***dotyczy: przetargu nieograniczonego na dostawę specjalistycznych materiałów medycznych wraz z najmem 2 systemów do mappingu trójwymiarowego, najmem 7 szt programatorów i 2 szt generatorów dla Pracowni Elektrofizjologii***. ***znak sprawy: 4 WSzKzP.SZP.2612.92.2022***

***Załącznik nr 2 do SWZ***

***ZESTAWIENIE ASORTYMENTOWO-CENOWE***

*Cenę brutto (PLN), będąca podstawą do wyliczenia punktów za cenę – otrzymujemy ze wzoru: Wartość jednostkowa netto(PLN) razy Ilość – daje Wartość netto (PLN), z której to wartości liczymy podatek vat i po dodaniu podatku vat do wartości netto otrzymujemy Cenę brutto (PLN).*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | | | | | | | | | | | | | | | | | | | | ***j.m.*** | | | | | | | | | | | | | | | | | ***wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | | | | | ***ilość*** | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET 1 Podstawowy kardiowerter - defibrylator jednojamowy /ICD-VR/, dwujamowy /ICD-DR/ , resynchronizujący /CRT-D/, elektrody przedsionkowe do stałej stymulacji serca CPV 33182100-0** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Podstawowy kardiowerter - defibrylator jednojamowy /ICD-VR/ z możliwością wykonania badania MRI po implantacji razem z elektrodą defibrylujacą i zestawem akcesoriów do wprowadzania elektrod do układu żylnego | | | | | | | | | | | | | | | | | | | | | | | komplet | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **80** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Podstawowy kardiowerter - defibrylator dwujamowy /ICD-DR/ z możliwością wykonania badania MRI po implantacji razem z elektrodą defibrylujacą i zestawem akcesoriów do wprowadzania elektrod do układu żylnego | | | | | | | | | | | | | | | | | | | | | | | komplet | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Podstawowy wysokoenergetyczny kardiowerter-defibrylator resynchronizujący /CRT-D/ z możliwością wykonania badania MRI po implantacji razem z elektrodą defibrylującą oraz elektrodą do LV i zestawem akcesoriów do wprowadzania elektrod do układu żylnego | | | | | | | | | | | | | | | | | | | | | | | komplet | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **19** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Elektrody przedsionkowe do stałej stymulacji serca | | | | | | | | | | | | | | | | | | | | | | | sztuka | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **30** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET NR 1 poz. 1 – Podstawowy kardiowerter - defibrylator jednojamowy (ICD-VR) z możliwością wykonania badania MRI po implantacji** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ilość | | | | | | | **80** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Lp.** | | | **Parametry** | | | | **Potwierdzenie spełniania parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Waga poniżej 80 g | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 2. | | | Dostarczona energia ≥35J | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Możliwość wykonania badania MRI po implantacji bez stref wykluczenia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Algorytm wykorzystujący analizę morfologii zespołu QRS do różnicowania arytmii nadkomorowych od komorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Możliwość dostarczenia terapii ATP w strefie VF | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Trzy strefy rozpoznawania arytmii | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Algorytm wstrzymujący detekcję arytmii komorowych w przypadku stwierdzenia zakłóceń na elektrodzie RV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| z uruchomieniem sygnału powiadamiającego pacjenta | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Bezprzewodowa komunikacja ICD z programatorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Domowe monitorowanie pracy ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Programowalna aktywna obudowa defibrylatora (active – non active) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Automatyczny wybór ostatniej skutecznej terapii antyarytmicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 12. | | | Terapia antyarytmiczna min. 2 typy | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 13. | | | Połączenie elektrody defibrylującej DF-4/DF-1 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 14. | | | Zestaw do wprowadzania elektrod do układu żylnego | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 15. | | | Pendrive – min. 8 GB – archiwizacja danych z kontroli ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (1 ICD-1 pendrive) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 16. | | | Elektrody do defibrylacji sterydowe, pasywne/aktywne – do wyboru z katalogu | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 17. | | | Możliwość stymulacji/terapii wysokoenergetycznej w przypadku uszkodzenia ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 18. | | | Automatyczna sygnalizacja ERI (sygnał emitowany przez ICD informujący pacjenta) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 19. | | | Żywotność baterii > 10 lat | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 20. | | | Elektrody do defibrylacji DF1/DF4 współpracujące z introducerem 9F | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET NR 1 poz. 2 - Podstawowy kardiowerter - defibrylator dwujamowy /ICD-DR/ z możliwością wykonania badania MRI po implantacji** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ilość | | | | | | | **10** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Lp.** | | | **Parametry** | | | | **Potwierdzenie spełniania parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Waga poniżej 80 g | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 2. | | | Dostarczona energia ≥35J | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Możliwość wykonania badania MRI po implantacji | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Algorytm wykorzystujący analizę morfologii zespołu QRS do różnicowania arytmii nadkomorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| od komorowych | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Możliwość dostarczenia terapii ATP w strefie VF | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Trzy strefy rozpoznawania arytmii | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Algorytm wstrzymujący detekcję arytmii komorowych w przypadku stwierdzenia zakłóceń na elektrodzie RV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| z uruchomieniem sygnału powiadamiającego pacjenta | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Bezprzewodowa komunikacja ICD z programatorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Domowe monitorowanie pracy ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Programowalna aktywna obudowa defibrylatora (active – non active) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Automatyczny wybór ostatniej skutecznej terapii antyarytmicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 12. | | | Terapia antyarytmiczna min. 2 typy | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 13. | | | Połączenie elektrody defibrylującej DF-4/DF-1 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 14. | | | Zestaw do wprowadzania elektrod do układu żylnego | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 15. | | | Pendrive – min. 8 GB – archiwizacja danych z kontroli ICD (1 ICD-1 pendrive) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 16. | | | Elektrody do defibrylacji sterydowe, pasywne/aktywne – do wyboru z katalogu | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 17. | | | Żywotność baterii > 10 lat | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 18. | | | Możliwość stymulacji/terapii wysokoenergetycznej w przypadku uszkodzenia ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 19. | | | Automatyczna sygnalizacja ERI | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (sygnał emitowany przez ICD informujący pacjenta) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 20. | | | Elektrody do defibrylacji DF1/DF4 współpracujące z introducerem 9F | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET NR 1 poz. 3 - Podstawowy wysokoenergetyczny kardiowerter-defibrylator resynchronizujący /CRT-D/ z możliwością wykonania badania MRI po implantacji** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ilość | | | | | | | **19** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Lp.** | | |  | | | | **Potwierdzenie spełniania parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Parametry** | | | | **Opis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Waga poniżej 85 gramów | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Dostarczona energia ≥35J | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Możliwość wykonania badania MRI po implantacji | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Możliwość dostarczenia terapii ATP w strefie VF | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Funkcja dyskryminacji załamka T | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Algorytm wstrzymujący detekcję arytmii komorowych w przypadku stwierdzenia zakłóceń na elektrodzie RV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| z uruchomieniem sygnału powiadamiającego pacjenta | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Elektroda LV czteropolowa dopuszczona do badania MRI | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Elektrody do LV min. 3 typy | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *3 rodzaje – 0 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *4 rodzaje i więcej – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Elektrody do defibrylacji sterydowe, pasywne/aktywne - do wyboru z katalogu | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Algorytm wykorzystujący analizę morfologii zespołu QRS do różnicowania arytmii komorowych i nadkomorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Bezprzewodowa komunikacja ICD z programatorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 12. | | | Domowe monitorowanie pracy ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 13. | | | Terapia ATP arytmii nadkomorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 14. | | | Automatyczny wybór ostatniej skutecznej terapii antyarytmicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 15. | | | Zestaw akcesoriów do wprowadzania elektrod LV do zatoki wieńcowej (koszulka, rozszerzadło, prowadnik, nóż do koszulki) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 16. | | | Pendrive - min. 8 GB – archiwizacja danych z kontroli ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (1 ICD - 1 pendrive) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 17. | | | Terapia antyarytmiczna min. 2 typy | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *2 rodzaje – 0 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *3 rodzaje i więcej – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 18. | | | Rozpoznawanie arytmii min. 2 typy - VF i VT | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *2 rodzaje – 0 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *3 rodzaje i więcej – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 19. | | | Możliwość stymulacji/terapii wysokoenergetycznej w przypadku uszkodzenia ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 20. | | | Automatyczna sygnalizacja ERI | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (sygnał informujący pacjenta) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 21. | | | Elektrody do defibrylacji DF1/DF4 współpracujące z introducerem 9F | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 22. | | | Żywotność baterii > 8 lat | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie, 10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET NR 1 poz. 4 - Elektrody przedsionkowe do stałej stymulacji serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Lp.