



**PROCUREMENT AND SUPPLY  
COMMONWEALTH HEALTHCARE CORPORATION  
REQUEST FOR PROPOSAL**

**RFP21-CHCC/HEMODIALYSIS-001**

**SUBMISSION DEADLINE: JULY 5<sup>TH</sup>, 2021    TIME: 10:00PM (CHST)**

**“DIALYSIS CENTER – HEMODIALYSIS & PERITONEAL DIALYSIS  
CONSUMABLE/DISPOSABLE SUPPLIES AND EQUIPMENT”**

INTERESTED PARTIES CAN DOWNLOAD THIS REQUEST FOR PROPOSAL FROM THE CHCC WEBSITE [WWW.CHCC.GOV.MP]. ONCE AT THE SITE, NAVIGATE TO **REQUEST FOR PROPOSALS** TAB ON THE LEFT NAVIGATION BAR. CLICK ON THE URL FOR THIS RFP. YOU WILL BE REQUIRED TO ENTER DATA TO ALLOW US TO TRACK ALL REQUESTS FOR THIS OPPORTUNITY.

THE CHCC RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSAL AND TO WAIVE ANY IMPERFECTIONS IN ANY PROPOSAL, IF TO DO SO SHALL BE IN THE INTEREST OF THE CHCC. ALL PROPOSALS SHALL BECOME THE EXCLUSIVE PROPERTY OF THE COMMONWEALTH HEALTHCARE CORPORATION.

/S/ ESTHER L. MUNA  
CHCC CHIEF EXECUTIVE OFFICER

/S/ CORA P. ADA  
DIRECTOR OF PROCUREMENT & SUPPLY



**COMMONWEALTH HEALTHCARE CORPORATION  
REQUEST FOR PROPOSAL (RFP)**



**RFP21-CHCC/HEMODIALYSIS-001**

**DIALYSIS CENTER  
HEMODIALYSIS & PERITONEAL DIALYSIS  
CONSUMABLE/DISPOSABLE SUPPLIES AND  
EQUIPMENT**

**I. BACKGROUND INFORMATION**

The Commonwealth Healthcare Corporation (CHCC), located in the Commonwealth of the Northern Mariana Islands is soliciting proposals from qualified vendors that are interested in providing hemodialysis and peritoneal dialysis consumable/disposable supplies to include hemodialysis machines, peritoneal dialysis automated systems (cyclers) to include all related medical device/equipment and portable reverse osmosis systems. We currently have (37) B Braun Dialog + hemodialysis machines and (4) portable reverse osmosis systems which we have had for around 10 years and continue to experience numerous problems/issues. We are now looking to replace these machines with more efficient and up to date machines and related equipment and the required consumable/disposable supplies. We are looking to purchase (33) new hemodialysis machines, (4) portable reverse osmosis systems and (6) automated peritoneal dialysis machines (cyclers).

This RFP package contains the necessary information and guidelines for interested vendors to develop and submit proposals.

**II. NATURE OF WORK**

During the period of the agreement, the prospective contractor is expected to work with CHCC staff at the identified location as specified in Section III of this RFP. The prospective contractor is expected to deliver the services in an efficient, trustworthy, and professional manner.

The prospective contractor must have experience to qualify for the award of the contract, the vendor must be able to show proof that it has the manpower, equipment, and financial resources to complete the scope of work as specified in Section IV of this RFP.

**III. LOCATION OF WORK**

Commonwealth Healthcare Corporation - Dialysis Center  
Saipan, Northern Mariana Islands

#### **IV. DETAILED SCOPE OF WORK**

The Dialysis Center currently has (168) hemodialysis patients and (13) peritoneal dialysis patients. There are a few of the (13) peritoneal dialysis patients requesting for the option of automated peritoneal dialysis machines (cycler) so we are looking to start off with (6) cyclers. The prospective vendor/supplier will be the sole provider of all required hemodialysis and peritoneal dialysis consumable/disposable supplies, provide requested machines and all related equipment and maintain parts of and accessories to all dialysis equipment/machines including reverse osmosis systems. The vendor/supplier will also maintain inventory and supply of all hemodialysis and peritoneal dialysis consumable/disposable supplies ensuring that the Dialysis Center is properly stocked for the clinic's patient load at any given time while providing daily and as needed hands on assistance to restock supplies. Supplies must be delivered to the Commonwealth Healthcare Corporation no more than 30-45 days upon issuance of NTP.

