * Steady-state imaging technology that provides excellent T2-weighted contrast between fluid (such as blood or CSF, with a long T2) and surrounding tissue (with a shorter T2). It may be used in both 2D and 3D mode. It is used for high-resolution, high-contrast IAC and spine applications. * Myelography: Imaging with high T2weight imaging for CSF evaluation. It may be used with multiple radial 2D-projections as well as for 3D sequences. * MobiTrak - "multistation" examinations with automatic table movement * mFFE/GO/MEDIC or "appropraite" to obtain clear image contrast through a combination of 2D or 3D gradient echo (FFE) sequences * Tool for the facilitation of planning, viewing and processing of multi-sequence, examinations composed of multi-stations, treating examinations from multiple stations as a single unit. * MobiView/TimWhole Body Suite/M-Power or "appropriate" multi-station image fusion in the head-to-foot direction * Multi-station examination technique with automated table movement allowing individual sequences/stations to be realized with different FOV, resolution, geometries, and acceleration factor dS. Acquisition elements may be improved between station acquisitions and table motion to reduce overall scan time. * Single-shot EPI diffusion imaging (DWI) or "appropriate" with min. 3 diffusion directions and min. 16 b values for the brain and spine * Multi-shot DWI: High-resolution diffusion imaging, through motion correction. * Adequate diffusion imaging for reduced distortion, especially in highly sensitive areas such as the inner ear. * Diffusion maps: Automatic generation of diffusion coefficient maps (ADC and/or eADC) and the creation of fractional anisotropy (FA) maps allowed. * Quantitative flow: Noninvasive assessment of blood or CSF flow in three directions retrospectively, 2D multiphase acquisition with variable VENC values with included color maps * Imaging with 3D TSE isotropic brain acquisitions at low SAR * Fat Suppression Techniques:   + TRIM/STIR   + Fat Sat/Chem Sat/SPIR   + SPAIR/ASPIR   + Auto SPAIR/Auto ASPIR   + or "appropriate" * 3D post-processing: MPR, MIP, MinIP, volume representation of surfaces. * 3D ASL or appropriate - non-contrast three-dimensional brain perfusion, with full brain coverage and automatic calculation of coded color maps. * Single and multivoxel 1H MR spectroscopy (2D and 3D of all anatomies) and "chemical shift imaging of all anatomies" * An advanced "BOLD" or "apprropriate" application that provides high temporal resolution of dynamic single-slice and multi-slice FFE or FFE-EPI sequences and with the acquisition of up to 16000 images allowed. * An advanced SWI application that enables 3D imaging of the brain with high sensitivity allowing for improved tissue contrast * An advanced tractography method/application for evaluating white matter fiber tracts in the brain. The application shall enable diffusion imaging up to min. 128 b-vectors and min.16-b values for high-definition tracking in the brain and spine.   **Abdominal, pelvic, prostate imaging**   * dS Sense /Sense parallel imaging/ iPAT/ ASSET ARC/ SPEEDER or "appropriate" - Parallel imaging technology, designed for fast scan time, high resolution or to reduce artifacts. May be combined with almost all existing sequences/techniques with image contrast continuity. * A multi-station examination technique with automated table movement allowing individual sequences/stations to be realized with different FOV, resolution, geometries, and acceleration factor dS. Elements of acquisition may be improved between station acquisitions and table motions to reduce overall scan time. * MobiView or "appropriate" head-to-foot image fusion from multiple stations * Single-shot EPI diffusion imaging (DWI) or "appropriate" with min. 3 diffusion directions and min. 16 b values * High Resolution Diffusion DWIBS or REVEAL or eDWI or BodyVision or "appropriate" * Automatic diffusion coefficient map generation (ADC and/or eADC) * Protocols for MRCP or "appropriate" * Imaging techniques that allow examinations with/without breath holding during scanning * Processing and calculation of hemodynamic maps, including Mean Transit Time (MTT), Peak Time (TTP), Time of Arrival (T0), Negative Integral (NI). * BolusTrak or CareBolus or SmartPrep or “appropriate” * VIBE or LAVA or E-THRIVE or "appropriate" * Fat suppression techniques   + TRIM/STIR   + Fat