

**Project Director,
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Your letter of	
Our reference	HC/RESER/AX/TA/02-2026-2027/PIMS
Date	June 11, 2026

SUBJECT: GREVEINCES AGAINST THE TENDER SPECIFICATION PROCUREMENT OF BIPLANE ANGIOGRAPHY SYSTEM FOR TENDER NOTICE NO. 02/2026-2027 WHICH WILL BE DUE ON 18.06.2026

Dear Sir

We would like to thank you for issuing the tender documents for the procurement of Biplane Angiography Systems.

After carefully reviewing the tender documents, we have observed that certain technical tender specifications of the Biplane Angiography System appear to be restrictive and may limit broader participation. In the interest of promoting fair and healthy competition among qualified manufacturers and suppliers, we respectfully request that the technical specifications be reviewed and revised.

We believe that revising these specifications will encourage wider participation, provide the procuring authority with a broader range of technologically advanced solutions, and ensure greater value and competitiveness in the tender process.

We would also like to highlight that Siemens Healthineers is one of the leading manufacturers of angiography systems worldwide with a significant market presence and one of the largest installed bases globally as well as in Pakistan.

Over the past several years, Siemens Healthineers has successfully supplied and installed both Biplane and Single Plane Angiography Systems at some of Pakistan's most prestigious healthcare institutions and leading Interventional Radiology (IR), Neuro Intervention and Stroke Centers. These include PAF Hospital Islamabad, Armed Forces Institute of Radiology and Imaging (AFIRI) Rawalpindi, Combined Military Hospital (CMH) Lahore, Punjab Institute of Neurosciences (PINS) Lahore, Aga Khan University Hospital Karachi and Shifa International Hospital Islamabad etc.

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However, we regret to note that the advertised tender specifications discourage our participation in the bidding process. We are particularly surprised that the technical requirements appear to place greater emphasis on cardiology related features rather than the clinical needs of stroke and Interventional Radiology procedures. Furthermore, the specifications do not appear to adequately consider internationally recommended detector sizes for neurovascular and stroke interventions, dedicated stroke-related clinical applications and advanced post-processing workstations that are essential for comprehensive neurointerventional practice.

You are therefore requested to kindly review and amend the technical specifications by incorporating the following proposed parameters and revisions. These changes will help ensure a fair, transparent, and competitive procurement process, providing all qualified manufacturers an equal opportunity to participate and submit their offers.

Furthermore, considering the technical complexity and high value of this procurement, we strongly recommend conducting a pre-bid meeting with all prospective bidders. Such a meeting would provide an appropriate platform for clarification of technical requirements, discussion of clinical and operational needs, and resolution of any ambiguities in the tender documents, thereby ensuring the procurement of the most suitable solution for the end user.

Sr. Nos	Tender Sr. No. & Description	Siemens Request
1	01 - Clinical Purpose System should incorporate the latest AI-Driven technologies	For fair and healthy competition, please remove the following line: "System should incorporate the latest AI-driven technologies."
2	1.2 Digital Flat Panel Detectors: Both detectors 30 x 30 cm (same Model / Version)	Proposed amendment: Both detectors should have a detector size of 30 cm × 40 cm . Justification: As mentioned above, all Leading healthcare institutions and neurointerventional centers in Pakistan have selected and are successfully utilizing angiography systems equipped with 30 cm × 40 cm detectors. The larger detector size provides enhanced anatomical coverage which is particularly beneficial

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		for Interventional Radiology, Neuro intervention and Acute Stroke procedures. A 30 cm × 40 cm detector enables visualization of a larger field of view without the need for frequent table or detector repositioning, thereby improving procedural efficiency, workflow, and clinical confidence during complex interventions. Since the intended use of the system includes stroke and Interventional Radiology applications, specifying a detector size of 30 cm × 40 cm or larger would ensure broader clinical applicability while promoting fair competition among leading manufacturers. We therefore request that the detector size requirement be amended to: "Both detectors, or at least one detector, should have a detector size of 30 cm × 40 cm or larger."
3	1.2 Digital Flat Panel Detectors: Pixel Size: ≤150 μm	We request that the detector pixel size specification be amended to " ≤155 μm for all zoom/FOV levels" for healthy competition. <u>Pixel size of ≤150 μm is available with only one vendor. This requirement alone excludes all the vendors from participation. Which is against PPRA rules and must be changed. Please note that the vendor who has ≤150 μm pixel size can achieve it with a very small field of view and is clinically not relevant</u>
4	1.4 X-Ray Generator & Tubes: Fluoroscopy: 60–120 kVp, 1–130 mA.	Existing Specifications: 130 mA Proposed Amendment: Maximum Digital Pulsed Fluoroscopy Current: 200 mA or more <u>[Not: we have 250 mA Fluoro current, however all the manufacturers offer 200 mA or more, so we suggest to change this requirement in a way that is clinically useful and also ensures health competition.]</u> Justification:

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		Image quality during fluoroscopy is one of the most critical performance parameters in angiography systems, particularly for complex Interventional Radiology, Neurointerventional, and Stroke procedures. Higher fluoroscopy current capability enables the system to maintain excellent image quality and anatomical visualization during challenging clinical cases, including procedures involving obese patients where higher X-ray penetration is required. The ability to deliver up to 250 mA fluoroscopic current provides improved image clarity, enhanced visualization of small vessels and devices, and greater clinical confidence during lengthy and complex interventions. Furthermore, maintaining high fluoroscopic performance while optimizing dose management contributes to improved procedural efficiency and patient care. We respectfully request that this parameter be amended to "Maximum Digital Pulsed Fluoroscopy Current: 200 mA or more." And please give additional benefit in terms of price for anyone who offers 250 mA or more.
5	1.4 X-Ray Generator & Tubes: Anode Heat (actual): ≥ 3.8 MHU; dual/triple focus.	Existing Specification: ≥ 3.8 MHU Proposed Amendment: • Anode heat storage capacity of 5 MHU or more (actual). • Heat dissipation / cooling rate of not less than 1500 kHU/min. • Effective or equivalent values shall not be considered acceptable. In Interventional Radiology, Neuro intervention, and complex cardiac and vascular procedures, systems are often required to perform prolonged fluoroscopy and repeated high-load imaging sequences. In such scenarios, the thermal capacity and cooling performance of the X-ray tube are critical to maintaining uninterrupted workflow and avoiding procedure delays due to overheating.

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		We therefore request that the specification be revised accordingly to reflect these minimum performance requirements
6	2.2 Imaging & Acquisition: Storage: ≥50,000 images (1024 x 1024 x 16-bit) on console disk.	We request you to amend this parameter. It seems to be vendor specific. Please change it to Storage: ≥50,000 images (1024 x 1024 x 12-bit) on console disk, for healthy competition.
7	2.2 Imaging & Acquisition: True 16-bit image processing, acquisition and storage chain.	We request you to amend this parameter” True 12-bit or more image processing, acquisition and storage chain.” for healthy competition.
8	2.4 Software-Packages:	It is important to highlight that the current technical specifications for the subject system appear to be predominantly focused on cardiac-related applications and software packages. Since this procurement is primarily intended for Stroke Intervention and Neurointerventional procedures, it is essential that the system is equipped with advanced stroke-specific software applications to ensure optimal clinical utility, procedural efficiency, and patient outcomes in neurovascular cases. In view of the above, we respectfully request that the following stroke and neuro intervention-related software applications be included in the technical specifications to better align the system with the intended clinical requirements. ADVANCED 3D APPLICATIONS: 3D Reconstruction: Possibility of visualizing both vessels and other material such as coils, stents with distinctive colors. Ability to post-process one 3D data set in control room without interfering in exam room 3D procedure. Planning of 3D markings (lines, circles...etc) highlighting landmarks on 3D datasets and overlay of live fluoroscopy

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		3D Roadmap: Overlay of 3D dataset on live Fluoro with automatic compensation of C-arm and table movement. CT-like imaging: Coverage of at least 200 deg, so that important information is not missed. Overlay between 3D model and CT like image for visualization and comparison Metal Artifact reduction Low contrast cross-sectional imaging with 1 x 1 pixel binning for higher resolution CT-like imaging Fusion with imported DICOM volumes: Fusion with MR, CT and PET imported DICOM images. Fused image can be overlaid on live Fluoro. Co-registration of 3D imaging and preferably using 2D imaging for dose reduction. 3D volumetric analysis and Virtual Stent planning: Automatic calculation of dome height, ostium diameter, and aneurysm volume. Virtual stent planning with overly on live fluoro. Possibility of endoscopic view of the supplying vessel and the aneurysm. 3D Parenchymal blood volume Imaging (Neuro Perfusion Application): Color-coded imaging of the parenchymal blood volume in the brain during an intervention. Color scale displayed for reference. Distance measurement can be done on the image. Comparative measurement of left and right hemisphere.
9	2.5 Hemodynamic System: Upgradability: Must be upgradeable to EP applications.	We request you to delete “Must be upgradable to EP system as it is applicable to dedicated cardiology setup.

In view of the above, we also respectfully request an extension of the tender submission deadline for at least **10–12 working days** to be granted after the issuance of **revised or amended tender specifications**.

This extension will enable all prospective bidders to adequately incorporate the changes and prepare comprehensive and competitive proposals, thereby ensuring a fair and healthy competitive bidding process.

We trust that our request will receive your kind consideration.

Thanking you and assuring you for our closest cooperation always, we remain.

With Kind Regards,



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(Rahat Hussain)
Commercial Controller



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(SHOAIB RASHID)
Manager Sales

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