# FORMULARI I ANKESËS PRANË AUTORITETIT/ENTIT KONTRAKTOR DHE KOMISIONIT TË PROKURIMIT PUBLIK

Ankesë drejtuar: Autoriteti/Entit Kontraktor dhe Komisionit të Prokurimit Publik ☐

## Seksioni I. Identifikimi i ankimuesit

*Ankimuesi mund të jetë një ofertues ose ofertues i mundshëm (p.sh. individ, operator ekonomik, shoqatë, bashkim operatorësh ekonomikë)*

UNICARE ALBANIA

Emri i plotë i ankimuesit (ju lutem shtypeni)

M42203021R

NUIS/NIPT

Rruga Ndre Mjeda , Rezidenca Alba Kulla 1, Njësia Nr. 8, Tiranë

Adresa

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|---|---|---|
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Administartor Ervis Mançe

Emri dhe titulli i zyrtarit të autorizuar për lëshimin e ankesës (ju lutemi shkruani)

2025/07/21

Nënshkrimi i zyrtarit të autorizuar

Data (viti/muaji/dita)

+355697027008

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**Seksioni II: Informacion mbi procedurën**

Numri i referencës së procedurës/Lotit

*Plotësoni numrin e referencës së kontratës në njoftimin e kontratës ose në dokumentin e tenderit.*

REF-54525-07-12-2025

| Tipi i proçedurës për ankesën | Tipi i ankesës |
| --- | --- |
| Procedure Prokurimi Publik | Dokumenta Tenderi |

Plotësoni llojin e procedurës së përdorur

Open INT

Autoriteti/Enti Kontraktor

*Emri i autoritetit/entit kontraktor qe administron procesin e prokurimit.*

Ministria e Shendetesise dhe Mbrojtjes Sociale

Vlera e përllogaritur e prokurimit

*Vlera e përllogaritur e kontratës/Marrëveshjes Kuadër (shuma në shifra dhe fjalë)*

79976579

Objekti i kontratës/Marrëveshjes Kuadër

*Përshkrimi i shkurtër i punëve/mallrave/shërbimeve objekt kontrate/marreveshje kuadër.*

Lot1 Blerje eko multifunksionale, gjinekologjike dhe kardiake

Afati i fundit për paraqitjen e ofertës

*Data (viti/muaji/dita)*

2025/08/13

Data e publikimit të Njoftimit të Fituesit

*(Data (viti/muaji/dita) nëse është e zbatueshme)*

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Data e nënshkrimit të kontratës

*(Data (viti/muaji/dita) në rastet e kërkesave për pavlefshmërinë e kontratës)*

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| Tipi i kontratës | Data e zhvillimit të procedurës |
|---|---|
| Mallra | 2025/08/13 |
| Numri i njoftimit | Kodi CPV |
| N/A | 33100000-1 |

Ankese mbi argument në KPP

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**Seksioni III: Përshkrimi i ankesës**

**1. Baza ligjore**

*(Shkelje/arsyetime ligjore, bazuar në vendime, akte, dokumente, etj.)*

Law 162/2020 on Public Procurement as amended and Decision no. 285, dated 19.05.2021 of the Council of Ministers on the approval of public procurement rules

**2. Objekti i ankesës**

- Modifikim i dokumentave të tenderit ☑

- Kundërshtim i vendimit të Komisionit të Vlerësimit të Ofertave lidhur me skualifikimin e ofertës tuaj. ☐

*(Citoni këtu arsyet e skualifikimit)*

- Kundërshtim i vendimit të Komisionit të Vlerësimit të Ofertave lidhur me kualifikimin e ofertës të një/disa operatori/ëve ekonomikë pjesëmarrës në procedurën e prokurimit. ☐