Sat/Chem Sat/SPIR   + SPAIR/ASPIR   + Auto SPAIR/Auto ASPIR   + or "appropriate"   **Breast imaging**   * Imaging of breasts with implants * Two bilateral sagittal volumes in one acquisition   **Imaging of the musculoskeletal system:**   * High resolution 3D protocols for MRI arthrography (knee, shoulder, hip) * Imaging protocols in the presence of metal prostheses or implants * Automatic adjustment of parameters throughout the scan for all scans and prescans of patients with MRI conditional implants. The system allows the technician to be easily guided to enter implant data and set parameters for safe scanning. * Isotropic acquisitions with reconstruction in any plane of TSE / TFE volumetric sequences * Acquisition up to min. 32 echoes for automatic calculation of T2 maps for cartilage assessment * Fat suppression:   + TIRM, STIR   + Proset / Water Excitation   + Fat Sat / Chem Sat / SPIR   + SPAIR / ASPIR   + or "appropriate"   **Angiography imaging:**   * 2D / 3D angiography with phase contrast * Automatic tracking of the contrast media in the entire scanned region * Peripheral angiography * Visualization of arteries and veins with and without contrast medium * Black Blood Imaging or "equivalent" imaging * MPR, MIP, MinIP, 3D SSD or "equivalent" * Visualization of veins and arteries in phase contrast measurement * Time-of-flight or "equivalent" * MTC technique (magnetization transfer contrast) * 3D imaging with low venous content   **Cardiovascular imaging:**   * Black Blood imaging for cardiac examinations * Characterization of myocardial tissue * ECG triggering and gating * Fat suppression:   + TIRM, STIR   + Fat Sat / Chem Sat / SPIR   + SPAIR / ASPIR   + or equivalent * 3D high-contrast TSE acquisitions for non-contrast angiographic imaging * 3D FFE sequences for * the assessment of carotid, peripheral and renal arteries * Single slice and MultiSlice bFFE / bTFE imaging to assess cardiac function * ECG-triggered IR for myocardial tissue characterization * Complete DICOM functionality: Send / Receive, Query / Retrieve, Storage, Commitment, Basic Print, Modality Worklist, MPPS, Structured Reports, Study Split   **RF COILS**   * Integrated coil technology that allows connecting coil elements from different coils in a single scan (Tim 4G / Gem / dStream / Atlas or equivalent) * Automatic detection by the system of all surface coils connected and viewed on the user interface * Automatic detection and selection by the system of coil elements in the active field of view. * Technology that enables the simultaneous connection of several coils * Coil/Solution for head and neck examination with total number of elements/channels - min. 15 * Coil/Solution for spinal imaging with min. 40 elements/channel. Coil/Solution shall be compatible with parallel acquisition techniques. * Coil/Solution for the examination of abdomen, chest, pelvis, heart and vascular imaging with min. 20 elements/channel. Coil/Solution shall be compatible with parallel acquisition techniques. * Dedicated breast coil of min. 7 channels/elements. * Coils/Solution for musculoskeletal examination, with min. 8 channels/elements, easy to use, for the examinations of: knee, foot, ankle, long bones, wrist, shoulder, pediatric, neurological and vascular examinations. Max. coverage in combination with other coils: min. 23 cm. Coils/Solution shall be compatible with parallel acquisition techniques. * The system shall have the ability to upgrade and possibly combine the coils/Solutions requested in point 7.9 in order to obtain images with a total of 16 channels/elements * The system shall have a whole-body coil/solution with min.coverage of 200 cm.   **DIAGNOSTIC WORKSTATIONS (min. 2 pcs.)**   * Manufacturer-validated diagnostic station computer with appropriate anti-virus software and connection to diagnostic modalities (min. CT and MR) allowed of the same and other manufacturers. (total 2 pcs.) * DICOM medical monitor (4 pieces in total) with the following specifications: Color (IPS), LED or TFT or LCD, min. 24 inches, resolution: min. 1900 x 1200, contrast: min. 1000:1, brightness: min. 350 cd/m2, video "input" ports : min. DVI-I x 1, DisplayPort x 1 * Each workstation shall have the possibility of simultaneous use and availability of the following tools and features: * Use of bookmarks and interactive screenshots allowed * Multi-modality viewer for displaying CT and