** | | | **Parametry** | | | | **Potwierdzenie spełniania parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **I** | | | **Właściwości fizyczne elektrod** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. | | | Sposób mocowania : pasywny, aktywny | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Rodzaj powłoki końcówki elektrody – sterydowa | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Polarność bipolarna | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Kształt prosty i/lub litery J (do wyboru) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *1 rodzaj – 0 pkt,,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *2 rodzaje - 10 pkt,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Min. 2 długości (45-53 cm) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *2 długości – 0 pkt,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *3 długości i więcej – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Maks. Liczba punktów: 20*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | | | | | | | | | | | | | | | | | ***j.m.*** | | | | | | | | | | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET 2 Zaawansowany kardiowerter-defibrylator jednojamowy /ICD-VR/ 35 J z możliwością wykonania badania MRI (1.5T/3T) i rozpoznawania arytmii nadkomorowych**  **CPV 33182100-0, Wynajem PA01-7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **1** | | | Zaawansowany kardiowerter-defibrylator jednojamowy 35 J (ICD-VR) | | | | | | | | | | | | | | | | | | | | sztuka | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **60** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **2** | | | Elektroda defibrylująca | | | | | | | | | | | | | | | | | | | | sztuka | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **64** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **3** | | | Zestaw do wprowadzania elektrod do układu żylnego | | | | | | | | | | | | | | | | | | | | zestaw | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **64** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **4** | | | **Najem programatora** | | | | | | | | | | | | | | | | | | | | miesiąc | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | typ …………,  rok produkcji …………  Producent …………………. Kraj …………………  o wartości brutto ………………zł  ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **RAZEM pakiet 2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET NR 2 poz. 1 - Zaawansowany kardiowerter - defibrylator jednojamowy 35 J (ICD-VR) z możliwością wykonania badania MRI (1.5T/3T) z elektrodą** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Waga poniżej 80 g | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Dostarczona energia ≥ 35J | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Możliwość wykonania badania MRI (1.5 T/3 T) po implantacji bez stref wykluczeni: DF1/DF4 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Algorytm wykorzystujący analizę morfologii zespołu QRS do różnicowania arytmii nadkomorowych od komorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Rozpoznawanie arytmii nadkomorowych poprzez analizę rytmu komorowego: DF1/DF4 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Możliwość dostarczenia terapii ATP w strefie VF | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| w czasie ładowania kondensatorów | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Funkcja dyskryminacji załamka T bez zmian i programowania czułości urządzenia nominalnie włączona | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Trzy strefy rozpoznawania arytmii | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Algorytm wstrzymujący detekcję arytmii komorowych w przypadku stwierdzenia zakłóceń na elektrodzie RV z uruchomieniem sygnału dźwiękowego powiadamiającego pacjenta | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Bezprzewodowa komunikacja ICD z programatorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Domowe monitorowanie pracy ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 12. | | | Programowalna aktywna obudowa defibrylatora | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (active – non active) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 13. | | | Automatyczny wybór ostatniej skutecznej terapii antyarytmicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 14. | | | Automatyczny pomiar progu stymulacji w kanale komorowym | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 15. | | | Pendrive – min. 8 GB – archiwizacja danych z kontroli ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (1 ICD-1 pendrive) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 16. | | | Terapia antyarytmiczna | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *≤ 2 typy – 0 pkt,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *≥ 3 typy – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 17. | | | Dyskryminacja arytmii komorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *nie – 0 pkt,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *tak – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 18. | | | Algorytm rozpoznający uszkodzenie elektrody i włączający alarm dźwiękowy. Automatyczne przeprogramowanie detekcji VF w celu uniknięcia nieadekwatnych terapii | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *nie – 0 pkt,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *tak – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **PAKIET 3 Zaawansowany kardiowerter – defibrylator dwujamowy / ICD-DR/ z kompletem elektrod z możliwością wykonania badania MRI (1.5 T/3 T), CPV 33182100-0, Wynajem PA01-7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **1** | | | Kardiowerter-defibrylator dwujamowy (ICD-DR) | | | | sztuka | | | | | | | | |  | | | | | | | | | | | | | **7** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **2** | | | Elektroda defibrylująca | | | | sztuka | | | | | | | | |  | | | | | | | | | | | | | **7** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **3** | | | Elektroda stymulująca | | | | sztuka | | | | | | | | |  | | | | | | | | | | | | | **7** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **4** | | | Zestaw do wprowadzania elektrod do układu żylnego | | | | zestaw | | | | | | | | |  | | | | | | | | | | | | | **14** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **5** | | | **Najem programatora** | | | | miesiąc | | | | | | | | |  | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | typ ………………, rok produkcji ……………………. Producent …………………. Kraj ……………………. o wartości brutto …………………….. zł ( do celów księgowych) | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | |  | | | |  | | | | | | | | |  | | | | | | | | | | | | | **RAZEM pakiet 3:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET NR 3 poz. 1 Zaawansowany kardiowerter – defibrylator dwujamowy / ICD-DR/ z kompletem elektrod z możliwością wykonania badania MRI (1.5 T/3 T)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Waga poniżej 80 g | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Dostarczona energia ≥ 35J | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Możliwość wykonania badania MRI (1.5 T/3 T) po implantacji bez stref wykluczeni: DF1/DF4 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Algorytm wykorzystujący analizę morfologii zespołu QRS do różnicowania arytmii nadkomorowych od komorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Możliwość dostarczenia terapii ATP w strefie VF | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| w czasie ładowania kondensatorów | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Funkcja dyskryminacji załamka T bez zmian i programowania czułości urządzenia nominalnie włączona | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Trzy strefy rozpoznawania arytmii | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Algorytm wstrzymujący detekcję arytmii komorowych w przypadku stwierdzenia zakłóceń na elektrodzie RV z uruchomieniem sygnału dźwiękowego powiadamiającego pacjenta | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Bezprzewodowa komunikacja ICD z programatorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Domowe monitorowanie pracy ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Programowalna aktywna obudowa defibrylatora | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (active – non active) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 12. | | | Automatyczny wybór ostatniej skutecznej terapii antyarytmicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 13. | | | Automatyczny pomiar progu stymulacji w kanale komorowym i przedsionkowym | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 14. | | | Pendrive – min. 8GB – archiwizacja danych z kontroli ICD (1 ICD-1 pendrive) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 15. | | | Algorytmy różnicujące częstoskurcz komorowy od nadkomorowego min. 3 rodzaje | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 16. | | | Możliwość dyskryminowania arytmii komorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *nie – 0 pkt,*  *tak – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| w strefie VF | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 17. | | | Automatyczna sygnalizacja uszkodzenia elektrody | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *nie – 0 pkt,*  *tak – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (sygnał dźwiękowy emitowany przez ICD | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| informujący pacjenta) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 18. | | | Automatyczna sygnalizacja ERI | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *nie – 0 pkt,*  *tak – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (sygnał dźwiękowy emitowany przez ICD | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| informujący pacjenta) | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 19. | | | Fizjologiczny kształt urządzenia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *nie – 0 pkt,*  *tak – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET 3 poz. 3 - Elektrody przedsionkowe do stałej stymulacji serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **I** | | | **Właściwości fizyczne elektrod** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1 | | | Sposób mocowania: pasywny lub aktywny | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2 | | | Rodzaj powłoki końcówki elektrody – sterydowa | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3 | | | Długość w obrębie zakresu: od 40 do 85 cm | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET 4 Kardiowerter- defibrylator resynchronizujący /CRT-D/ z możliwością wykonania badania MRI (1.5 T/3 T) , CPV 33182100-0, Wynajem PA01-7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **1.