The objective of the proposal is to select a vendor to provide and meet the present and future needs of the Dialysis Center as follows:

1. Provide (33) brand new hemodialysis machines and related equipment/medical devices. The hemodialysis machines and other related equipment/medical devices must meet US standards, FDA/CFR approval and/or be registered 510(k).
2. Reliable and accessible supply of hemodialysis and peritoneal dialysis (automated and manual) consumable/disposable products. Ensuring the Dialysis Center is fully stocked for daily operations and, on top of that, ensuring we always have a 3-month worth of emergency supplies for both hemodialysis and peritoneal dialysis supplies.
3. Standardization of hemodialysis supplies and the ability to supply pre-packed hemodialysis kits per patient per treatment
4. Reliable and accessible technical support
5. Availability of the machines repairs parts
6. Availability of the training for nursing, administrative and technical staff
7. Installation, training, certification, testing and commissioning of the hemodialysis machines, portable reverse osmosis systems, automated peritoneal dialysis machines (cycler) and all related equipment/medical devices.
8. Provide (6) automated peritoneal dialysis machines
9. Provide (4) portable reverse osmosis systems
10. Provide direct exchange program for the non-operational automated peritoneal dialysis machines
11. **Successful vendor/supplier must have adequate warehouse facility to store Hemodialysis's consumables/disposables supplies.**

#### **A. Purchasing Options**

The Commonwealth Healthcare Corporation – Dialysis Center is requesting interested vendors to include in the proposal the following purchasing options:

- Outright purchase option of the 33 hemodialysis machines and related medical equipment/device to include the proposal cost of the corresponding consumable/disposable supplies annual requirement
- Outright purchase option of the 6 automated peritoneal dialysis machines and related medical equipment/device to include the proposal cost of the corresponding consumable/disposable supplies annual requirement
- Outright purchase option of the 4 portable reverse osmosis systems and related medical equipment/device to include the proposal cost of the corresponding consumable/disposable supplies annual requirement
- Consumable/disposable supplies agreement for both hemodialysis and peritoneal dialysis. In this type of agreement, the interested vendor shall provide CHCC with the 33 hemodialysis machines, 6 automated peritoneal dialysis machines (cycler), and 4 portable reverse osmosis machines and related medical equipment/device at no cost to CHCC. CHCC will purchase the consumable/disposable supplies for a specified period.

The prospective vendors may submit quotations for any or all of the specified purchasing options. CHCC reserves the right to select the most suitable purchasing options that best fits its financial capability and needs.

The Commonwealth Healthcare Corporation – Dialysis Center intends to **award an initial of 5-year contract** with the successful vendor pursuant to the terms of the standard government independent contract. Additional terms and condition will be attached as exhibits to the standard independent contract.

CHCC will make a determination to extend for additional years and will inform vendors no less than 90 days prior to the end of the base contract.

**B. General Specifications and Requirement – Hemodialysis Disposal/Consumable Supplies and Hemodialysis Machines and Related Medical Device:** Proposers must respond to all items listed in the Price Schedule provided

- Interested vendor are expected to provide the hemodialysis consumable/disposable supplies as set forth. At present, CHCC's Dialysis Center has approximately 168 hemodialysis patients receiving 3 treatments per week.
  1. Specification and annual estimated usage requirements for dialyzer and other related disposable/consumable supplies that are listed in the attached Price Schedule
  2. Specification and annual estimated usage requirements for consumable/disposable supply kit of required supplies to be packaged in a kit per treatment per patient concept which is listed in the attached Price Schedule
  3. Specification and annual estimated usage requirements for sterilant supplies requirements for the hemodialysis machines listed in the attached Price Schedule

**C. General Specifications and Requirement – Peritoneal Dialysis Disposable/Consumable Supplies**

- Interested vendors are expected to provide the peritoneal dialysis consumable/disposable supplies as set forth in the attached Price Schedule. At present, CHCC has 13 peritoneal dialysis patients. Provided with the attached Price Schedule are related consumables required annually that will be requested as required. To include the listing of required PD patient related equipment that will also be requested as required.

**D. General Specification and Requirement – Peritoneal Dialysis Automated System and Disposal/Consumable Supplies Required**

- Interested vendors are expected to provide peritoneal dialysis machines and all related equipment/medical devices and consumable/disposable supplies required. We currently have (13) peritoneal dialysis patients but are looking to start with (6) peritoneal dialysis machines at this time.