MR datasets * Fusion and comparison of images from multiple modalities (min.MR-MR, CT-MR, CT-CT,) * Multimodality Viewer or “appropriate” for viewing CT, MR, US, XA, RF and DR images. * Display of secondary images with several frames * Accepting and analysis allowed of diagnostic studies from the modalities of different manufacturers (min. CT, MR, US, XA, RF and DR) * An advanced application that enables the single-click assembly of datasets from multi-station acquisitions into full-field-of-view (FOV) images and that enables min. "Runoff MRA", "Complete CNS" and "Complete Torso" * A post-processing application that allows basic calculations between two volumes, including addition, subtraction, and ratio within a single dynamic series. * An advanced perfusion application designed to evaluate time-intensity curves (TIC) of T1 signal enhancement series. An advanced perfusion application shall generate subtraction images as well as numerical and graphical results and parametric maps with the following elements: relative enhancement, maximum enhancement, maximum relative enhancement, shortness of enhancement, area under the curve as well as wash-in rate and wash-out rate or equivalent. * Processing allowed of min. DWI and DTI as well as calculation of diffusion maps (ADC, eADC, FA or "equivalent"). * Advanced spectroscopic analysis that automatically identifies anatomies for selection of appropriate metabolites. The application shall have appropriate ratio and metabolic maps.   **AUTOMATIC MR INJECTOR**   * Min. dual head MR injector for the injection of contrast media and saline with touch screen control console, compatible with up to 3T magnets * Delivery allowed of a test saline injection to check the patency of the patient's vein. Use allowed of syringes with min. volume 50 ml * Flow rate in the range of min. 0.1 to 10 ml per second, with the multiphase operation of 4 phases allowed * Drip injection or Keep the Vein Open injection allowed * The of filling the syringe either in the MR room or outside the MR room (e.g. in the control room) allowed * The storage of min. 40 protocols allowed * Scan delay at min. interval from 0 to 60 seconds in 1 second increments * Injection delay at min. interval from 0 to 300 seconds in 1 second increments * Min. distance interval between phases from 0 to 600 seconds in 1 second increments * A battery-free system, i.e. a system using AC (alternating voltage/current) with a fiber optic cable between the control console and the control power supply unit   **MR COMPATIBLE ANESTHESIA DEVICE**   * Anesthesia device for use in a magnetic field tested up to 1000 Gauss * The device should be on a mobile stand, with individual brakes on each wheel, an upper shelf with a load capacity of min. 30 kg, with a operating surface with lighting. * Supply of devices via central distribution. * Min. requirements: Tidal volume - 20-1600 ml; Rate 4-100 bpm; Pressure limit 10 - 80 cmH2O * "Ventilation modes : Volume controlled, Pressure controlled, Spontaneous, SIMV, SMMV and PSV" * Dual flow meters for O2, N2O and AIR (low flow gas delivery possible), 0-10 lpm gas delivery with basal flow for O2 * O2 flushing min. 35-75 l/min * The device shall be able to deliver gases together with inhalation agents and manually ventilate the patient even in case of a total power failure. * Should be supplied with precision MRI compatible vaporizers for sevoflurane, range min. 0 to 8% sevoflurane, capacity min. 250 ml. The vaporizer should have a ten-year product life without any preventive maintenance required. * The position of the circular absorber should be adjusted vertically, it should be able to be mounted on the right or left side of the anesthesia machine, it should be able to be replaced intraoperatively without any system leaking. * The device shall be equipped with a fan with pneumatic drive and electronic control * The display of diagrams of pressure, volume and spirometry loops on screen min. 8.4 " should be allowed. Mandatory touch screen and a navigation key next to the screen * Battery operation for min. 60 minutes   **MR COMPATIBLE PATIENT MONITOR**   * Accompanying patient monitor for adults, pediatric and neonatal patients with color TFT touch screen, panel size min. 10.1 inch, with LED backlight. For use in an MRI environment. Light weight, max. 4.5 kg. * The device should also have buttons for quick access to