



**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
**Bid Receiving Public Works and Government**  
**Services Canada/Réception des soumissions Travaux**  
**publics et Services gouvernementaux Canada**  
**Room 100,**  
**167 Lombard Ave.**  
**Winnipeg**  
**Manitoba**  
**R3B 0T6**  
**Bid Fax: (204) 983-0338**

## **SOLICITATION AMENDMENT**

## **MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

### **Comments - Commentaires**

**Vendor/Firm Name and Address**  
**Raison sociale et adresse du**  
**fournisseur/de l'entrepreneur**

**Issuing Office - Bureau de distribution**  
Public Works and Government Services Canada -  
Western Region  
Room 100  
167 Lombard Ave.  
Winnipeg  
Manitoba  
R3B 0T6

<b>Title - Sujet</b> Telemetry System	
<b>Solicitation No. - N° de l'invitation</b> H3551-162871/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> H3551-162871	<b>Date</b> 2016-11-23
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$WPG-116-10029	
<b>File No. - N° de dossier</b> WPG-6-39107 (116)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2016-12-19</b>	<b>Time Zone</b> <b>Fuseau horaire</b> Central Standard Time CST
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Calixto, Monnette	<b>Buyer Id - Id de l'acheteur</b> wpg116
<b>Telephone No. - N° de téléphone</b> (204) 899-9768 ( )	<b>FAX No. - N° de FAX</b> (204) 983-7796
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b> Health Canada, First Nation & Inuit Health Norway House Hospital P.O. Box 730 Norway House, MB R0B 1B0	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> <b>(type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/</b> <b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

Revision #001 to Solicitation H3351-162871/A is raised to address the following:

Q1: Please confirm the number of telemetry transmitters required.

A1: It would be good to have 2 (two) for the emergency room and 2 (two) extra for the ward.  
So that would be 4 (four) in total.

Please refer to Annex A – Requirements (a) for the following revisions:

DELETE: Supply: The contractor must be able to supply, install, wire and connect the telemetry equipment, including all cable pathways as per Appendix 1 to Annex A. The equipment must be self-contained (i.e. No access to current Health Canada IT infrastructure network).

INSERT: Supply: The contractor must be able to supply the telemetry equipment. Canada will be responsible for requesting installation, wiring and cabling. The equipment must be self-contained (i.e. No access to current Health Canada IT infrastructure network).

All terms and conditions shall remain the same.