*(Citoni operatorin/ët ekonomik për të cilin keni pretendime)*

- Pavlefshmëri kontrate ☐

*(Citoni kontratën për të cilën kërkoni pavlefshmërinë)*

- Tjetër ☐

*(Citoni këtu objektin e ankesës që nuk përfshihet më sipër)*

**3. Rrethanat dhe faktet**

*Përshkruani rrethanat e faktit.*

On 14.07.2025, the procurement procedure with the object Lot 1 Purchase of multifunctional, gynecological and cardiac eco was published in the Electronic Procurement Platform by the Contracting Authority Ministry of Health and Social Protection with no. REF-54525-07-12-2025, scheduled to be held on 13.08.2025.
After reviewing the tender documents, we have determined that some modifications are necessary, according to the claims detailed below and based on the Public Procurement Law.

**4. Argumentime mbi shkeljet e pretenduara**

*Përshkruani në mënyrë koncize shkeljet e pretenduara, duke argumentuar qartë dhe saktë se përse pretendoni për paligjshmëri në veprimet e autoritetit/entit kontraktor.*

The observations and proposed adjustments presented below are based on recognized industry standards, practical clinical considerations, and the need to avoid unnecessary vendor-specific limitations, what is the aim of the Albanian Procurement Law.
I.
We would like to submit a claim and propose an adjustment regarding the below mentioned requirement's: (Article 1, Eco Multifunctional, Article 2, Gynecological Echo and Article 3, Echo Cardiac)
Current Requirements:
? Digital processing with at least 200,000 channels (Article 1, 2 and 3)
? High dynamic range of up to 200 dB (Article 1,) 260 dB (Article 2 and 3)

While we appreciate the baseline criteria set, we would like to highlight that the current thresholds are significantly below the capabilities of modern low – mid - high-performance ultrasound imaging systems. These specifications may inadvertently allow participation of very low-end or outdated systems, which could compromise diagnostic quality and long-term clinical performance.

To ensure the procurement of advanced, future-proof systems with superior imaging quality and diagnostic accuracy, we respectfully recommend updating the requirements as follows:
? Digital processing with at least 3 to 4 million parallel processing channels
(Note: This ensures higher spatial resolution and frame rates in high-density imaging modes.)
To illustrate our concerns, please note that we intend to offer a system, in the mid-range segment which offers over 30 million total digital Channels. We do point out that budged for such systems is well estimated from Your side, hence not affecting competition of reputable manufacturers well known of high-quality diagnostic ultrasound systems.
? High dynamic range of up to 300 dB or better
(Note: This accommodates better sensitivity and contrast resolution, especially in deep tissue imaging and challenging patient profiles.)
This would allow below benefits for the contracting authority.
1. Image Quality: Increased channel count significantly enhances beamforming precision and 3D/4D image fidelity.
2. Clinical Performance: A higher dynamic range improves signal-to-noise ratio and diagnostic confidence, particularly in advanced applications such as cardiac, MSK, or deep

abdominal imaging.
3. Future-Readiness: Modern ultrasound systems with higher specifications support AI integration, elastography, and multiparametric imaging, which are essential for next-generation diagnostic workflows.

We kindly request the committee to consider revising the above parameters to reflect current technological standards and to ensure that only high-performance, clinically validated systems are evaluated.

II.

Subject: Request for Acceptance of Manufacturer Declarations for Technical Evidence: (Article 1, Eco Multifunctional, Article 2, Gynecological Echo and Article 3, Echo Cardiac, )

With reference to the ongoing tender for ultrasound units, we would like to address a practical concern regarding the documentation required to demonstrate compliance with the technical specifications.

In many cases, certain performance parameters or advanced features of high-end ultrasound systems are not explicitly detailed in publicly available documents such as brochures or datasheets, particularly when those features are either proprietary or intended for specialized users. However, these specifications can be officially confirmed by the manufacturer and are often easily verifiable through independent third-party technical reviews or certifications.

Therefore, we respectfully request the contracting authority to allow the following:

Acceptance of official statements or declarations from the manufacturer, duly signed and stamped, confirming compliance with the relevant specification. These documents should be admissible as valid evidence of compliance, especially in cases where the information is not included in publicly distributed literature.