**E. General and Technical Specification of the Hemodialysis Machines and other Related Equipment/Medical Device**

- Proposers shall address and respond to the specified requirements in this Section to include addressing the Biomed issues as applicable to hemodialysis related machines.

The vendor must provide the machines and meet the minimum technical requirements as listed below:

- (33) hemodialysis machines
- Outfitted with self-testing, auto-cleaning, and sterilizing functions, as well as safety mechanisms as applicable
- (4) portable reverse osmosis machines with capability to support 3-5 hemodialysis machines; that must be compatible with the hemodialysis units and still allowing easy mobility
  - Must include all equipment operator's and service manuals
  - Lists all recommended repair parts and supplies for all PM intervals
- (6) Automated Peritoneal Dialysis machines
- Must be prepared to demonstrate the proposed products on island for assessment and offer basic training for both nursing and biomed/facility staff
- Hemodialysis machines and related equipment/medical devices must meet US Standards FDA and CFR approved medical device
- Machines must meet all FDA, CDC, and OSHA standards for hemodialysis and CAPD/APD patient care
- Provide training to OEM's training facilities for (2) CHCC personnel on the OEM's Patient Data Information Management System Network. Training should cover OEM's network program (software and hardware) and system administration troubleshooting
- Provide guaranteed technical support for the machines and supplies network

- Provide maintenance, repair and parts support
- Provide warranties on all machines and repair parts for the entire duration of the contract minimum for at least (5) year period, including any contract change orders as applicable. The repair and parts requirement shall be covered under the warranty provisions during the expected life of the machines.
- Provide all the repair parts to be kept on-hand (bench stock) at the CHCC biomedical engineering department for the duration of the contract, in accordance with the bench stock levels as recommended in the OEM's service literature. This shall include all other applicable essential repair parts.
- Each machine shall include an automated blood pressure-monitoring system with small, medium, and x-large cuffs, to include hook up
- FDA approved central batching (bicarb and acid system) ability with optional usage
- Option of a Smart Card or a Patient Program Card
- Central data monitoring system with software so that patient KQI and machine KQI can be tracked and printed at a central desk monitor or network system
- Large rotating wheels on dialysis machines for easy maneuvering
- Placement and installation of the machines, peripherals, and all necessary hardware and software requirements to ensure the smooth operation of the machines and the Patient Data Information Management System Network
- The hemodialysis machines must have capability to be hooked to and used with a portable RO machine
- Provide on-site training for hemodialysis and peritoneal dialysis clinical support staff, including but not limited to the educational support in the form of manuals, brochures, videos and KQI programs

## **Biomedical Issues**

The machines must include non-invasive blood pressure monitor (9NIBP) and non-invasive hemavision monitors installed. Manufacture lists recommendations for startup and sustaining parts, spares, and supplies

- Site electrical characteristics: 110 Volts/60Hz
- List equipment electrical requirements: Voltage, Frequency, and Amperage
- List all preventive maintenance and predictive preventive maintenance parts for bench stock inventory
- List all recommended interval preventive maintenance scheduling requirements, i.e. monthly, quarterly, semi-annually, and annually
- Recommended repair parts that must be kept on hand at all times due to normal device usage wear and tear
  1. Fluid component (valves, conductivity cells, check valves, tubing, diaphragms, etc.
  2. Electronic component and hardware (electronic boards, modules, cables, relays) CRT or digital display, backlights, mechanical and electronic sensors, fuses, arterial and venous pumps, heparin pumps, etc.