** | | | Zaawansowany wysokoenergetyczny kardiowerter- defibrylator resynchronizujący /CRT-D/ z możliwością automatycznej optymalizacji parametrów CRT oraz z zaawansowaną dyskryminacją załamka T | | | | sztuka | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **40** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **2.** | | | Elektroda defibrylująca | | | | sztuka | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **38** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **3.** | | | Elektroda stymulująca | | | | sztuka | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **38** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **4.** | | | Elektroda do zatoki wieńcowej | | | | sztuka. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **28** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **5.** | | | Elektroda do zatoki wieńcowej o aktywnym mocowaniu | | | | sztuka. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **4** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **6.** | | | Zestaw do wprowadzania elektrody do zatoki wieńcowej | | | | zestaw | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **40** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **7.** | | | Zestaw do kontrastowania zatoki wieńcowej | | | | zestaw | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **40** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **8.** | | | Zestaw do wprowadzania elektrod do układu żylnego | | | | zestaw | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **36** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **9.** | | | Zestaw do wprowadzania elektrody LV kardiowertera-defibrylatora resynchronizującego (CRT-D) do układu żylnego i CS z regulacją końca koszulki | | | | zestaw | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **45** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **10.** | | | **Najem programatora** | | | | miesiąc | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **12** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | typ ………………, rok produkcji ………………  Producent ………………  Kraj ………………  o wartości brutto ……………zł ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **RAZEM pakiet 4:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET NR 4 poz. 1 - Zaawansowany wysokoenergetyczny kardiowerter-defibrylator resynchronizujący /CRT-D/ z możliwością wykonania badania MRI (1.5 T/3 T)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Waga poniżej 85 gramów | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Energia defibrylacji dostarczona min. 35 [J] | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Możliwość wykonania badania MRI (1.5T/3T) po implantacji bez stref wykluczeń | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Możliwość dostarczenia terapii ATP w strefie VF w czasie ładowania kondensatorów | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Funkcja dyskryminacji załamka T bez zmian i programowania czułości urządzenia nominalnie włączona | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Algorytm wstrzymujący detekcję arytmii komorowych w przypadku stwierdzenia zakłóceń na elektrodzie RV z uruchomieniem sygnału dźwiękowego powiadamiającego pacjenta | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Elektroda do zatoki wieńcowej o aktywnym mocowaniu | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Elektroda LV czteropolowa dopuszczona do badania MRI (1.5T/3T) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Elektroda LV czteropolowa z aktywnym mechanizmem fiksacji w ścianie naczynia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Automatyczna optymalizacja parametrów CRT po implantacji urządzenia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Algorytm wykorzystujący analizę morfologii zespołu QRS do różnicowania arytmii komorowych i nadkomorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 12. | | | Bezprzewodowa komunikacja ICD z programatorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 13. | | | Domowe monitorowanie pracy ICD | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 14. | | | Terapia ATP arytmii nadkomorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 15. | | | Automatyczny wybór ostatniej skutecznej terapii antyarytmicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 16. | | | Pendrive - min. 8GB – archiwizacja danych z kontroli ICD (1 ICD - 1 pendrive) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 17. | | | Algorytm wstrzymujący detekcję arytmii komorowych w przypadku stwierdzenia zakłóceń na elektrodzie RV z automatycznym przeprogramowaniem CRT-D | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 18. | | | Terapia antyarytmiczna | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *≤ 2 typy – 0 pkt,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *≥ 3 typy – 10 pkt* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 19. | | | Algorytm zapewniający terapię resynchronizującą w obecności przedwczesnych pobudzeń komorowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 20. | | | Algorytm zapewniający terapię resynchronizującą w obecności AT/AF | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 21. | | | Automatyczna sygnalizacja uszkodzenia elektrody | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (sygnał dźwiękowy informujący pacjenta) | | | | *10pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 22. | | | Automatyczna sygnalizacja ERI | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| (sygnał dźwiękowy informujący pacjenta) | | | | *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET 4 poz. 3 - Elektrody przedsionkowe do stałej stymulacji serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **I** | | | **Właściwości fizyczne elektrod** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. | | | Sposób mocowania: pasywny lub aktywny | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Rodzaj powłoki końcówki elektrody – sterydowa | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Długość w obrębie zakresu: od 40 do 85 cm | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET NR 4 poz. 9 - Zestaw do wprowadzania elektrody LV kardiowertera-defibrylatora resynchronizującego /CRT-D/ do układu żylnego i CS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Możliwość aktywnej zmiany krzywizny koszulki | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Długość koszulki minimum 1 typ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Wyjmowanie zestawu poprzez rozcinanie nożykiem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Długość koszulki minimum 1 typ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – 1 typ,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *10 pkt. – dwa typy i więcej* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **PAKIET 5 Stymulator jednojamowy przystosowany do badań przy pomocy rezonansu magnetycznego /MRI/, CPV 33158210-7 – Stymulatory** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **1** | | | Stymulator jednojamowy SSIR przystosowany do badania MRI 1.5T/3T | | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | **150** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **2** | | | Elektroda komorowa | | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | **150** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **3** | | | Zestaw wprowadzający elektrodę do układu żylnego | | | | zestaw | | | | | | | | | | |  | | | | | | | | | | | | | | **150** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | **RAZEM pakiet 5:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **PAKIET NR 5 poz. 1 - Stymulator SSIR (jednojamowy) przystosowany do badań przy pomocy rezonansu magnetycznego /MRI/** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa stymulatora | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Parametry programowane** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. | | | Czułość komorowa – co najmniej w zakresie: 1,0 – 6,0 mV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Szerokość impulsu (A/V): 0,5 – 1,0 ms | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Program nocny | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Okres refrakcji V min. zakres: 200-500 ms | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Rejestrowanie trendów oporności elektrod przez cały okres życia urządzenia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Automatyczna optymalizacja funkcji „rate response” | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Automatyczne dostosowanie parametrów impulsu stymulacyjnego do zmierzonego progu stymulacji | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Możliwość automatycznego przełączenia polarności w przypadku przekroczenia zakresu impedancji elektrod | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Możliwość wykonania badania MRI 1.5T/3T bez stref wykluczeń | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Możliwość wykonania antyarytmicznej stymulacji (EPS) stymulatorem wszczepionym | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,*  *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Możliwość stymulacji „over-drive” do 300/min | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,*  *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Maks. Liczba punktów: 20*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **PAKIET 5 poz. 2 - Elektrody MRI do stałej stymulacji serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry wymagane** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | | **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **I** | | | **Właściwości fizyczne elektrod** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1. | | | Sposób mocowania: pasywny lub aktywny | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Rodzaj powłoki końcówki elektrody: sterydowa | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Polarność: bipolarna | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Długość: 45 - 65 cm | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | | ***j.m.*** | | | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **PAKIET 6 Stymulator dwujamowy DDDR przystosowany do badań przy pomocy rezonansu magnetycznego /MRI/, CPV 33158210-7 – Stymulatory, Wynajem PA01-7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **1** | | | Stymulator dwujamowy DDDR przystosowany do badania MRI 1.5T/3T | | | | | sztuka | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **300** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **2** | | | Elektroda przedsionkowa | | | | | sztuka | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **300** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **3** | | | Zestaw wprowadzający elektrodę do układu żylnego | | | | | zestaw | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **600** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **4** | | | Elektroda komorowa | | | | | sztuka | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **300** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **5** | | | **Najem programatora** | | | | | miesiąc | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | typ ………………,  rok produkcji ……………………. Producent ………………….  