



KEMENTERIAN  
KESEHATAN  
REPUBLIK  
INDONESIA

# 16<sup>th</sup> Vendor Conference

## InPULS Technical Specification Feedback

Kementerian Kesehatan RI

7 Oktober 2025



# InPULS Device

| No | Project | Klasifikasi                       | Equipment                                                    | Quantity | Cost Estimate |
|----|---------|-----------------------------------|--------------------------------------------------------------|----------|---------------|
| 1  | InPULS  | Toksikologi Klinik dan Lingkungan | Inductively Coupled Plasma Optical Emission Spectroscopy     | TBC      | TBC           |
| 2  |         | Toksikologi Klinik dan Lingkungan | <a href="#">Inductively Coupled Plasma Mass Spectrometry</a> | TBC      | TBC           |
| 3  |         | Toksikologi Klinik dan Lingkungan | Gas Chromatography Mass Spectrometry                         | TBC      | TBC           |
| 4  |         | Toksikologi Klinik dan Lingkungan | High Performance Liquid Chromatography                       | TBC      | TBC           |
| 5  |         | Toksikologi Klinik dan Lingkungan | Gas Chromatography Tandem Mass Spectrometry                  | TBC      | TBC           |
| 6  |         | Toksikologi Klinik dan Lingkungan | Liquid Chromatography Tandem Mass Spectrometry               | TBC      | TBC           |
| 7  |         | Penunjuang                        | <a href="#">Rotator Plate</a>                                | TBC      | TBC           |
| 8  |         | Penunjuang                        | Dehumidifier                                                 | TBC      | TBC           |
| 9  |         | Penunjuang                        | Mikroskop Stereo                                             | TBC      | TBC           |
| 10 |         | Penunjuang                        | Lemari Asam                                                  | TBC      | TBC           |
| 11 |         | Penunjuang                        | Microwave digester                                           | TBC      | TBC           |
| 12 |         | Penunjuang                        | Mikroskop Inverted                                           | TBC      | TBC           |
| 13 |         | Penunjuang                        | <a href="#">Mikroskop Lapangan Gelap</a>                     | TBC      | TBC           |
| 14 |         | Penunjuang                        | Mikroskop Fluorescence                                       | TBC      | TBC           |
| 15 |         | Kalibrasi                         | Anak Timbangan Kelas F1                                      | TBC      | TBC           |
| 16 |         | Kesehatan Lingkungan              | CO Detector                                                  | TBC      | TBC           |

# Spesifikasi (Consumables & Accessories) Alat InPULS

# Consumables Spec - InPULS

| Gas Chromatography Tandem Mass Spectrometry (GC-MS/MS) |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |           |                                              |
|--------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|----------------------------------------------|
| 79                                                     | START-UP CONSUMABLES, where applicable                                   | REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BIDDER'S RESPONSE |           |                                              |
| 80                                                     |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes<br>(✓)        | No<br>(x) | Bidder to enter responses about their device |
| 81                                                     | XXX                                                                      | XXX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |           | Enter Responses Here!                        |
| 82                                                     | Other proprietary consumables required for analyzer function, if any     | <p>Bidder to:</p> <p>a) Specify any additional proprietary consumables, including reagents, required for analyzer function; mass calibration (PFTBA or triazine)</p> <p>b) Specify the storage conditions, including minimum shelf-life, for each perishable items specified in point "a." Kindly note that all specified consumable must have a shelf life of at least XXX month(s) (XXX calendar days); and</p> <p>c) Supply a starter kit of all consumables specified in point "a" in a quantity sufficient for XXX typical days of analyzer operation.</p> |                   |           | Enter Responses Here!                        |
| 83                                                     | Other non-proprietary consumables required for analyzer function, if any | Specify any additional non-proprietary consumables required for analyzer function.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |           | Enter Responses Here!                        |