3. Hydraulics components (supply pumps, dialysate pressure pumps, dual air pumps, water supply regulators, A concentrate pumps, B concentrated pumps, etc.
  4. Other misc. casters, grease, oil lubricants, screws, etc.
- Recommended supplies as necessary, to include but not limited to:
    1. Transducers protectors
    2. Concentrate filters
    3. Particle filters
    4. O-rings
    5. Connectors
    6. Ports
  - All tools, test equipment and supplies necessary to perform the required preventive maintenance on the equipment medical devices. (2) sets of the following tools will be provided as part of the tool kit and test kit upon delivery of the equipment medical devices:
    1. Scale with 3000 g capacity
    2. Calibrated conductivity, temperature, pressure meter (NEO-2 or equivalent)
    3. Torch screwdrivers
    4. Graduated containers sized 250 cc and 3000 cc
    5. Stopwatch
    6. High vacuum silicone grease
    7. Potentiometer screwdriver
    8. Equipment patient data cart
    9. Patient data card reader/writer
    10. Other special tools as required and not listed above.
  - Preferred direct contact link with manufacture for all parts and supply orders – prospective contractor must establish point of contact and direct link for all repair parts requirements with manufacturer’s representative
  - Technical training: Provide training for 2 or more CHCC staff on manufacturer’s basic and advanced technical training, to be certified and to enhance their technical knowledge and skills in the area of preventive maintenance and repair of the medical devices. The training shall also include the installation of non-invasive monitor if provided as an optional item. Training on the portable RO machine ad automated peritoneal dialysis machine must be included as well
  - Installation of new hemodialysis machines:
    1. The hemodialysis machines, non-invasive hemavision monitors, non-invasive blood pressure monitors must be installed by the manufacture’s certified technical staff, and perform calibrations and functional checks according to the manufacture’s specifications prior to turning over of all equipment to CHCC. Biomed shall provide assistance on the installation of the new equipment. (water samples collected from the machines must be assayed within the allowable time for microbial testing, and results must be within AAMI acceptable standards safe for patient treatments).

2. The manufacturer's technician(s) performing the new equipment installation on site must provide documentation for all machines installed to include equipment operator's manual
3. (2) sets of Replacement Parts and Service Manuals to include but not limited of all software and hardware required to assist BMET in their trouble-shooting of equipment
  - Tech Talk: All trained biomed staff must be provided the technical information associated with the equipment, keeping them abreast of any changes, improvements, recalls, etc.
  -

## **F. Pertinent Data and Statistics**

To assist the prospective vendor in preparing the proposal and analysis, outlined below is the projected patient population and the attached Price schedules

- Current hemodialysis patient population is 182 with an average treatment of (3) times per week and the patient population is projected to increase to 200 by year 2022-2023
- 13 peritoneal dialysis patients with the projected increase to 15-20 patients by year 2022-2023
- Projected automated peritoneal dialysis patient to be 4-6 by year 2022-2023

## **V. INFORMATION AND FORMAT REQUIRED IN THE PROPOSAL**

- a. **Please include a price list of the consumables and supplies listed on attachment A and attachment B.**

All proposals submitted by the prospective vendors must contain the following information:

1. Brief history and description of the vendor/supplier organization to include size, structure, financial management, strengths, and location of office(s) that will service the requirements specified in this RFP.
2. State the vendor/supplier's capabilities and capacity to perform the project as evidenced by the vendor's record of performance or past or current contracts. Past or current contracts or projects needs not have been performed in the CNMI. Include in this section a brief description of the adequacy of the vendor/supplier's resources to satisfy the requirements of the RFP.
3. A minimum of three (3) references with direct relevance to the same or substantially similar projects specified in this RFP. Please include the contact person and telephone numbers (arrange in referenced in chronological order starting from the most recent project).
4. The prospective vendor/supplier shall provide documentation of proof of financial stability in the form of financial statements or other financial arrangements sufficient to assure that it has sufficient resources and stability to perform the requirements specified in the RFP.



5. A description of the Proposer's overall service plan and approach to this project. **This must include but is not limited to the implementation and interfacing with existing contract to maintain continuity of the patient treatment program to include schedule time line for delivery of supplies and equipment/medical devices.**
6. Prospective contractor has the option to submit proposals on one or all of the following:
  - Hemodialysis Requirements
  - Home Choice Peritoneal and Automated Peritoneal Dialysis Requirements
7. Copy of valid CNMI Business License.
8. Proof of insurance coverage for the contractor and property liability insurance of at least \$100,000.00.
12. Other information that may be helpful to the evaluation team. .
13. Name, telephone number and email address of representative designated and authorized to negotiate the ultimate contract, if awarded.

CHCC reserves the right to request for additional information or documents that it may consider necessary and relevant to assist it in evaluating a proposal.

## **VI. GENERAL AND ADMINISTRATIVE INFORMATION**

### **a. Posting of Proposal**

Interested parties can download this Request for Proposal (RFP) from the CHCC Website [www.chcc.gov.mp]. Once at the site, navigate to RFP tab on the left navigation bar. Click on the URL for this **RFP21-CHCC/HEMODIALYSIS-001**. You will be required to enter the date to allow us to track all requests for this opportunity.

