



## RETURN BIDS TO:

## RETOURNER LES SOUMISSIONS À:

Bid Receiving - PWGSC / Réception des soumissions -  
TPSGC

11 Laurier St./ 11 rue, Laurier

Place du Portage, Phase III

Core 0B2 / Noyau 0B2

Gatineau, Québec K1A 0S5

Bid Fax: (819) 997-9776

## 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

Scientific, Medical and Photographic Division /  
Division de l'équipement scientifique, des produits  
photographiques et pharmaceutiques  
L'Esplanade Laurier  
140 O'Connor Street,  
East Tower, 7th Floor  
Ottawa  
Ontario  
K1A 0S5

<b>Title - Sujet</b> Cryogenic LN2 Freezer Cryogenic Liquid Nitrogen (LN2) Freezer	
<b>Solicitation No. - N° de l'invitation</b> K2A51-220474/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> K2A51-220474	<b>Date</b> 2021-12-07
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$\$\$PV-964-80651	
<b>File No. - N° de dossier</b> pv964.K2A51-220474	<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> Eastern Standard Time EST <b>on - le 2021-12-21</b> Heure Normale du l'Est HNE	
<b>F.O.B. - F.A.B.</b> Specified Herein - Précisé dans les présentes <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input checked="" type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Fortin, Marie-Claire	<b>Buyer Id - Id de l'acheteur</b> pv964
<b>Telephone No. - N° de téléphone</b> (418) 571-7258 ( )	<b>FAX No. - N° de FAX</b> ( ) -
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

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>

## AMENDMENT 001

Solicitation Amendment 001 is raised to answer the following questions and make modifications to the Request for Proposal related to these questions. It is also raised to comply with Policy Notification (PN)-152U3 COVID-19 Vaccination Policy for Supplier Personnel.

### **SECTION A – QUESTIONS AND ANSWERS**

**Q1** Would you please extend the closing to Jan 6<sup>th</sup> 2022?

**A1** No, the closing date cannot be extended as the delivery time is short; all the deliverables including installation and training must be received no later than March 31, 2022.

**Q2** **Reference :** page 21 and page 28, M2: must provide a dry sample storage (no liquid phase). Can you confirm that by “dry sample storage” you mean vapor storage space, which implies that there is to be a liquid phase at the bottom of the freezer, not used directly for liquid immersion storage but for creating a ‘dry’ vapor storage phase above ?

**A2** Sample storage must in a dry storage space. This could mean, but is not limited to, storage in the vapour phase.

**Q3** **Reference :** page 21 and page 28, M3: Must store between 26,000 and 31,000 2mL cryogenic vials. Are you requiring 26-31k vials storage capacity in vapor phase specifically? Did you take into account the loss of space in order to create a vapor phase for the required capacity? Since most freezers now can do both immersion and vapor storage, most suppliers will indicate a total vial capacity in immersion in their specifications documents, not vapor phase capacity, and which can be misleading.

**A3** Yes, the stated capacity is required in a dry storage space (vapour phase or otherwise). Vials are not to be in contact with or immersed in liquid.

See modification in Section B.

**Q4** Reference page 21 and page 28, M8 : Must have the physical dimensions of 45 inches wide by 60 inches deep maximum.

If our freezer is 47 inches wide, would you still consider our offer or the 45 inches wide is a strict requirement ?

**A4** Upon review, a 47-inch-wide freezer would fit but would be the absolute maximum that could be accommodated.

See modification in Section B.

**Q5** Please outline in detail, what is required for installation, maintenance and training.

**A5** Installation should include, at a minimum, an inspection of the unit (all hardware and software components), filling of the unit with liquid nitrogen to appropriate operating levels, verification of consistent liquid level, verification that the proper operating temperature can be achieved and maintained, and verification of alarms.

Maintenance should include, at a minimum, an inspection of the lid, inspection of gaskets and valves, firmware updates, verification of liquid nitrogen level and refilling if necessary, battery backup replacement (if necessary) and an inspection of fans and dust removal if necessary.

Training should include instruction on how to top-up the liquid nitrogen and how to determine when that is necessary, a walkthrough of the operating system and alarms, how to open it, and how to engage steps (if necessary). This training must be provide to up to three (3) individuals.

See modification in Section B.

## **SECTION B - AMENDMENTS**

### **B1. At 5.1.2.1 COVID-19 vaccination requirement certification**

**DELETE:** the text in its entirety.

**INSERT :**

In accordance with the COVID-19 Vaccination Policy for Supplier Personnel, all Bidders must provide with their bid, the COVID-19 Vaccination Requirement Certification attached to this bid solicitation, to be given further consideration in this procurement process. This Certification incorporated into the bid solicitation on its closing date is incorporated into, and forms a binding part of any resulting Contract.

