



EUROPEAN UNION

Publication of Supplement to the Official Journal of the European Union

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NOTICE FOR ADDITIONAL INFORMATION, INFORMATION ON INCOMPLETE PROCEDURE OR CORRIGENDUM

Reminder: Should any corrected or added information lead to a substantial change of the conditions provided for in the original contract notice with a bearing on the principle of equal treatment and on the objective of competitive procurement, it would be necessary to extend the originally foreseen deadlines.

SECTION I: CONTRACTING AUTHORITY

I.1) NAME, ADDRESSES AND CONTACT POINT(S)

Official name: POWIATOWY ZAKŁAD OPIEKI ZDROWOTNEJ		
Postal address: UL. RADOMSKA 70		
Town: STARACHOWICE	Postal code: 27-200	Country: POLSKA
Contact point(s): Dział ds zamówień publicznych i zaopatrzenia For the attention of:	Telephone: +48 41 273 91 82	
E-mail: przetargi@szpital.starachowice.pl	Fax: +48 41 273 91 82	
Internet address(es) (if applicable) General address of the contracting authority (URL): http://202.starachowice.sisco.info/		
Address of the buyer profile (URL):		

I.2) TYPE OF PURCHASING BODY

Contracting authority (in the case of a contract covered by Directive 2004/18/EC)	<input checked="" type="checkbox"/>
Contracting entity (in the case of a contract covered by Directive 2004/17/EC – 'Utilities')	<input type="checkbox"/>

SECTION II: OBJECT OF THE CONTRACT

II.1) DESCRIPTION

II.1.1) Title attributed to the contract by the contracting authority/entity (as stated in the original notice) dostawa aparatu RTG do kardiangiografii cyfrowej		
II.1.2) Short description of the contract or purchase(s) (as stated in the original notice) Przedmiotem zamówienia jest dostawa aparatu RTG do kardiangiografii cyfrowej o wymogach i parametrach techniczno-wytkowych przedstawionych w załączniku nr 5 do SIWZ wraz z demontażem starych urządzeń i montażem nowych.		
II.1.3) Common procurement vocabulary (CPV) (as stated in the original notice)		
	Main vocabulary	Supplementary vocabulary (if applicable)
Main object	33.11.17.20-4	□□□□-□ □□□□-□
Additional object(s)	□□.□□.□□.□□-□	□□□□-□ □□□□-□
	□□.□□.□□.□□-□	□□□□-□ □□□□-□
	□□.□□.□□.□□-□	□□□□-□ □□□□-□
	□□.□□.□□.□□-□	□□□□-□ □□□□-□

SECTION IV: PROCEDURE

IV.1) TYPE OF PROCEDURE

IV.1.1) Type of procedure (as stated in the original notice)	
Open	<input checked="" type="checkbox"/>
Restricted	<input type="checkbox"/>
Accelerated restricted	<input type="checkbox"/>
Negotiated	<input type="checkbox"/>
Accelerated negotiated	<input type="checkbox"/>
Competitive dialogue	<input type="checkbox"/>

VI.3) INFORMATION TO BE CORRECTED OR ADDED <i>(if applicable; to specify the place of the text or of the dates to be corrected or added, please always provide the related section & the paragraph number of the original notice)</i>		
VI.3.1) Modification of original information submitted by the contracting authority	<input checked="" type="checkbox"/> Publication on TED not compliant with original information provided by the contracting authority	<input type="checkbox"/> Both
VI.3.2) In the original notice	<input type="checkbox"/> In the corresponding tender documents	<input checked="" type="checkbox"/> In both
	<i>(for further information please refer to the relevant corresponding tender documents)</i>	<i>(for further information please refer to the relevant corresponding tender documents)</i>
VI.3.3) Text to be corrected in the original notice <i>(if applicable)</i>		
Place of text to be modified:	Instead of:	Read:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
VI.3.4) Dates to be corrected in the original notice <i>(if applicable)</i>		
Place of dates to be modified:	Instead of:	Read:
<u>IV.3.4</u>	05/10/2018 (dd/mm/yyyy)	10/10/2018 (dd/mm/yyyy)
_____	11:00 (time)	11:00 (time)
<u>IV.3.8</u>	05/10/2018 (dd/mm/yyyy)	10/10/2018 (dd/mm/yyyy)
_____	11:15 (time)	11:15 (time)

VI.3.5) Addresses and contact points to be corrected (if applicable)		
Place of text to be modified (if applicable):		
Official name:		
Postal address:		
Town:	Postal code:	Country:
Contact point(s):	Telephone:	
For the attention of:		
E-mail:	Fax:	
Internet address(es) (if applicable) General address of the contracting authority (URL):		
Address of the buyer profile (URL):		

VI.3.6) Text to be added in the original notice (if applicable)	
Place of text to be added:	Text to be added:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
VI.4) OTHER ADDITIONAL INFORMATION (if applicable)	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

----- (Use section VI as many times as needed) -----

VI.5) DATE OF DISPATCH OF THIS NOTICE: 28/09/2018 (dd/mm/yyyy)

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KIEROWNIK
 Biura ds. Zamówień Publicznych
 w Starachowicach
 mgr inż. Waldemar Piórkowski

DYREKTOR
 Powiatowego Zakładu Opieki Zdrowotnej
 w Starachowicach
 Katarzyna Aronowicz

Standard Form 14 – EN