### **b. General Provision**

Until the selection process is completed, the content of the proposal will be held in strictest confidence and no details of any proposal will be discussed outside the Evaluation Team created by the Corporation. This RFP does not constitute an offer and does not obligate the Corporation in any way. The Corporation reserves the right to reject any or all proposals for any reason and waive any defect in said proposals, negotiate with any qualified offers, or cancel in part or its entirety this RFP, if it is in the best interest of the Corporation.

CHCC will enter a contract with the successful vendor pursuant to the terms of the standard government independent contract. Additional terms and conditions will be attached as exhibits to the standard independent contract.

**b. Mandatory Pre-Proposal Conference**

A Pre-proposal conference is scheduled 10:00AM CHST on June 11<sup>th</sup>, 2021 at the Commonwealth Health Center Conference Room 3. The purpose of this conference is to clarify any points in the RFP, which may not have been clearly understood. The proposal conference is for information and clarification of the RFP. Attendance is mandatory for all prospective proposers. Questions regarding this RFP must be submitted in writing to Cora P. Ada, Director of Procurement via email: [cora.ada@chcc.health](mailto:cora.ada@chcc.health) no later than 4.30PM, Friday June 9<sup>th</sup>, 2021. List of all questions and responses will be provided to each respondent on the scheduled pre-conference date.

Supplier/Vendor will be required to conduct an oral or via zoom presentation prior to the closing date of the RFP. The presentation shall include but not limited to the type, model, general function and operation, maintenance, level of training and related supplies of the hemodialysis machines to be provided under this RFP as applicable. You may contact or email Cora P. Ada to request and schedule a presentation date. This is necessary to ensure all key units, i.e., Biomed, Procurement/MSO, Accounting, and Hemodialysis unit are well presented.

**c. Place, Date, and Time of Submission**

Email your proposal and all supporting documents to **Corazon P. Ada, Director, CHCC Division of Procurement and Supply**, at [cora.ada@chcc.health](mailto:cora.ada@chcc.health), no later than **10:00AM (CHST) Chamorro Standard Time on July 2<sup>nd</sup>, 2021.**

And/or

Proposers may submit four (4) copies in addition to the original proposal (5 in total) marked **RFP21-CHCC/HEMODIALYSIS-001** to the CHCC Division of Procurement and Supply, Administrative Building, Lower Navy Hill, Saipan.

Please note submission instructions:

- All submissions must include the RFP/ITB # and Project Title in the email subject.
- All documents must be submitted in Adobe PDF Format.
- All pages of your proposal must include the RFP/ITB # and Project Title in the header, plus page number in the footer.

Failure to follow the instructions regarding the submission of RFP Responses may result in the CHCC's choice to disqualify such proposals.

**e. Cost of Preparation**

All costs incurred by the vendor in preparing a response to this RFP and subsequent inquiries shall be borne by the vendor. All proposals and accompanying documentation will become the property of CHCC and will not be returned. The Commonwealth Healthcare Corporation reserves the right to reject any or all bids for any reason and to waive any defects in said bid, if in its sole opinion, to do so would be in the best interest of CHCC.

**f. Questions, clarifications, or inquiries**

Any questions or requests for clarification should be directed to:

**Nikki Villagomez**  
**Dialysis Center Director**  
**Commonwealth Healthcare Corp.**  
**P.O. Box 500409**  
**Saipan MP 96950**

**Telephone # 670-234-8950**  
**Fax: 670-233-8796**  
**nikki.villagomez@dph.gov.mp**

**And**

**Cora P. Ada**  
**Director of Procurement**  
**Commonwealth Healthcare Corp.**  
**P.O. Box 500409**  
**Saipan MP 96950**  
**Telephone No. 670-234-8950 ext. 3561**  
**Email: cora.ada@chcc.health**

Questions or requests for clarification not addressed during the scheduled pre-conference, please write and email to Cora P. Ada, Director of Procurement, no later than 4.30PM June 18<sup>th</sup>, 2021. List of all questions and response will be provided to each respondent and transmitted via email.

**VII. EVALUATION CRITERIA**

Proposals will be evaluated by a Committee and selection shall be made based on the evaluation factors set forth below:

**a. Technical Criteria**


1. 10% - Reliability in the delivery of consumables/disposable supplies.
2. 10% - Suitability and Acceptability of Equipment/medical device
3. 10% - Warranty Terms and Conditions
4. 25% - Qualifications and Experience
5. 25% - Project Timeline and Technical Approach
6. 20% - Financial Resources and Capability

**b. Cost Criteria**

Price for both the machines and consumable/disposable supplies must be CIF, CSR Main CHCC Campus, Lower base Saipan. Price is also a factor for consideration and price will be evaluated in comparison with the overall merit of the proposals. Technical merit is more important than price and the Corporation reserves the right to award the contract other than the lowest priced proposal. As proposals become more equal in technical merit, the importance of price will increase.