Trend data, for printing, and a control for measuring NIBP, a control for entering the device settings, and an Alarm button, as well as a rotary button. * The device shall be compatible with magnetic resonance, up to min. 1.5 T and min. 30,000.00 Gauss. Operation during intrahospital transport allowed. * The device shall have a battery for use in the MR environment with a capacity of 8 hours min. with NIBP readings every 5 minutes. * The device should be able to measure the following parameters with the help of the wireless POD accessory - minimum: Spo2, Pulse, ECG, NIBP, CO2. The device shall be upgradeable for the following parameters wireless anesthesia gas monitoring, temperature, wireless IBPx2 * ECG and SpO2 Wireless "POD" devices shall be made of non-magnetic materials charged via an integrated charger on the patient monitor itself. The weight of the POD device shall not exceed 100 grams. * The ECG POD shall be able to change leads individually, instead of the complete cable. * NIBP measurement by oscillometric method, manual, automatic, STAT * "Display of trends: tabular; Memory: 50; Table Intervals: 3, 5, 8, 10, 15, 30, Auto NIBP; Display: HR, SpO2, NIBP, EtCO2, Resp, Temp, MAC, O2 " * Alarms: audio and visual, with a light indicator on the monitor itself. Alarm suspension: continuous or for 2 minutes, user adjustable sound level 50 to 85 dB * Three alarm levels: high, medium and low with an informative message * The display shall have a numerical display of all parameters that are measured, min. three curves, patient's name and surname, patient category, alarm status, alarm error display if any, battery status of the monitor and POD device, * "Battery life: Main Monitor: >8 hours with NIBP reading every 5 minutes; Wirelles Pod (SpO2 and ECG): >12 hours" * Battery charging time: Monitor: < 5 hours to 90% capacity, 90%, Wireless Pods: < 3 hours to 90% * "MRI Environment/Conditions: Main Monitor: Magnetic Field Limit: Up to 30,000 Gauss; MRI system: from 0.5 to 3 T; Wireless Pod- ECG and SpO2: magnetic field limit: 30,000 gauss" * The monitor shall have a control monitor unit (a tablet for controlling parameters outside the magnet room, i.e. from the control room) with a base station, with a magnetic field limit: 15,000 gauss * The monitor is supplied with a stand made of non-magnetic material for use in a magnetic field.   **MR COMPATIBLE SINGLE CHANNEL INFUSION PUMP**   * Compact peristaltic linear pump intended for use in the MRI environment (min. 10,000 Gauss) and patient transport * For use in an MRI environment ranging from min. 0.2 to 3T * For use in a magnetic field, independently without the use of an additional shield * The infusion pump shall be upgradeable with another channel, with the use allowed of both channels at the same time, as two volumetric pumps or as two syringe pumps or as a syringe/volumetric pump depending on the user preferences. It shall also allow the use with a "remote" control. * The infusion pump shall be equipped with an ultrasonic motor made of non-magnetic material * The infusion pump shall be supplied with a mobile stand made of non-magnetic material * The infusion pump shall be equipped with a built-in battery with a capacity of more than 12 hours at a flow rate of 125 ml/hr * Flow range 0.1-1400 ml/hr, i.e. 0-99.9 ml/hr in steps of 0.1 ml/hr, 100-1400 ml/hr in steps of 1 ml/hr * Accuracy - up to 5% (for flow min.0.1 to 0.9 within up to 10%) * Primary VTBI range – min.0.1 to 99.9, min.100 to 999 ml * Secondary VTBI range min. 0.1 to 99.9, min. 100 to 999 ml * Total volume range (VI) min.0.1 to 99.9, min.100 to 9,999 ml * KVO range adjustable 1 to 5 ml/hr, or set speed (a lower value) * Patient line (downstream) Back pressure range min. +300 to -100 mmHg * Proximal occlusion detection range - min.1 to 10 PSI (6.9 to 68.8 kPa), user-customizable * Occlusion detection mechanism - two independent force sensors * Occlusion measurement range min. 1 to 10 PSI (6.9 to 68.8 kPa) accuracy < 2 PSI (13.8 kPa), or 10% of setpoint, (a higher value) * Occlusion detection time, less than 30 seconds * Bolus range min.0.1 to 99.9, min.100 to 1400 ml/hr in intervals of 1 ml/hr * Method of detection of air in the line - Ultrasonic bubble detector * Automatic free flow protection for I.V. lines * The following shall be displayed on the LCD display of the device: Speed, WTBI, VI for each channel, Battery charge capacity, Indication that the device is connected to mains power, indicator of an active channel, Pulse, Saturation, Perfusion index, Indicator of whether the infusion is in running or stopped * Soft keys for programming various functions as well as a numeric keypad for quick and convenient change of numeric values on the front panel   **METAL DETECTOR**   * The device shall consist of a wall-mounted lever/rod, self-adhesive label with instructions for the floor and shall meet ACR recommendations for min. Zone 2 screening.   **ACCESSORIES**   * RF cabin intended for the offered MR device. The draft of the position of the MR system and the recommendation of the positioning of the system shall be submitted by the bidder, the construction and installation of the RF cabin according to the submitted draft shall be realized by the bidder. * Cabinet or special shelf for RF coils * A set of headsets for the technician, to be able to communicate with the radiologist, biomedical engineer, application specialist responsible for such MRI system through the communication system installed on the acquisition console. The package will also install the communications software on the acquisition console. * Patient positioning package * A mirror attached to the head coil. * Patient positioning systems * A camera and dedicated monitor placed in the patient monitoring control room that may be used for pediatric imaging, heart load examinations of patients, as well as monitoring patient preparation. * Quench pipe dimensions according to location and installation specifications, including any protective measure as recommended by the MR system manufacturer. In case of offering an MR system that does not use a "quench" tube during operation, it is emphasized that a system that does not use a "quench" tube is offered. * Junction box and panel for connection to the electrical network. * Air conditioning system (cooling/heating) for the technical room and with fresh air supply for the inspection room and the control room, dimensioned according to the technical specifications of the manufacturer * Magnetic resonance system connection cables. * The price shall include the service of continual monitoring of chiller operation, power outages and continual monitoring of helium consumption during the offered warranty period. * Aggregate for the protection of the MR system according to the manufacturer's specification, which ensures smooth operation of the complete MR device in the event of a power outage or breakdown in the electrical network * UPS protection devices for diagnostic workstations   **INCLUDED ASSOCIATED SERVICES**   * The offered price shall include any costs that include: complete installation and commissioning of the device, installation and connection of all offered components, all in accordance with the manufacturer's recommendation for the installation of the offered MRI system. (turnkey). * Min. 10-day training and education of staff   **IMPORTANT NOTEs**  Tender for construction of building for MRI device is published on programme site <http://www.romania-serbia.net> with detailed technical documentation including dimensions and auxiliary equipment/technical solutions. All eventually needed additional construction works and equipment necessary for installation and operation of MRI device offered by tenderer will be obligation of tenderer and each tenderer need to calculate those expenses in their financial offer (no additional payment will be authorized by Contracting Authority for this issue). This will include modification or delivery and installation of all installations, generators, compressors, chillers, HVAC, recuperators, Faradey panels or other equipment if necessary.  **All tenderers are obligatory to participate to information meeting and site visit scheduled for 06/11/2024 at 12.00. During this visit tenderers will be presented with informations regarding building to be used for installation of MRI devices including access road and doors, installations, dimensions of rooms, power outlets, Faradei plates disposition etc.**  After supply contract is signed Contractor will be able to communicate with representative of Contracting Authority, Constructions Supervisor and Technical Designers in order to modify construction process if possible within construction contract to facilitate easier installation of MRI device. |  |  |  |