Such declarations:

? Can be verified upon request or cross-checked with third-party benchmarking platforms, clinical evaluations, or certification bodies.

? Are common practice in complex technology procurements where proprietary features are involved.

This flexibility will ensure a fair and accurate evaluation process, particularly for advanced systems, without limiting participation to only those manufacturers who happen to publish every technical detail in marketing documents.

We appreciate your consideration of this request and remain available to provide further explanation or suggested formats for such declarations if needed.

III.

We would like to submit a clarification and propose an adjustment regarding the Power Doppler requirement stated in the technical specifications for (Article 1, Eco Multifunctional).

“Power Doppler with

Base arrangement with at least 10 levels.”

It is unclear whether this requirement refers to directional Power Doppler or standard (non-directional) Power Doppler.

We respectfully note the following technical distinction:

? Non-directional Power Doppler does not measure the direction of blood flow, but rather the amplitude (power) of the Doppler signal. As a result, baseline shift is not applicable to this mode, since there is no flow direction to adjust. Therefore, the concept of “baseline levels” does not apply in this context.

? Directional Power Doppler, on the other hand, displays both the intensity and direction of flow and can include a baseline shift function to adjust for motion artifacts or aliasing near zero flow velocity.

Even when referring to directional Power Doppler, requiring a baseline arrangement of at least 10 levels exceeds practical clinical needs. In current high-end systems, 6 to 8 baseline levels are

standard and clinically sufficient to optimize the Doppler display for a wide range of applications. The requirement for 10 levels may:

? Unintentionally exclude advanced, clinically proven systems.

? Add no additional diagnostic benefit, as visual differentiation beyond 8 levels is not perceptible to the human eye in practical use.

We propose that the requirement be rephrased as:

"Directional Power Doppler with baseline shift adjustment of up to 8 levels or more."

This adjustment would align the requirement with clinical standards and avoid over-specification without compromising functionality or diagnostic value.

We appreciate your consideration of this clarification.

IV.

We would like to respectfully request clarification regarding the following requirement listed under the Motion Mode section of the technical specifications for (Article 1, Eco Multifunctional):

"Motion Mode

Be able to scan speed"

The phrase be able to scan speed appears to be incomplete or ambiguous. In ultrasound systems, particularly in M-mode (Motion Mode), scan speed typically refers to the sweep speed of the time axis display (e.g., in mm/s), which affects how cardiac or tissue motion is visualized over time. However, the current phrasing does not:

? Specify whether it refers to adjustable sweep speed

? Indicate a minimum or range of speeds required, or

? Define whether it pertains to recording speed, display resolution, or frame capture rate.

To ensure clarity and measurable compliance, we recommend revising the requirement to something more technically precise, such as:

"Motion Mode (M-Mode) must provide adjustable sweep speed with at least three selectable values suitable for cardiac and fetal motion analysis."

This will:

? Ensure the systems can support standard clinical workflows (e.g., cardiac and fetal heart monitoring),

? Allow fair and objective evaluation of compliant systems,

? Avoid ambiguity in interpretation during both bid preparation and technical evaluation.

We would appreciate your guidance on whether the original statement may be refined along these lines or if further clarification will be issued

V.

We would like to respectfully address the requirement for an HDMI video output as stated in the technical specifications for (Article 1, Eco Multifunctional, Article 2, Gynecological Echo and Article 3, Echo Cardiac):

'- Interface: USB, HDMI, VGA, Ethernet.'

We respectfully inform you that we intend to offer an ultrasound system, which is a globally recognized diagnostic ultrasound platform that includes a native DisplayPort (DP) digital video output, in line with current best practices for high-performance medical imaging.

- DisplayPort = HDMI in Functionality

? Both DisplayPort and HDMI are digital video interfaces that support transmission of uncompressed high-definition video and audio signals.