**VIII. SELECTION PROCESS**

Proposals submitted will be evaluated and selection will be made based on the evaluation criteria mentioned in Section VII. Upon selection, the successful vendor will be advised to negotiate the contract with CHCC. Should the negotiation fail to result in an agreement, CHCC reserves the right to cancel the negotiation and select the next proposer, which in CHCC's opinion, is the most qualified proposer. If the contract is not agreed to with any of the responsible proposers, the RFP will be cancelled and re-advertised.

Approved By:  Date: 06/02/21  
Esther L. Muna  
Chief Executive Officer

Approved By:  Date: 6/2/21  
Cora Ada  
Director of Procurement & Supply

**Attachment A: Hemodialysis Price Schedule**

ITEM DESCRIPTION	MONTH ESTIMATE	UNIT OF MEASURE	PRICE
(ACID) CENTRISOL CONC 4/1GAL SB-111			
(ACID) CENTRISOL CONC 4/1 GAL SB-123			
(ACID) CENTRISOL CONC 4/1GAL SB-152			
ADDITIVE POTASSIUM CHLORIDE 12.7 GM			
ALCOHOL ISOPROPYL 70% 12/16 oz			
ARTERIAL & VENOUS TUBING SET			
BLEACH GERMICIDAL			
CELOX COAGULANT 6/2GM			
CONTAINER BICARB CONC 10 L			
CNTRSOL BICARBONATE POWDER 20PK/CS MB-330			
CNTRSOL BICARBONATE POWDER 3/5LB MB-330-15			
DIALYZER HIGHFLUX ELISIO 1.7			
DIALYZER HIGHFLUX ELISIO 1.9			
DIALYZER HIGHFLUX ELISIO 2.1			
DIALYZER HEMO RXD WET 1.5			
DIALYZER HEMO RXD WET 1.8			
DIALYZER HEMO RXD WET 2.1			
DIALYZER HEMO RXD WET 2.5			
GLOVE VINYL EXM P/F LGE 50PR/Box 10B/CS			
GOWN ISOLATION FLUID RESIS			
HETROTRPHC PLT CNT SAMLR			
HEMO DIALYSIS KIT (1) underpad blue pad 18x22, (2) gauze sponge 4x4x12 P STER, (4) gauze sponge 2x2x8 P STER, (4) adhesive flexible bandage, (6) alcohol prep pads (2) syringe LL 10CC, (2) povidone swab stick 3/pk, (2) chlorhexidine			
INJECTION SITE LTX FREE 200/C			
MASK FULL FACE SHIELD			
MASK PRCEDUR EARLOOP			
NACL 0.9% INJ 250ml 24/CASE			
NEEDLE FISTULA BUTNHL 15GX1			
NEEDLE FISTULA BUTNHL 15GX1-1/4			
NEEDLE FISTULA BUTNHL 17GX1-1/4			
NEEDLE FISTULA 15GX 1 (MEDISYSTEMS)			
NEEDLE FISTULA 15Gx1-1/4			

NEEDLE FISTULA 17G X 1-1/4			
NEEDLE FISTULA 17GX1			
SPONCE GAUZE 4x4x12P STR			
SPONGE GAUZ 2X2X8P STR			
SPONGE GAUZ 4x4x12P N/S			
SYRINGE 10ML LL 200/BOX 2BX/CS			
SYRINGE LL 20 CC			
SYRINGE LL 10 CC			
SOLUTION, NEO-CARE 16-OZ			
SOL'N COND STND 14.MS/CM 16 OZ			
SOLUTION PH CAL 14.0 MS 16 OZ			
SOLUTION, BUFFER PH 7.0 16oz			
TAPE 1" DURAPORE 10RL PER BOX			
TEGADERM DRESSING TRANSPARENT 3-1/2 X 4-1/2			
TEST RESIDUAL CHLORNE STRIP			
TEST SERUM BLOOD LEAK STRIP			
TEST ULTRA LOW CHLORINE TEST			
TEST KIT SERIM HI SENSE (CHLORINE/CHLORAMINE)			
TRANSDUCER			
WATER HARDNESS TEST 50/BT 6BT/			