Kraj ……………………. o wartości brutto …………………….. zł  ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **RAZEM pakiet 6** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **PAKIET NR 6 poz. 1 - Stymulator dwujamowy DDDR - przystosowany do badań przy pomocy rezonansu magnetycznego /MRI/** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa stymulatora | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Parametry programowane** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Żywotność stymulatora: min. 8 lat (nastawy nominalne) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Amplituda impulsu min. zakres: 0,5-7,0 V | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Szerokość impulsu (A/V) min. zakres: 0,5-1,0 ms | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Czułość komorowa – co najmniej w zakresie: 1,0 – 6,0 mV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Czułość przedsionkowa - co najmniej w zakresie: 0,4 - 4,0 mV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Odstęp AV dynamiczny, programowany w zakresie: min. 30-300 ms (PAV i SAV) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Automatyczny PVARP | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | Histereza częstości rytmu | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | | | Automatyczna zmiana trybu stymulacji w obecności szybkich rytmów przedsionkowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | | | Rejestrowanie trendów oporności elektrod przez cały okres życia urządzenia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 11. | | | Możliwość automatycznego przełączenia polarności w przypadku przekroczenia zaprogramowanego zakresu impedancji elektrod | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 12. | | | Możliwość wykonania badania MRI 1.5T/3T bez stref wykluczeń | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 13. | | | Automatyczna optymalizacja funkcji „rate response” | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,*  *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 14. | | | Możliwość zaprogramowania odstępu AV w algorytmie promującym własne przewodzenie przedsionkowo-komorowe do wartości powyżej 550 ms | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,*  *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 15. | | | Możliwość wykonania stymulacji antyarytmicznej EPS wszczepionym stymulatorem (min. 2 typy) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,*  *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 16. | | | Algorytm reagujący na gwałtowny spadek częstości akcji serca | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *0 pkt. – nie,*  *10 pkt. – tak* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET 6 poz. 2 i 4 - Elektrody MRI do stałej stymulacji serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **I** | | | **Właściwości fizyczne elektrod** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1 | | | Sposób mocowania: pasywny lub aktywny | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2 | | | Długość: 45 - 65 cm | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3 | | | Rodzaj izolacji: Silikon, Poliuretan - do wyboru | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4 | | | Rodzaj powłoki końcówki elektrody: sterydowa | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5 | | | Polarność: bipolarna | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **PAKIET 7 Wszczepialny pętlowy rejestrator EKG przystosowany do badań przy pomocy rezonansu magnetycznego /MRI/. CPV 33182240-3 – Części i akcesoria do rozruszników serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 1 | | | Pętlowy rejestrator EKG wszczepialny ambulatoryjnie przy pomocy zestawu aplikacyjnego | | | | sztuka | | |  | | | | | | | | | | | | | | | **1** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **RAZEM pakiet 7:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **PAKIET NR 7 poz. 1 Pętlowy rejestrator EKG wszczepialny ambulatoryjnie przy pomocy zestawu aplikacyjnego** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Żywotność urządzenia: min. 30 miesięcy | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Rejestracja epizodów bradyarytmii: poniżej 30/min | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Rejestracja epizodów częstoskurczy w zakresie: 115-230/min | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Rejestracja EKG bez wykorzystania elektrod powierzchniowych lub wewnątrzsercowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Możliwość automatycznej rejestracji epizodów | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | Urządzenie przystosowane do badania MRI 1.5T/3T | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | Możliwość rejestracji epizodów przez pacjenta | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | *nie – 0 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *tak – 10 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET 8 Nóż plazmowy z najmem generatora, CPV 33190000-8, Wynajem PA01-7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **1** | | | Nóż plazmowy | | | | sztuka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **80** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **2** | | | Płytka dyspersyjna lub elektroda referencyjna z kablem | | | | sztuka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **100** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **3** | | | **Najem generatora** | | | | miesiąc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | typ ………………, rok produkcji …………………  Producent …………………. Kraj …………………  o wartości brutto …………… zł ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **RAZEM pakiet 8:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET NR 8 poz. 1 Nóż plazmowy z najmem generatora** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Wymagane parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | | **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Nóż do koagulacji z zastosowaniem techniki cięcia plazmowego | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Łącznik do noża plazmowego | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Opcja zmiany koagulacji plazmowej na opcję cięcia plazmowego | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Współpraca noża plazmowego z generatorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **PAKIET 9 Stymulator CRT- P, CPV 33158210-7 – Stymulatory** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **1** | | | Stymulator CRT- P | | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **2** | | | Elektroda stymulująca | | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **3** | | | Elektroda stymulująca | | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **4** | | | Elektroda do zatoki wieńcowej | | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **5** | | | Zestaw do kontrastowania zatoki wieńcowej | | | | zestaw | | | | | | | | | | |  | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **6** | | | Zestaw do wprowadzania elektrod do układu żylnego | | | | zestaw | | | | | | | | | | |  | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **RAZEM pakiet 9:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **PAKIET NR 9 poz. 1 Stymulator CRT- P** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| nazwa, nr katalogowy | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| nazwa producenta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| miejsce produkcji | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| rok produkcji | | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **L.p.** | | | **Parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | | | Elektrody pasywne/aktywne -do wyboru | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | | Zestaw do implantacji elektrody lewokomorowej do żył serca (rozszerzacz, koszulka | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| z zastawką, prowadnik, igła do nakłucia żyły podobojczykowej, nóż do koszulki) – | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| min. 2 kształty krzywizny | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | | | Elektrody do stymulacji lewej komory „over-the-wire” | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | | | Minimum 4 rodzaje elektrod do stymulacji LV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | | | Możliwość internetowej analizy parametrów urządzenia | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | | | możliwość stymulacji LV bipolarnej pomiędzy końcówką elektrody LV i pierścieniem elektrody RV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | *Tak – 10 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Nie – 0 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | | | możliwość niezależnego programowania LV I RV | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | *Tak – 10 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Nie – 0 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | | | możliwość programowania V-V delay | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | *Tak – 10 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Nie – 0 pkt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | | | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | |  | | | | | | | |
| **PAKIET 10 - Elektrody ablacyjne trzypłaszczyznowe, CPV: 33158200-4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **1.** | | Elektrody ablacyjne trzypłaszczyznowe | | | | sztuka | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **2.** | | Łączniki generator – elektroda ablacyjna | | | | sztuka | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **RAZEM pakiet 10:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | |
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| **PAKIET NR 10 poz. 1 Elektrody ablacyjne trzypłaszczyznowe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| ilość | | | | | | **10** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| nazwa | | | | | | Elektroda ablacyjna RF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| nazwa producenta | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| miejsce produkcji | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| rok produkcji | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **L.p.** | | **Wymagane parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | | **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. | | Ilość płaszczyzn ruchu – trzy | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 2. | | Współpraca z generatorem Stockert | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 3. | | Ilość elektrod 4 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 4. | | Szerokość dystalnego pierścienia 4 mm | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 5. | | Długość 110 cm | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **PAKIET NR 10 poz. 2 Łącznik generator – elektroda ablacyjna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| ilość | | | | | | **5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| nazwa | | | | | | Łącznik generator – elektroda ablacyjna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| nazwa producenta | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| miejsce produkcji | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| rok produkcji | | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **L.p.** | | **Wymagane parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | | **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. | | Łącznik pomiędzy elektrodą ablacyjną trzypłaszczyznową a generatorem Stockert | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | ***j.m.*** | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET 11 Cewnik do izolacji okrążającej żyły płucne, CPV: 33141000-0** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **1.** | Cewnik do izolacji okrążającej żyły płucne | | | sztuka | | | | |  | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **2.** | Prowadnik – średnica maximum 0,032¨; długość 200cm; końcówka typu J | | | sztuka | | | | |  | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **3.** | Przewód łączący do elektrody | | | sztuka | | | | |  | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **4.** | Elektroda referencyjna z kablem | | | sztuka | | | | |  | | | | | | | | | | | | | | | **100** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **RAZEM pakiet 11:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **PAKIET NR 11 poz. 1 Cewnik do izolacji okrążającej żyły płucne** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | |
| ilość | | | | **10** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | |
| nazwa | | | | Cewnik do izolacji okrążającej żyły płucne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | |
| nazwa producenta | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | |
| miejsce produkcji | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | |
| rok produkcji | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | |
| **L.p.** | **Wymagane parametry** | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 1. | Rozmiar cewnika 9Fr | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | Długość 145 cm | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 3. | Długość użytkowa 105 cm | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 4. | Ilość elektrod 9 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 5. | Rozmiar elektrody 3mm | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 6. | Odstęp pomiędzy elektrodami 3,75 mm | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 7. | Średnica pętli, na której znajdują się elektrody 25mm | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 8. | Odchylenie cewnika dwukierunkowe 180º | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 9. | Zasięg odchylenia 40 mm przy 90° | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | ***j.m.*** | | | | | | | | | | | ***wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | ***ilość*** | | | | | | | | | | | | | | | | | | | | ***Stawka Vat w %*** | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/numer katalogowy/*** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pakiet nr 12- Sprzęt jednorazowy do krioablacji do generatora do krioablacji przezcewnikowej serca CryoCath LP, typ 106 E2, SN 5310, Medtronic będącego własnością Szpitala CPV: 33158200-4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | Cewnik balonowy do krioablacji (rozmiary do wyboru) | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **200** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2** | Sterowalna koszulka transeptalna Flexcath 12F | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **200** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3** | uniwersalna sonda temperatury 12F | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **200** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | Przewód przyłączeniowy współosiowy/ łącznik gazowy | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **200** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5** | Przewód przyłączeniowy elektryczny/ łącznik elektryczny | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **20** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6** | igła do nakłucia transseptalnego. wykonana z nierdzewnej stali, jałowa. średnica trzonu 18 G, końcówki 21G. Długość koszulki 71cm. | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **20** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7** | cewnik sterowalny czteropolowy do CS. Rozmiar trzonu 7 Fr. Zasięg krzywej przy 90° - 40-60mm i 55-75mm. Elektroda dystalna 4mm. Liczba elektrod 4. Rozmieszczenie elektrod 2/5/2mm. Długość użytkowa 110cm | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **200** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | łącznik do elektrody sterowalnej czteropolowej. Sterylny, izolowane wtyki. 4 Piny. Długość 122cm i 244 cm. | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **20** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9** | elektrody do mapowania ujść żył płucnych podczas aplikacji | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **200** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10** | łącznik do elektrody mapującej ujścia żył płucnych | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **15** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11** | Cewnik do krioablacji punktowej 7Fr. Długość końcówki 6 mm. Rozmieszczenie elektrod 2-5-2. Koszulka 8 Fr. Długość użytkowa 108cm. Liczba elektrod 4. Krzywizna 49mm, 55mm, 60mm | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **15** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** | zestaw do usuwania cewników | | | sztuka | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **3** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Razem pakiet 12:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | |  | | | | | |
| **PAKIET 13 Elementy kręciołki, śrubokręty zaślepki (CPV: 33141000-0 ) Sprzęt zużywalny kompatybilny z akcesoriami do urządzeń i elektrod PM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1.** | Śrubokręt do PM/ICD | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **2.** | Kręciołek 6056 | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **3.** | Kapturki do elektrod model 5867 3M | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **4.** | Zaślepka do gniazda IPG/ICD model 6725, 6719 | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **5.** | Prowadnik do elektrody ICD 65, 75cm | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **6.** | Prowadnik do elektrody stymulatora 58cm, 85cm | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **7.** | Prowadnik do elektrody stymulatora J-53cm | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **8.** | Kabel do pomiarów śródoperacyjnych model 2292 | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **RAZEM pakiet 13:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **PAKIET 14 Koszulka antybakteryjna, CPV 33140000-3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **1.** | Koszulka antybakteryjna redukująca ryzyko wystąpienia powikłań związanych z infekcją przy zabiegu implantacji urządzeń służących do elektroterapii serca. Rozmiar: M 6,3cm x 6,9cm (do stymulatorów) oraz L 7,4cm x 8,5cm(do ICD oraz CRT). Zawiera dwa antybiotyki o różnym spektrum działania: Minocyklina oraz Rifampicyna | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **RAZEM pakiet 14:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | ***j.m.*** | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Pakiet nr 15 - Zestaw do implantacji elektrod w okolicę pęczka Hisa CPV 33158200-4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **1.** | Elektroda stymulująca, bipolarna, prawokomorowa, bezsztyletowa, o aktywnej fiksacji, przeznaczona do stymulacji okolicy pęczka Hisa. Zakres długości 59-74 cm | | | sztuka | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **100** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **2.** | Koszulka prowadząca o regulowanej krzywiźnie, przeznaczona do wprowadzania elektrody do stymulacji okolicy pęczka Hisa (zestaw zawiera nożyk). | | | zestaw | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **3.** | Koszulka prowadząca o stałej krzywiźnie, przeznaczona do wprowadzania elektrody do stymulacji okolicy pęczka Hisa (zestaw nie zawiera nożyka). | | | zestaw | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **90** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **4.** | Nożyk do rozcinania koszulki | | | sztuka | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **5.** | Kabel/łącznik do elektrody z poz. 1 | | | sztuka | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **RAZEM pakiet 15** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **PAKIET 16 Rejestrator pętlowy z łącznością bluetooth, CPV 33182240-3 – Części i akcesoria do rozruszników serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **1** | Wstrzykiwalny rejestrator pętlowy z łącznością Bluetooth | | | | sztuka | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **4** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **RAZEM pakiet 16:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **PAKIET 16 Rejestrator pętlowy z łącznością bluetooth, CPV 33182240-3 – Części i akcesoria do rozruszników serca** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |
| nazwa | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| nazwa producenta | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| miejsce produkcji | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| rok produkcji | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| **L.p.** | **Wymagane parametry** | | | | **Potwierdzenie spełniania wymaganych parametrów,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | | **Opis wartości oferowanego parametru** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 1. | Wstrzykiwalny rejestrator pętlowy z łącznością Bluetooth | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 2. | Objętość < 1.5 cm3 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 3. | Waga < 3.5 g | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 4. | Żyworność min. 2 lata | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 5. | Epizody aktywowane manualnie przez pacjenta i poprzez co najmniej 4 różne typy zdarzeń arytmicznych automatycznie | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 6. | Czas IEGM dla epizodów aktywowanych przez pacjenta min 60 minut | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 7. | Mozliwość zdalnego monitoringu za pomoca aplikacji na smartfonie | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 8. | w zestawie zestaw do implantacji podskórnej - wstrzykiwalnej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Pakiet nr 17 - Koszulki i igły do nakłuć przegrody międzyprzedsionkowej, 33140000-3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **1.** | Koszulki do nakłuć przegrody międzyprzedsionkowej z prowadnikami. Koszulki powinny posiadać min. 4 krzywizny do prawego i min. 4 krzywizny do lewego przedsionka. Długość 62 cm ± 2 cm Długość rozszerzacza 67 cm ± 2 cm Prowadnik 0,032 w zestawie Termin ważności: min. 12 miesięcy | | | | sztuka | | | | | | | | | | | |  | | | | | | | | | | | | | | | **300** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **2.** | Igły do nakłuć przegrody międzyprzedsionkowej. Igły powinny być dostępne w 4 różnych długościach, 3 różnych krzywiznach oraz 2 rodzajach ostrości igły, w tym igła extra ostra o podwójny ostrzeniu. Długość 71 cm ± 2 cm Termin ważności: min. 12 miesięcy | | | | sztuka | | | | | | | | | | | |  | | | | | | | | | | | | | | | **250** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **3** | Prowadniki diagnostyczne 0,032" wspomagające wprowadzanie cewników wewnątrznaczyniowych powlekane PTFE, posiadające uzwojenie ze stali nierdzewnej z wewnętrznym mechanizmem zabezpieczającym, z możliwością ręcznego wyginania końcówki typu „J” 150cm-260cm | | | | sztuka | | | | | | | | | | | |  | | | | | | | | | | | | | | | **400** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  |  | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | **RAZEM pakiet 17** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | | | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **PAKIET 18 - Stymulator CRT- P, CPV 33158210-7 – Stymulatory** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **1.** | Stymulator CRT- P | | | | sztuka | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **2.** | Elektroda stymulująca | | | | sztuka | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **3.** | Elektroda stymulująca | | | | sztuka | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **4.** | Elektroda do zatoki wieńcowej | | | | sztuka | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **5.** | Zestaw do kontrastowania zatoki wieńcowej | | | | zestaw | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **6.** | Zestaw do wprowadzania elektrod do układu żylnego - introducer | | | | zestaw | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **7.** | Zestaw do wprowadzania implantowanej elektrody lewokomorowej | | | | zestaw | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **8.** | Koszulka do wprowadzania implantowanej elektrody | | | | szt | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **9.** | Nozyk do rozcinania koszulki naczyniowej do zatoki wieńcowej | | | | szt | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **10.** | Koszulka naczyniowa do subselektywnego wprowadzenia elektrody lewokomorowej do żył serca kompatybilna z koszulką | | | | szt | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **11.** | Prowadnik 0,032 "J" 150cm-260cm | | | | szt | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **RAZEM pakiet 18** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **PAKIET 19 - System elektroanatomiczny do mappingu trójwymiarowego, koszulki, introducery, elektrody ablacyjne chłodzone CPV: 33158200-4; PA01-7 najem sprzętu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **1.** | Introducery 5/6/7/8 Fr z prowadnikiem; koszulka introducera wykonana z odpornego na zagięcie materiału długości: 10 – 15 cm; zastawka hemostatyczna silikonowa z zatrzaskiem do poszerzacza; szczelny zawór dwukierunkowy. /10 szt w opak/ | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **100** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **2** | Koszulki sterowalne endo i epikardialne Średnica: 8,5 F. Długości: 40 i 71 cm, ± 2 cm. Koszulka z zastawką i portem bocznym. Koszulki dwukierunkowe. Atraumatyczna końcówka koszulek. Min. 3 różne krzywizny do wyboru Zamawiającego. | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **40** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **3** | Elektrody do mapowania serca kompatybilne z systemem najmowanym zawierającym 6 elektrod nawigacyjnych samoprzylepnych , 10 elektrod samoprzylepnych EKG, elektrodę referencyjną do systemu, moduł danych | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **60** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **4** | Elektrody diagnostyczne o stałej krzywiźnie 4 polowe: - 3 średnice do wyboru :4F , 5F, 6F - 7 różnych krzywizn do wyboru - 4 różne rozstawy elektrod - długość elektrody 120 cm - bieguny elektrod wykonane z platyny lub stopu platynowo-irydowego | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **60** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **5** | Kable łączące elektrody diagnostyczne o stałej krzywiźnie 4 polowe z systemem elektroanatomicznym | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **6** | Elektrody diagnostyczne o stałej krzywiźnie 10 polowe : - 3 średnice do wyboru 4F, 5F, 6F - dostępne min. 4 różne krzywizny do wyboru - dostępna specjalna krzywizna do zatoki wieńcowej – CSL - 4 różne rozstawy elektrod :2-5-2, 2-8-2, 5-5-5, 2-2-2 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **7** | Kable łączące elektrody diagnostyczne o stałej krzywiźnie 10 polowe z systemem elektroanatomicznym | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **8** | Elektrody diagnostyczne sterowalne do zatoki wieńcowej 10 polowe - 3 średnice do wyboru 4F, 5F, 6F - dostępne min. 4 różne krzywizny do wyboru - dostępna specjalna krzywizna do zatoki wieńcowej – CSL - 4 różne rozstawy elektrod :2-5-2, 2-8-2, 5-5-5, 2-2-2 - dostępna elektroda dwukierunkowa | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **60** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **9** | Kable łączące elektrody diagnostyczne o zmiennej krzywiźnie 10 polowe z systemem elektroanatomicznym | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **10** | Elektrody diagnostyczne sterowalne 4 polowe - 3 średnice do wyboru 4F, 5F, 6F - dostępne min. 2 różne krzywizny do wyboru - 4 różne rozstawy elektrod :2-5-2, 5-5-5 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **11** | Kable łączące elektrody diagnostyczne o zmiennej krzywiźnie 12 polowe z systemem elektroanatomicznym | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **3** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **12** | Elektrody ablacyjne chłodzone - średnica 8F - rozstaw elektrod 1-4-1 - dostępne elektrody jedno i dwukierunkowe, symetryczne i asymetryczne - chłodzona dystalna i proksymalna część końcówki elektrody ablacyjnej - końcówka ablacyjna fleksyjna – 4 mm | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **15** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **13** | Kabel do elektrody z poz.12 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **14** | Elektrody ablacyjne niechłodzone | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **15** | Kabel do elektrody z poz.14 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **16** | Elektrody diagnostyczne 20-polowe typu Hallo. Średnica 7F, minimum 4 różne rozstawy pierścieni do wyboru w tym 2-8-2-(60)-2-8-2, minimum 2 różne krzywizny do wyboru przez Zamawiającego, długosc 90-115cm | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **17** | Kabel do elektrody z poz. 16 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **18** | Elektrody diagnostyczne do mapowania żył płucnych typu Lasso | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **19** | Kable łączące elektrody ablacyjne z generatorem Stockert lub łączące elektrodę typu Lasso z systemem elektrofizjologicznym | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **20** | Elektroda ablacyjna chłodzona z możliwością pomiaru siły nacisku kompatybilna najmowanym systemem elektroanatomicznym 3D : - 4 polowa; - średnica 7F; - rozstaw elektrod 2-5-2; - końcówka elektrody 3,5mm; - dwie jednokierunkowe krzywizny 65mm i 75mm | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **25** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **21** | Dreny do pompy chłodzącej | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **30** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **22** | Elektroda diagnostyczna wielopolowa sterowalna do mapowania arytmii złożonych kompatybilna z najmowanym systemem wyposażona w czujnik pola magnetycznego, umożliwiająca analizowanie dwukierunkowego prostopadłego wektora kierunku propagacji arytmii | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **15** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **23** | Kabel do elektrody wielopolowej sterowalnej | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **24** | Elektroda dysperyjna/ neutralna do generatora | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **100** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **25** | **Najem** systemu elektroanatomicznego do mappingu trójwymiarowego | | | | miesiąc | | | | | | | |  | | | | | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | typ ………………,  rok produkcji ……………………. Producent ………………….  Kraj …………………….  o wartości brutto …………………….. zł  ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **RAZEM pakiet 19** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **PAKIET 20 - Stymulator dwujamowy DDDR – zaawansowane, dwujamowe stymulatory serca typu DDDR o długiej żywotności dla pacjentów stymulatorozależnych i z trudnym dostępem naczyniowym z najmem programatora CPV 33158210-7 ; PA01-7 najem sprzętu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **1.** | Stymulator dwujamowy DDDR – zaawansowane, dwujamowe stymulatory serca typu DDDR o długiej żywotności dla pacjentów stymulatorozależnych i z trudnym dostępem naczyniowym | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **2** | Elektroda stymulująca | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **15** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **3** | Zestaw do wprowadzania elektrod | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **15** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **4** | **Najem** programatora (3 szt.) | | | | miesiąc | | | | | | | |  | | | | | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | typ ………………,  rok produkcji ……………………. Producent ………………….  Kraj …………………….  o wartości brutto …………………….. zł  ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **RAZEM pakiet 20** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **PAKIET 21- Zaawansowany kardiowerter-defibrylator jednojamowy /ICD-VR/ o małej objętości z alarmem wibracyjnym CPV 33182100-0** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1.** | Kardiowerter-defibrylator jednojamowy 40J (ICD-VR) | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **2.** | Elektroda defibrylująca | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **3.** | Zestaw do wprowadzania elektrod do układu żylnego | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | **RAZEM pakiet 21** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **PAKIET 22- Zaawansowany kardiowerter-defibrylator jednojamowy /ICD-VR/ o małej objętości z alarmem wibracyjnym CPV 33182100-0** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1.