? DisplayPort, like HDMI, fully supports Full HD (1920x1080) resolution, which matches the display performance requirements of the system.

- DisplayPort is an Industry Standard in Medical Devices

? major manufacturers, have adopted DisplayPort in ultrasound systems to ensure higher bandwidth, superior signal integrity, and future-proofing for high-resolution imaging.

? DP is a standard interface for medical-grade monitors and is widely accepted by

hospitals and imaging centers globally.
- No Clinical or Functional Impact
? The type of video output has no clinical bearing on the diagnostic capability of the ultrasound system.
? As long as the signal is digital (as DP and HDMI both are), the image displayed is identical in resolution, clarity, and real-time performance.
In conclusion, we kindly request the committee to accept DisplayPort as a fully equivalent alternative to HDMI, in accordance with global technical standards, with or without requiring an additional converter. This ensures full compliance with the intended functionality and image quality expectations of the specification.
VI.
In reference to the technical requirement (Article 1, Eco Multifunctional, ) for a linear ultrasound probe with a minimum frequency range of 4–10 MHz and a field of view of at least 35 mm,
Current Specification:
'Linear probe with frequency scale min. 4?10 MHz or better and 35mm field of view'
we respectfully inform you of our intention to offer a broadband linear probe in our forthcoming bid.
This probe fully complies with the required frequency specification 4–10 MHz and is optimized for vascular, small parts, and musculoskeletal imaging. The only variance is in the field of view, which is 34 mm, just 1 mm below the stated minimum.
We emphasize that this difference is clinically insignificant and does not impact the probe's performance, resolution, or diagnostic reliability. The probe is a manufacturer-standard, globally used transducer and is widely accepted in clinical practice for the intended applications.
We therefore formally request that the 34 mm field of view be accepted as an equivalent alternative to the required 35 mm, as it meets all core functional and clinical criteria.
Furthermore, we kindly urge the tender committee to accept this alternative solution as fully compliant, to allow the inclusion of validated, widely supported equipment without compromising the integrity or functionality of the system offered.
VII.
We respectfully submit the following clarification and request for revision regarding two technical specifications under the Power Doppler section for Article 2, Gynecological Echo and Article 3, Echo Cardiac:
1. Pulse Repetition Frequency (PRF) Range Requirement:
"Pulse repetition in the minimum range: 0.1 kHz to 19 kHz or better."

The inclusion of a minimum PRF value of 0.1 kHz (100 Hz) is clinically unnecessary and technically questionable:
? Clinically relevant low PRF values typically begin in higher frequencies, which are sufficient to visualize slow blood flow without introducing motion artifacts or aliasing.
? Operating at extremely low PRF values, such as 0.1 kHz, is impractical and can degrade image quality, rather than enhance it.
? Most manufacturers do not publish a minimum PRF limit in their technical documents, as such extreme low values are rarely used or supported.
? This specific lower limit appears to be aligned with Samsung's proprietary implementation, and does not represent an industry-standard performance requirement.
To ensure fairness and clinical relevance, we propose that the requirement be modified as follows:
"Power Doppler PRF: Adjustable up to at least 20 kHz or higher."
This would focus the requirement on the upper limit, which is clinically important for high-flow or deep vessel imaging, and eliminate a non-essential lower threshold that may exclude technically superior systems.
2. Amplification Adjustment Requirement:

“Amplification adjustable to the rate of ?15 dB (absolute value 30 dB) with separation of 0.5 dB or lower.”

This level of specificity regarding gain range and step size appears to reflect a Samsung-specific engineering design, not a standard clinical requirement. Specifically:

? Amplification step size and range are internal design features that vary between manufacturers but do not impact diagnostic accuracy.

? Other leading systems offer fine gain adjustment through different increments or even not expressed at all in dB, combined with advanced post-processing and dynamic range optimization, which meet or exceed clinical expectations.