# Accessories Spec- InPULS

## Fluorescence Microscope

| ACCESSORIES REQUIRED FOR EACH CLINICAL APPLICATION/PROCEDURES | REQUIREMENTS                                                        | WT  | V | CP | BIDDER'S RESPONSE |        |                                                                                                    |
|---------------------------------------------------------------|---------------------------------------------------------------------|-----|---|----|-------------------|--------|----------------------------------------------------------------------------------------------------|
|                                                               |                                                                     |     |   |    | Yes (✓)           | No (x) | Bidder to enter responses about their device                                                       |
| Required accessories                                          | Bidder to specify- List all required accessories for the microscope | 0   |   | 0  | -                 |        | Enter Responses Here!                                                                              |
| Optional accessories                                          | Bidder to specify- List optional accessories for the microscope     | 0   |   | 0  | -                 |        | Enter Responses Here!                                                                              |
| Required accessories are provided                             | Required; Bidder to supply accessories necessary for basic function | P/F |   | F  |                   |        | Enter Responses Here!                                                                              |
| White light source                                            | Required; Bidder to provide two white light sources per unit        | P/F |   | F  |                   |        | Enter Responses Here!                                                                              |
| Fluorescent light source                                      | Required; Bidder to provide two fluorescent light sources per unit  | P/F |   | F  |                   |        | Enter Responses Here!                                                                              |
| Dust Cover                                                    | Required; Bidder to provide one dust cover per unit                 | P/F |   | F  |                   |        | Enter Responses Here!                                                                              |
| Camera port adapter                                           | Preferred; One camera port adapter installed in each microscope     | 4   |   | 0  |                   |        | change to Mandatory<br>Justification: needed to support the operational function of the microscope |
| Digital camera                                                | Preferred; One digital camera provided per unit                     | 4   |   | 0  |                   |        | change to Mandatory<br>Justification: needed to support the operational function of the microscope |
| Antivibration plate                                           | Preferred; One antivibration plate provided per unit                | 2   |   | 0  |                   |        | change to Mandatory<br>Justification: needed to support the operational function of the microscope |

# Template Excel



Template for Feedback  
[Download Template](#)

|    | A                                                                                          | B               | C                                           | D          | E                     | F             | G             | H                                       | I                  | J                  |
|----|--------------------------------------------------------------------------------------------|-----------------|---------------------------------------------|------------|-----------------------|---------------|---------------|-----------------------------------------|--------------------|--------------------|
| 1  |                                                                                            |                 |                                             |            |                       |               |               |                                         |                    |                    |
| 2  | Fill with your Feedback and upload to the <b>Feedback Form</b> with excel format (offline) |                 |                                             |            |                       |               |               |                                         |                    |                    |
| 3  | No                                                                                         | Vendor Name     | Nama Alat                                   | Row Number | Criteria              | Existing Spec | Proposed Spec | Remarks (if any)                        | Pengalaman Kontrak | Kapasitas Produksi |
| 4  | Contoh                                                                                     | PT. Maju Mundur | ICP OES (Toksikologi Klinik dan Lingkungan) | 67         | Ambient Temp Accuracy | ±1°C          | ±5°C          | Provide reasoning for the proposed spec | 10                 | 500/tahun          |
| 5  |                                                                                            |                 |                                             |            |                       |               |               |                                         |                    |                    |
| 6  |                                                                                            |                 |                                             |            |                       |               |               |                                         |                    |                    |
| 7  |                                                                                            |                 |                                             |            |                       |               |               |                                         |                    |                    |
| 8  |                                                                                            |                 |                                             |            |                       |               |               |                                         |                    |                    |
| 9  |                                                                                            |                 |                                             |            |                       |               |               |                                         |                    |                    |
| 10 |                                                                                            |                 |                                             |            |                       |               |               |                                         |                    |                    |

**DO NOT** attach product photos, brochures, or promotional images in the form or in the Excel file. Only text-based input is required in the provided fields.

# Specification Feedback



Feedback dapat disampaikan melalui link berikut

[Feedback Form - InPULS Technical Specification](#)

**Deadline – October 14, 2025 – 15:00 WIB**