** | Kardiowerter-defibrylator dwujamowy 40J (ICD-DR) | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **3** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **2.** | Elektroda defibrylująca | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **3** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **3.** | Elektroda stymulująca | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **3** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **4.** | Zestaw do wprowadzania elektrod do układu żylnego | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | **RAZEM pakiet 22** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **PAKIET 23 - Koszulki, prowadniki diagnostyczne, prowadniki super stiff, CPV 33158200-4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1.** | Prowadnik typu Amplatz Super Stiff. Średnica 0,035”, długości 250-300cm. | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **2.** | Koszulki diagnostyczne udowe: - średnica F4; F5; F5,5; F6; F6,5; F7, F7,5; F8, F8.5; F9, F10, F11  - długość 5,5; 11; 23 cm - dostępne z miniprowadnikiem lub bez - mini-guidewire - 45cm - duża średnica wewnętrzna przy zminimalizowanej grubości ścian koszulki, - zatrzask pomiędzy dilatatorem i koszulką,  - silikonowa sześciopłatkowa zastawka uszczelniająca,  - pokrycie koszulki z zewnątrz oraz ścian kanału wewnętrznego silikonem, - duża odporność na zagięcie, - dilatator stopniowo zwężający się w odcinku dystalnym, i odpowiednio wyprofilowany koniec koszulki, co ogranicza uraz podczas przechodzenia przez tkanki i ścianę naczynia, | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **2500** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **3.** | Prowadniki diagnostyczne, obwodowe o pokryciu teflonowym, hydrofobowym lub z PTFE: - końcówka prowadnika atraumatyczna giętka, prosta, J-curve o różnych długościach: 3 cm, 7 cm, 10 cm, 15 cm, 20 cm., oraz promieniach: 1.5, 2, 3, 6, 15 mm - prowadnik o trzonie stalowym pokryty PTFE lub teflonem - prowadnik o stałym lub ruchomym stalowym rdzeniu pokrytym teflonem  - prowadniki zapewniające dobrą manewrowalność, skonstruowane z jednolitego rdzenia z oplotem - długości od 80 do 260 cm,  - średnica od 0,018” do 0,038” i 0,065” - dobre kontrastowanie w RTG | | | | zestaw | | | | | | | |  | | | | | | | | | | | | | | | | | **100** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | **RAZEM pakiet 23** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Pakiet nr 24 - Elektrody do ablacji przy zastosowaniu systemu do mappingu trójwymiarowego z najmem systemu i z najmem generatora CPV: 33158200-4 Urządzenia do elektroterapii, Wynajem PA01-7** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1.** | Elektrody ablacyjne z pomiarem siły nacisku końcówki, chłodzone, współpracujące w pełni z systemem najmowanym z poz. 11, również z technologią SF (zmniejszony przepływ soli fizjologicznej); do wyboru przez Zamawiającego | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **62** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **2.** | Elektroda ablacyjna chłodzona, dwukierunkowa, pracująca w trybie temperatury, umożliwiająca krótkotrwałe, wysokoenergetyczne aplikacje | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **50** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **3.** | Kabel łączący do elektrody ablacyjnej pracującej w trybie temperatury | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **4.** | Łącznik eko do kabla do elektrody ablacyjnej z pozycji 2 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **1** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **5.** | Komplet 6 sztuk powierzchniowych elektrod referencyjnych jednorazowego użytku z cewkami lokalizacyjnymi systemu do mappingu trójwymiarowego | | | | komplet | | | | | | | |  | | | | | | | | | | | | | | | | | **130** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **6.** | Kabel łączący elektrodę ablacyjną z systemem najmowanym z poz. 14 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **7.** | Koszulka 2-kierunkowa z możliwością wizualizacji w systemie elektroanamicznym 3D w trakcie zabiegu, średnica wewnętrzna 8,5F, średnica zewnętrzna 11,5 F, 3 Krzywizny do wyboru: 17mm, 22mm, 50mm, długość użytkowa : 71cm | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **8.** | Kompatybilne kable do połączenia z koszulką z pozycji nr 7 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **9.** | Elektroda diagnostyczna, nawigowalna, pięcioramienna, 20-polowa, w pełni kompatybilna z systemem najmowanym z poz. 14 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **80** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **10.** | Kabel łączący elektrody z poz.10 z systemem najmowanym z poz. 14 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **3** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **11.** | Wielopolowa elektroda mapująca;Funkcja automatycznej identyfikacji przez system elektroanatomiczny 3D ;Elektroda 48 -polowa, 8-ramienna, średnica ≥7F z czujnikiem magnetycznym;Trzy różne spacingi do wyboru, Co najmniej dwie krzywizny do wyboru, długość min. 110 cm, Funkcja automatycznego zbierania punktów i annotacji w systemie elektroanatomicznym 3D | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **10** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **12.** | Kabel łączący do elektrody 48 polowej | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **13.** | Kabel przedłużający do elektrod diagnostycznych kompatybilnych z systemem najmowanym z poz. 14 | | | | sztuka | | | | | | | |  | | | | | | | | | | | | | | | | | **1** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **14.** | **Najem** systemu do mappingu trójwymiarowego | | | | miesiąc | | | | | | | |  | | | | | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | typ ………………,  rok produkcji ……………………. Producent ………………….  Kraj …………………….  o wartości brutto …………………….. zł  ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **15.** | **Najem** generatora prądu z pilotem i pompą irygacyjną | | | | miesiąc | | | | | | | |  | | | | | | | | | | | | | | | | | **12** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | typ ………………,  rok produkcji ……………  Producent ………………….  Kraj …………………….  o wartości brutto …………………….. zł  ( do celów księgowych) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | **RAZEM pakiet 24** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **Pakiet nr 24 poz 14: System do mappingu trójwymiarowego** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |
| nazwa | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| nazwa producenta | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| miejsce produkcji | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| rok produkcji | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| ***Lp*** | **Wymagane parametry** | | | | **Potwierdzenie spełniania parametrów, Opis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 1. | Trójwymiarowy (3D), jednoczasowy system do diagnostyki i terapii zaburzeń rytmu serca, pracujący z minimalnym użyciem fluoroskopii | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 2. | Stacja robocza z konsolą do instalacji w sterowni | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 3. | Oprogramowanie umożliwiające tworzenie szybkich map anatomicznych (FAM) struktur serca przy użyciu cewników z wbudowanym mikroprocesorem lokalizacyjnym. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 4. | Kompatybilność z oprogramowaniem do syntezy obrazów CT/MR map anatomicznych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 5. | Nawigacja w czasie rzeczywistym | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 6. | Znakowanie struktur anatomicznych i punktów, możliwość planowania linii ablacyjnej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 7. | Średni błąd lokalizacji systemu <1mm | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 8. | Możliwość podłączenia cewników BW za pomocą pojedynczych gniazd do systemu w celu eliminacji potencjalnych zakłóceń i błędów. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 9. | Możliwość podłączenia cewników różnych firm. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 10. | Samoczynne rozpoznawanie i dostosowanie parametrów pracy dla podłączonego cewnika z mikroprocesorem | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 11. | Współpraca ze wszystkimi standardowymi systemami elektrofizjologicznymi, generatorami RF i stymulatorami | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 12. | Widok dowolnej ilości zapisów sygnałów wewnątrzsercowych oraz powierzchniowych | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 13. | System lokalizacji i wizualnej elektrody oparty o technologię pola elektromagnetycznego oraz różnych częstotliwości prądu elektrycznego | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 14. | Stacja robocza do zbierania, obróbki, oraz archiwizacji cyfrowych danych pacjentów, klawiatura, myszka, dwa płaskie monitory kolorowe LCD 24-cale | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 15. | Interfejs łączący jednostkę określoną lokalizacje cewnika i elektrody odniesienia oraz przetwarzający sygnały wewnątrzsercowe oraz EKG z analogowych na cyfrowe z pozostałymi elementami systemu. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 16. | Możliwość podglądu wielu map w jednym oknie. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 17. | Możliwość zapamiętywania i wizualizacji pozycji elektrody w przestrzeni. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 18. | Możliwość pomiaru odległości między dowolnymi punktami i wybranych powierzchni mapowanych struktur. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 19. | Zapis danych w formacie DICOM | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 20. | Możliwość tworzenia mapy impedancyjnej, propagacyjnej, napięciowej, czasu aktywacji | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 21. | Jednoczesna wizualizacja wielu cewników | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 22. | Obsługa modułu pozwalającego dołączyć/ wyłączyć dodatkowe dane geometryczne będące efektem ruchów oddechowych pacjenta | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 23. | Możliwość przypisania 5 skrótów klawiszowych dla indywidulanie typowanych punktów lokalizacyjnych (tzw. Tagów) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 24. | Możliwość wizualizacji kierunku oraz wartości siły z jaką cewnik oddziałuje na tkankę | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 25. | Możliwość obsługi i wizualizacji cewnika obsługującego technologię pomiaru wartości oraz kierunku działania nacisku końcówki na tkankę. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 26. | Instrukcja obsługi i użytkowania w formie papierowej i elektronicznej, skrócona wersja instrukcji obsługi i BHP w formie zalaminowanej (jeżeli Wykonawca posiada), paszport techniczny, karta gwarancyjna, wykaz punktów serwisowych, kopie dokumentów wraz z tłumaczeniem w przypadku oryginału w języku obcym. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **Pakiet nr 24 poz 15 Generator** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |
| nazwa | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| nazwa producenta | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| miejsce produkcji | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| rok produkcji | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| **Lp** | **Wymagane parametry** | | | | **Potwierdzenie spełniania parametrów, Opis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 1. | Mierzony zakres impedancji dla cewników punktowych 50-250 Ω rozdzielczość 1 Ω , dla cewników wieloelektrodowych 50-200 Ω rozdzielczość 1 Ω | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 2. | Zakres pomiaru wyjściowej mocy RF 0-100W, rozdzielczość 1W | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 3. | Wbudowany protokół do obsługi ablacji wysokich mocy (>50W) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 4. | Częstotliwość RF 486 kHz ± 3% | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 5. | Max. Zużycie energii 1200W (1200VA) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 6. | Możliwość współpracy z ablacyjnym cewnikiem wieloelektrodowym. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 7. | Możliwość wyboru kanału/kanałów ablacyjnych dla pracy z ablacyjnym cewnikiem wieloelektrodowym. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 8. | Możliwość wyświetlenie na ekranie monitora parametrów ablacji (moc, temperatura, impedancja) dla każdego z kanałów w przypdku ablacji wieloelektrodowej. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 9. | Wielokolorowe wskażniki LED na konsoli sterującej, monitorze oraz zasilaczu. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 10. | Kominikacja błędów i ostrzeżeń na monitorze sterującym. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 11. | Pomiar pozostałej ilości płynu irygacyjnego z możliwością ustawienia jego objętości początkowej co 250 ml. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 12. | Ekran dotykowy | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 13. | Programowanie parametrów odcinających żądanej aplikacji (energii, temperatury, oporności, czasu aplikacji). | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 14. | Czytelne wyświetlanie parametrów aplikacji w trakcie jej trwania: temperatury, mocy i impedancji w czasie rzeczywistym, zarówno dl cewników punktowych jak i wieloelektrodowych. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 15. | Wizualizacja parametrów aplikacji RF w postaci wykresu. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 16. | Współpraca z elektrodą ablacyjną chłodzoną roztworem soli fizjologicznej w obiegu otwartym | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 17. | Podgląd stanu połączeń okablowania z generatorem. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 18. | Ciągły pomiar impedancji w trakcie badania. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 19. | Ciągły pomiar impedancji w trakcie aplikacji (ablacji). | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 20. | Automatyczna zmiana przepływu soli fizjologicznej w zależności od mocy w trakcie aplikacji RF. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 21. | Automatyczne przełączanie z wolnego przepływu w trakcie wykonywania mapy na szybki przepływ w trakcie wykonywania aplikacji RF. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 22. | Możliwość uruchamiania i przerywania aplikacji za pomocą pedału nożnego – sterowanie przez operatora. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 23. | Współpraca z systemem do trójwymiarowego mapowania serca. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 24. | Możliwość podsumowania danych z każdej aplikacji RF: czasu, mocy, energii, temperatury, impedancji i przepływu. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 25. | Mozliwośćwyświetlenia podsumowania danych po zabiegu, z uwzględnieniem ilości aplikacji RF i objętości płynu. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 26. | Pilot sterujący generatorem i pompą, z ekranem dotykowym. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 27. | Przewód do połączenia generatora z systemem 3D | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 28. | Kabel do elektrody obojętnej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | tak | | | | | | | | | | | | | | | | | | | | | nie | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **Pakiet nr 24 poz 15 Pompa irygacyjna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | |
| nazwa | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| nazwa producenta | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| miejsce produkcji | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| rok produkcji | | | | | **nie wcześniej niż 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| **Lp** | **Wymagane parametry** | | | | **Potwierdzenie spełniania parametrów, Opis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parametr wymagany** | | | | | | | | | | | | | | | | | | | | | **Parametr oceniany** | | | | | | | | | | | | | **Punktacja** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| *Niespełnienie któregokolwiek parametru spowoduje odrzucenie oferty* | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 1. | Automatyczne przełączanie z wolnego przepływu w trakcie wykonywania mapy na szybki przepływ w trakcie wykonywania aplikacji RF. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 2. | System wykrywania pęcherzyków powietrza w pompowanym roztworze soli fizjologicznej o czułości umożliwiającej wykrywanie pęcherzyków o objętości 2µL | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 3. | Możliwość wykonywania zabiegów z cewnikami chłodzonymi roztworem soli fizjologicznej | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 4. | Zasilanie napieciem wejciowym prądu przemennego od 100 do 240 V AC i częstotliwości 50/60 HZ. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 5. | Waga: do 6 kg | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 6. | Praca w temperaturze otoczenia : 10°C do 40°C i wilgotności względnej 10-90% (bez kondensacji) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 7. | Szybkość przepływu przy przepłukiwaniu: 100 ml/min | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 8. | Zakres szybkości przepływu (niska szybkość): 1 do 5 ml/min, przyrosty po 1 ml/min | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 9. | Zakres szybkości przepływu (wysoka szybkość): 4 do 60 ml/min, przyrosty po 1 ml/min | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 10. | Min. precyzja przepływu: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega*  *ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 1 do 5 ml/min: -10% do +20% | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 6 do 39 ml/min: -5% do +15% | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 40 do 60 ml/min: -10% do 20% | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 11. | Maksymalne ciśnienie infuzji: 140 psi | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *tak* | | | | | | | | | | | | | | | | | | | | | *nie* | | | | | | | | | | | | | *nie podlega ocenie* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Pakiet nr 25 - Cewniki chodzone i niechłodzone z zestawem jednorazowych drenów oraz kablem do cewników CPV: 33158200-4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1** | Jednorazowy zestaw drenów irygacyjnych do pompy, , przeznaczony do chłodzenia cewników ablacyjnych | | | | zestaw | | | | | |  | | | | | | | | | | | | | | | | | **150** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **2** | Cewnik chłodzony cieczą przeznaczony do wykonywania ablacji RF. Cewnik kompatybilny z dzierżawionym generatorem z poz. 5;do wyboru jednokierunkowy lub dwukierunkowy. Długość cewnika 115cm, 4 elektrody w odległości 2-5-2mm mierzonej od środka każdej z elektrod, tip 3,5mm, od 6 do 56 otworów irygacyjnych - **JEDNOKIERUNKOWY** 7F o krzywiznach : B,D,F,J, . Rękojeść z dźwignią zmiany krzywizny i pokrętłem do blokady ustawienia kształtu. - **DWUKIERUNKOWY** 8F o krzywiznach: D-D, D-F, F-F, F-J, J-J; Rękojeść z suwakiem do zmiany krzywizny z automatyczną blokadą kształtu. | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | | **15** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **3** | Cewnik niechłodzony przeznaczony do wykonania ablacji RF. Cewnik kompatybilny z dzierżawionym generatorem z poz. 5;do wyboru jednokierunkowy lub dwukierunkowy. **JEDNOKIERUNKOWY**, 7F, długość cewnika 115cm, 4 elektrody **1.** tip 8mm – krzywizna: B,D,F; F, 4 elektrody w odległości 1-6-2mm z dwoma czujnikami temperatury; **2**. tip 4mm – krzywizna: A,B,C,D,E,. 4 elektrody w odległości od środka każdej z nich 2-5-2mm. Rękojeść z suwakiem do zmiany krzywizny z automatyczną blokadą kształtu; **DWUKIERUNKOWY** , 7F, długość cewnika 115cm, 4 elektrody w odległości od środka każdej z nich 1-7-4mm; **1.** tip 8mm – krzywizna D-F, F-J, D-D, F-F, J-J, dwa czujniki temperatury; **2.** tip 4mm- krzywizna: D-F, F-J, D-D, F-F. Rękojeść cewnika z dźwignią zmiany krzywizny i pokrętłem do blokady kształtu. | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | | **1** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **4** | Kabel do cewników ablacyjnych chłodzonych i niechłodzonych | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | **RAZEM pakiet 25** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| ***l.p.*** | ***Opis przedmiotu zamówienia*** | | | | ***j.m.*** | | | | | | ***Wartość jednostkowa netto [zł]*** | | | | | | | | | | | | | | | | ***Ilość*** | | | | | | | | | | | | | | | ***% Vat*** | | | | | | | | | | | | | | | | | | | | ***Wartość netto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | ***Cena brutto[zł]*** | | | | | | | | | | | | | | | | | | | | | | | ***Nazwa producenta/ Nazwa handlowa/ numer katalogowy/*** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pakiet nr 26 - Elektrody diagnostyczne i ablacyjne CPV: 33158200-4** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | Elektroda okrężna 10 lub 20 polowa o średnicy 7F oraz o stałym lub zmiennym rozmiarze pęli 15-25mm, posiadająca zdolność automatycznego rozpoznania przez system elektroanatomiczny | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | Elektroda diagnostyczna 4 polowa | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | **1** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | Kabel do elektrody z poz.2 | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | **1** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | Elektroda diagnostyczna do zatoki wieńcowej CS sterowalna | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | **2** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | Kabel do elektrody z poz.4 | | | | sztuka | | | | | |  | | | | | | | | | | | | | | | | **1** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RAZEM pakiet 26** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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