? This type of detailed numeric specification appears vendor-specific and may unfairly exclude other high-end systems that use different but clinically equivalent technologies.

We suggest rewording this requirement to preserve clinical intent while ensuring openness to all vendors:

“Power Doppler signal gain must be adjustable with sufficient resolution to optimize image quality.”

This allows evaluators to focus on clinical effectiveness rather than on proprietary parameter definitions that have no measurable diagnostic advantage.

Both specifications, as currently written, reflect Samsung’s proprietary system architecture and do not offer meaningful clinical benefit. To ensure a fair, competitive, and clinically focused procurement, we respectfully request these items be revised as proposed or removed.

VIII.

We would like to respectfully request clarification regarding the following requirement under the Pulsed Spectral Doppler section for (Article 2, Gynecological Echo and Article 3, Echo Cardiac,):

“Speed measurement ranging from 4 cm/s to 700 cm/s or better. Possibility to choose the degree in cm/s or kHz.”

The phrase “possibility to choose the degree in cm/s or kHz” appears to be unclear and technically inconsistent. We believe this may be the result of a terminology misapplication or a direct copy from vendor literature without appropriate technical context.

In Doppler ultrasound systems:

? cm/s refers to velocity units representing actual flow speed, derived using the Doppler equation, incorporating angle correction (i.e., the insonation angle).

? kHz refers to Doppler frequency shift, which is a raw signal prior to conversion into velocity. It is typically used when angle correction is not applied.

? The term “degree in cm/s or kHz” is not technically correct, as degrees refer to the insonation angle?not to selectable units.

Therefore, it is unclear whether the intent of the specification is:

? To require dual display options (velocity vs. frequency shift),

? To allow manual angle correction, or

? To specify some other functionality.

To ensure technical clarity and correct clinical evaluation, we suggest rephrasing the requirement. We kindly emphasize the importance of ensuring that technical specifications are drafted by or with input from qualified professionals familiar with diagnostic ultrasound terminology and workflow. Copying text from vendor literature without context can introduce confusion, inconsistent terminology, and requirements that do not serve clinical or procurement objectives.

IX.

We respectfully request clarification and suggest a revision regarding the following requirement under the Motion Mode section of the technical specifications for (Article 2, Gynecological Echo and Article 3, Echo Cardiac):

“Combination Motion Mode with Spectral Doppler.”

The requirement to combine Motion Mode (M-Mode) with Spectral Doppler refers to a nonexistent or technically impossible mode of operation. No current ultrasound vendor offers a simultaneous or combined mode where M-Mode and Spectral Doppler are integrated into a single active imaging display, as these are functionally distinct modalities:

? Motion Mode (M-Mode) is used to measure motion over time, typically of cardiac structures (e.g., valve motion).

? Spectral Doppler is used to evaluate and quantify blood flow velocities.

These modes serve different clinical purposes and are not designed to operate concurrently in Moreover, the system in question is intended for Obstetrics and Gynecology use, with no specific requirement for fetal echocardiography or advanced cardiac packages. In such a clinical context:

? Motion Mode is rarely used, if at all, and typically not required unless fetal cardiac assessment (e.g., for congenital heart defect screening) is explicitly included.

? Including this requirement adds unnecessary technical complexity and may unintentionally restrict competition, while offering no practical benefit for standard Ob-Gyn workflows.

We propose the following revisions for clarity and clinical alignment:

1. Remove or correct the invalid combination requirement, replacing it with individual options if truly needed:

“Combination Motion Mode with Spectral Doppler”

“System must support both M-Mode and Spectral Doppler (not necessarily combined).”

2. Alternatively, remove M-Mode entirely from the specification if fetal cardiac applications are not part of the clinical scope, in order to streamline the requirements and avoid over-specification.

X.

We would like to respectfully request clarification and suggest a revision regarding the following specification listed under the “Other Features and Accessories” section for (Article 2, Gynecological Echo and Article 3, Echo Cardiac):

“Export of data in BMP, JPEG (images) and MPEG4 or AVI (video) formats.”