**Attachment B: Peritoneal Dialysis**

	<b>ESTIMATE</b>	<b>UNIT</b>		<b>PRICE</b>
PD 1.5%- DEXT LOW M/LOW C 5/2L	144	CASE	MONTH	
PD 2.5%- DEXT LOW M/LOW C 5/2L	190	CASE	MONTH	
PD 4.25%-DEXT LOW M/LOW C 5/2L	8	CASE	MONTH	
PD 1.5%- DEXT LOW M/LOW C 5/2.5L	14	CASE	MONTH	
PD 2.5%- DEXT LOW M/LOW C 5/2.5L	38	CASE	MONTH	
STAY SAFE MINI CAPS, 40/CS	335	CASE	MONTH	
STAY SAFE ORGANIZER, 1/EA	12	EACH	ANNUAL	
STAY SAFE ORGANIZER HOLDER, 1/EA	12	EACH	ANNUAL	
STAY SAFE LL CATH EXTENSION SET, 1/EA	40	EACH	ANNUAL	
PERITONEAL DIALYSIS CATH 15FR, 2 CUFFS, 1/EA	6	EACH	ANNUAL	
LOCKING TITANIUM CATHETER, 2-PIECE, 5/BX	4	BOX	ANNUAL	
BP MONITOR, DIGITAL, ADULT, 1/EA	15	EACH	ANNUAL	
SCALE DGTL SPRING 5000GM, 1/EA	15	EACH	ANNUAL	
HEATING PAD, 12x24, 1/EA	15	EACH	ANNUAL	
IV POLE, 4 HOOK, 5 CASTER, 1/EA	15	EACH	ANNUAL	
THERMOMETER, DIGITAL, 1/EA	15	EACH	ANNUAL	
FLOOR SCALE, DIGITAL, 1/EA	15	EACH	ANNUAL	
STAY SAFE DRAINAGE BAG		EACH		
SURGICAL MASKS	2	CASE	MONTH	
SURGICAL GLOVES (NITRILE)	5	CASE	MONTH	
ALCOHOL PREP PAD	1	CASE	MONTH	
ALCOHOL ISOPROPYL BOTTLE	2	EACH	MONTH	



# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands  
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



June 3<sup>rd</sup>, 2021

Ms. Noemi Borromeo  
Marianas Variety  
P.O. Box 500231  
Saipan MP 96950

**SUBJECT: RFP21-CHCC/HEMODIALYSIS-001**

Referenced to above subject, please publish the attached Invitation to Bid in your newspaper on the following dates:

June 4, 11, 18, 25 – July 2, 2021

The size of the advertisement should not exceed 1/16 page (3.4 x 2.6) of a page in your newspaper. Please email a copy of the ad, for correction if any, to [cora.ada@chcc.gov.mp](mailto:cora.ada@chcc.gov.mp) before the ad is put out for publication.

Please mail or submit your original invoice to the Commonwealth Healthcare Corporation, to CHCC Procurement & Medical Supply Office at P.O. Box 500409, Saipan MP 96950.

Your billing should reference to **RFP21-CHCC/HEMODIALYSIS-001** and the requesting agency is Procurement and Medical Supply office to be charged under Purchase Order Number 709246 -OP.

Sincerely,

Cora P. Ada  
Director, Procurement & Supply

/file





# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands  
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



June 3, 2021

Ms. Donna Rivera  
Saipan Tribune  
PMB 34, P.O. Box 10001  
Saipan MP 96950

**SUBJECT: RFP21-CHCC/HEMODIALYSIS-001**

Referenced to above subject, please publish the attached Invitation to Bid in your newspaper on the following dates:

June 4, 11, 18, 25 – July 2, 2021

The size of the advertisement should not exceed 1/16 page (3.4 x 2.6) of a page in your newspaper. Please email a copy of the ad, for correction if any, to [cora.ada@chcc.gov.mp](mailto:cora.ada@chcc.gov.mp) before the ad is put out for publication.

Please mail or submit your original invoice to the Commonwealth Healthcare Corporation, to CHCC Procurement & Medical Supply Office at P.O. Box 500409, Saipan MP 96950.

Your billing should reference to **RFP21-CHCC/HEMODIALYSIS-001** and the requesting agency is Procurement and Medical Supply office to be charged under Purchase Order Number 709245 -OP.

Sincerely,

Cora P. Ada  
Director, Procurement & Supply