#### **COVID-19 Vaccination Requirement Certification**

I, \_\_\_\_\_ (*first and last name*), as the representative of  
\_\_\_\_\_ (*name of business*) pursuant to  
\_\_\_\_\_ (*insert solicitation number*), warrant and certify that all  
personnel that \_\_\_\_\_ (*name of business*) will provide on the  
resulting Contract who access federal government workplaces where they may come into contact with  
public servants will be:

- (a) fully vaccinated against COVID-19;
- (b) for personnel that are unable to be vaccinated due to a certified medical contraindication, religion or other prohibited grounds of discrimination under the Canadian Human Rights Act, subject to accommodation and mitigation measures that have been presented to and approved by Canada; or
- c) partially vaccinated against COVID-19 for a period of up to 10 weeks from the date of their first dose and subject to temporary measures that have been presented to and approved by Canada, immediately

after which period the personnel will meet the conditions of (a) or (b) or will no longer access federal government workplaces where they may come into contact with public servants under this Contract;

until such time that Canada indicates that the vaccination requirements of the COVID-19 Vaccination Policy for Supplier Personnel are no longer in effect.

I certify that all personnel provided by \_\_\_\_\_ (*name of business*) have been notified of the vaccination requirements of the Government of Canada's COVID-19 Vaccination Policy for Supplier Personnel, and that the \_\_\_\_\_ (*name of business*) has certified to their compliance with this requirement.

I certify that the information provided is true as of the date indicated below and will continue to be true for the duration of the Contract. I understand that the certifications provided to Canada are subject to verification at all times. I also understand that Canada will declare a contractor in default, if a certification is found to be untrue, whether made knowingly or unknowingly, during the bid or contract period. Canada reserves the right to ask for additional information to verify the certifications. Failure to comply with any request or requirement imposed by Canada will constitute a default under the Contract.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Optional**

For data purposes only, initial below if your business already has its own mandatory vaccination policy or requirements for employees in place. Initialing below **is not** a substitute for completing the mandatory certification above.

Initials: \_\_\_\_\_

Information you provide on this Certification Form and in accordance with the Government of Canada's COVID-19 Vaccination Policy for Supplier Personnel will be protected, used, stored and disclosed in accordance with the Privacy Act. Please note that you have a right to access and correct any information on your file, and you have a right to file a complaint with the Office of the Privacy Commissioner regarding the handling of your personal information. These rights also apply to all individuals who are deemed to be personnel for the purpose for the Contract and who require access to federal government workplaces where they may come into contact with public servants.

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**B2. At ANNEX A – REQUIREMENT - Mandatory Technical Requirements**

**DELETE :**

- Store between 26,000 and 31,000 2mL cryogenic vials;
- Have the physical dimensions of 45 inches wide by 60 inches deep maximum;

**INSERT :**

- Store between 26,000 and 31,000 2mL cryogenic vials in the dry storage space;
- Have the physical dimensions of 47 inches wide by 60 inches deep maximum;

**B3. At ANNEX A – REQUIREMENT - Documentation, Installation and Training**

**DELETE :**

The supplier must provide installation of the unit and provide instruction regarding its operation to up to three (3) individuals.

**INSERT :**

Installation should include, at a minimum, an inspection of the unit (all hardware and software components), filling of the unit with liquid nitrogen to appropriate operating levels, verification of consistent liquid level, verification that the proper operating temperature can be achieved and maintained, and verification of alarms.

Maintenance should include, at a minimum, an inspection of the lid, inspection of gaskets and valves, firmware updates, verification of liquid nitrogen level and refilling if necessary, battery backup replacement (if necessary) and an inspection of fans and dust removal if necessary.

Training should include instruction on how to top-up the liquid nitrogen and how to determine when that is necessary, a walkthrough of the operating system and alarms, how to open it, and how to engage steps (if necessary). This training must be provide to up to three (3) individuals.

**B4. At ATTACHMENT 3 – MANDATORY TECHNICAL EVALUATION CRITERIA**

**DELETE :**

ITEM	CRITERIA	REFERENCE TO SUBSTANTIATION IN THE TECHNICAL BID.
M3	Must store between 26,000 and 31,000 2mL cryogenic vials.	
M8	Must have the physical dimensions of 45 inches wide by 60 inches deep maximum.	

Solicitation No. - N° de l'invitation  
K2A51-220474/A  
Client Ref. No. - N° de réf. du client  
K2A51-220474

Amd. No. - N° de la modif.  
001  
File No. - N° du dossier  
pv964. K2A51-220474

Buyer ID - Id de l'acheteur  
pv964  
CCC No./N° CCC - FMS No./N° VME

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**INSERT :**

ITEM	CRITERIA	REFERENCE TO SUBSTANTIATION IN THE TECHNICAL BID.
M3	Must store between 26,000 and 31,000 2mL cryogenic vials in the dry storage space.	
M8	Must have the physical dimensions of 47 inches wide by 60 inches deep maximum.	

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**