While we fully support the requirement for exporting still images in standard formats, we would like to point out that requiring both BMP and JPEG formats is technically redundant and not clinically necessary:

? JPEG is the universally accepted standard for medical image exports due to its high compatibility and efficient compression.

? BMP is a much older, uncompressed format that offers no diagnostic advantage over JPEG in exported clinical images.

? Requiring both formats simultaneously may unintentionally restrict participation to a limited number of vendors whose systems natively support both, even though JPEG alone is more than sufficient for routine clinical, archival, and reporting use.

To ensure fairness and avoid over-specification that does not contribute to clinical or operational benefit, we suggest revising the requirement as follows:

“Export of images in at least one standard format (e.g., JPEG or BMP) and videos in MPEG4 or AVI formats.”

This change will:

? Maintain the functional and clinical intent of the specification,

? Avoid excluding capable systems due to non-essential format preferences,

? Encourage broader vendor participation without compromising quality or interoperability.

XI.

We respectfully request clarification and propose a revision to the following requirement under the “Other Features and Accessories” section (Article 2, Gynecological Echo and Article 3, Echo Cardiac):

“Built-in A6 black and white thermal printer.”
While we fully understand the need for an integrated black and white thermal printer for immediate print documentation, we would like to point out that specifying a “built-in A6 thermal printer” may be unnecessarily restrictive and may exclude otherwise compliant, high-performance ultrasound systems.
? A6 format refers to a specific page size (105 ? 148 mm), which is not the standard paper size used in most integrated thermal printers offered by major ultrasound manufacturers.
? Leading systems commonly support thermal printers using 84 mm or 110 mm width paper rolls, which provide equal or superior image clarity and are widely accepted in clinical use.
? These printers fully meet the clinical need for real-time printing of monochrome ultrasound images, including those used in Ob-Gyn, Cradiac and general applications.
? Requiring A6 specifically introduces a form-factor limitation without a corresponding clinical or operational benefit, potentially excluding vendors with otherwise fully compliant systems.
To maintain flexibility and clinical usability while avoiding unnecessary exclusion, we recommend revising the requirement as follows:
“Built-in black and white thermal printer
This phrasing ensures that:
? The clinical and operational need for an integrated printer is met,
? All systems capable of delivering real-time hardcopy output are eligible,
? No vendor is excluded based on arbitrary paper dimensions rather than functionality.
Beyond technical compatibility, it's important to consider the long-term availability and supply chain for printer consumables:
? 84 mm and 110 mm thermal rolls are readily available and standardized in global medical supply chains.
? A6-specific thermal paper, by contrast, is less common, potentially increasing procurement complexity and cost over the system’s operational life.
? Accepting commonly used roll formats would offer significant logistical and cost advantages for health facilities over time
XII.
We respectfully request clarification regarding the following technical requirement listed under the Continuous Spectral Doppler section (Article 3, Echo Cardiac):
“Speed measurement starting: Approximately from 4 cm/s to 800 cm/s or better.”
The specified speed range of 4–800 cm/s appears to reflect the typical velocity spectrum of Pulsed or Power Doppler, not Continuous Wave (CW) Doppler, and is most likely inadvertently copied or misapplied.
In clinical and technical terms:
? CW Doppler is designed to measure very high blood flow velocities, especially in applications such as:
o Aortic valve stenosis, where flow can exceed 4–8 m/s (400–800 cm/s),
o High-velocity jet assessments in cardiac and vascular imaging.
? The starting point of 4 cm/s is not clinically relevant for CW Doppler, which is not used for low-velocity flows (those are evaluated with Pulsed Doppler).
? The upper limit of 800 cm/s is acceptable, but the inclusion of such a low starting speed is not applicable or necessary in the context of CW Doppler.
To ensure technical and clinical accuracy, and to prevent confusion during evaluation, we propose rephrasing the requirement as follows:
“Continuous Wave Doppler must support measurement of high velocities, typically up to 1800 cm/s or higher, for use in conditions such as valvular stenosis or vascular pathology.”
This adjustment:
? Aligns the specification with real-world CW Doppler applications,

