Date: - 28th January 2019

Corrigendum
For
Image Guided System for the Department of Neurosurgery

NIT Issue Date	**:**	**23rd October, 2018**
NIT No.	**:**	**Admn/Tender/106/2018-AIIMS.JDH**
Pre-Bid Meeting	**:**	**01st November, 2018 at 03:45 PM**
Earlier Last Date of Submission	**:**	**30th January, 2019 at 03:00 PM**
Extended Last Date of Submission	**:**	**14th February, 2019 at 03:00 PM**
Bid opening	**:**	**15th February, 2019 at 03:15 P.M**

The following revised and additional specification will be added:-

1. **Page 10, table paragraph 1, lines 7-9.**
   For
   It works in cohesion to other investigative modalities like MR images, CT scans and fluoroscopy. It increases patient safety with regards to neurosurgical procedures and spinal instrumentations.
   Read
   It should be able to work in cohesion to other investigative modalities like MR images, CT scans, Ultrasonography and fluoroscopy. It increases patient safety with regards to neurosurgical procedures and spinal instrumentations. Third party software bidding is acceptable if not manufactured. Demonstration of the equipment is a must before final approval.

2. **Page 10, General System Specifications point c):**
   For
   c) The Surgeon Monitor should be high resolution (1920 x 1200, 60 Hz) with a viewable size of 27" widescreen or higher and the display should be visible at angles at least up to 80°
   Read
   c) The Surgeon Monitor should be high resolution (1920 x 1200, 60 Hz) with a viewable size of 21” or More widescreen or higher and the display should be visible at angles at least up to 80°.

3. **Page 10, General System Specifications points d), e) and f):**
   For
   d) It should have hybrid tracking technology with active and passive instrumentation.
   e) The system should have the option of upgrading to electromagnetic Navigation Module should be able to support Cranial and Skull base surgeries.
   f) The System should have the options of both Flat Emitter and Side Emitter to support the workflow of the surgeries.
   Read
   Deleted.

4. **Page 11, cranial applications, point 6:**
   For
   Point 6. It should have universal instrument adapter tracking system with passive option.
   Read
   Point 6. It should have universal instrument adapter tracking system with active/passive option.

5. **Page 11, cranial applications, point 7:**
   For
   Point 7. The system should include a frameless biopsy system with navigable needles.
   Read
   Point 7. The system should include a frameless biopsy system

6. **Page 11, cranial applications, point 19:**
   For
   19. Software should fuse fMRI activation maps into the software and viewed 3D model in Navigation
   Read
   Deleted.

7. **Page 11, cranial applications, point 20:**
   For
   20. Software should have video recording and snapshot capture feature to capture the navigation screen.
   Read
   20. Software should have video recording and snapshot capture feature to capture the navigation screen. Third party video recording system (if not manufactured) will be acceptable.

8. **Page 12, spine application, point e:**
   For
   e. It should have universal instrument adapter tracking system with passive option for tracking existing instruments in the department
   Read
   e. It should have universal instrument adapter tracking system with active/passive option for tracking existing instruments in the department.

9. **Page 12, spine application, point g:**
   For
   g. System should have Navigable Integrated Inter-body instrumentation
   Read
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10. **Page 12, spine application, point j:**

For

j. The System should have Navigable instruments for treating upper spine with light weight reference frame and range of taps, drill bits, drill guide along with Cannulated and non-Cannulated taps for upper spine

Read

j. The System should have Navigable instruments for treating upper spine or should be able to calibrate instrument of surgeon choice, with light weight reference frame and range of taps, drill bits, drill guide along with Cannulated and non-Cannulated taps for upper spine.

11. **Page 12, spine application, point g:**

For

k. The System should interface with Nerve Integrated Monitor available at Neurosurgery Department while accessing pedicle with pedicle access needle.

Read

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12. **Page 12, spine application, point l:**

For

l. The System should have an automatic registration function with a navigation compatible C-Arm, which should be supplied by the vendor

Read

l. The System should have an automatic registration function with a navigation compatible C-Arm (available in neurosurgery OT).