? Avoids confusion caused by irrelevant low-speed requirements,
? Ensures fair assessment of systems designed for true CW Doppler performance.
XIII.
We respectfully request clarification regarding the following requirement listed under the Continuous Spectral Doppler section of the technical specifications (Article 3, Echo Cardiac):
"Adjustable Spectral Averaging"
The term "Adjustable Spectral Averaging" is not a commonly recognized or standardized feature across ultrasound vendors. In this context, the meaning of the specification is unclear, and it is not evident what technical function or clinical benefit is intended.
Potential interpretations include:
? Adjustment of Doppler signal smoothing or filtering (e.g., ensemble averaging, wall filter settings),
? Control over spectral display resolution, or
? Possibly a misinterpretation or repurposing of unrelated Doppler settings.
However, none of these are typically labeled as "spectral averaging" in the user interface or technical documentation of most ultrasound systems.
? Without a precise definition, it is not possible to determine compliance, making fair evaluation difficult.
? The term may have been included as a result of a copy-paste from marketing literature or a misinterpretation of a vendor-specific feature, without validation of its relevance or universality.
? Moreover, it may unintentionally favor one vendor while excluding other clinically effective systems that may use different terminology or technical approaches.
We kindly request the contracting authority to:
1. Clarify what specific functionality is intended by "Adjustable Spectral Averaging".
2. If no specific or clinically validated function is meant, we recommend removing the requirement, or revising it to a more standard and meaningful parameter
This revision would ensure:
? Clinically relevant customization of Doppler display,
? Clear and objective evaluation of compliance,
? Broader vendor participation without ambiguity.

We thank you for your attention to the above points and for considering our request in the spirit of ensuring a transparent, competitive, and clinically sound procurement process.
Should you require any further clarifications, supporting documentation, or technical input, we remain at your full disposal.
We look forward to your response and to the opportunity to participate in this important procurement procedure.
Yours faithfully,

Unicare Albania Shpk
Ervis Mance
Administrator

**5. Kërkesë për ekspertizë të posaçme**

Po ☐ Jo ☑

*(Nëse po, specifikoni llojin e ekspertizës që kërkoni)*

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**6. Kërkesë për përjashtim të zyrtarëve që do të merren me shqyrtimin e ankesës:**

N/A

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**7. Lista e informacionit konfidencial:**

N/A

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*Përcaktoni se cili informacion është konfidencial, nëse ka. Shpjegoni pse informacioni është ose një version i dokumenteve përkatëse me heqjen e pjesëve konfidenciale dhe një përmbledhje të përmbajtjes.*

***Kujdes: Ankimuesi duhet t'i bashkëlidhë ankimit, që do të paraqesë në autoritetin/entin kontraktor dhe Komisionin e Prokurimit Publik, dokumentin bankar që vërteton pagesën e tarifës përkatëse për ankesën pranë Komisionit të Prokurimit Publik***

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Dërgojeni formularin e plotësuar të ankesës së prokurimit, të gjitha shtojcat e nevojshme dhe kopjet shtesë, pranë **Autoritetit/Enti Kontraktor dhe Komisionit të Prokurimit Publik.**

Shënim: Ankimuesi duhet ta dërgojë njëkohësisht ankesën në autoritetin/entin kontraktor dhe Komisionin e Prokurimit publik

**Nr. i faksit:**

**E-mail:** Ervis Mance Digitally signed by Ervis Mance Date: 2025.07.21 04:04:09 +02'00' ervis.mance@unicare-al.com

**Nënshkrimi dhe vula e Ankuesit**

**Administratori/Përfaqësuesi i autorizuar** Ervis Mançe