

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
1	(73) IKLAN- QTN/UPP.HRIPAS/2022/ OT (GENERAL SURGERY)	<p align="center"><b>SUPPLY AND DELIVERY MEDICAL ITEMS (PAEDIATRIC PDA SET) FOR OPERATION THEATRE (GENERAL SURGERY AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH (CLUSTERING)</b></p> <p align="center"><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	05/01/2023	21/01/2023	\$5.00	OPERATION THEATRE (GENERAL SURGERY), HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.	<p align="center">PATRICIA YAPP SIEW LOI</p> <p align="center">OPERATION THEATRE (GENERAL SURGERY)</p> <p align="center">TEL: 2242424 ext. 1489</p>

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)

QUOTATION/TENDER REFERENCE NO:	(73)IKLAN-QTN/UPP.HRIPAS/2022/OT(GENERAL SURGERY)
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY MEDICAL ITEMS (PAEDIATRIC PDA SET) FOR OPERATION THEATRE (GENERAL SURGERY) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH (CLUSTERING)

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
<b>39 ITEMS OF PAEDIATRIC PDA SET INCLUDE LASER ENGRAVING:</b>									
1	Rib Spreader, Fino-Baby, 75 x 18 x 20mm	Per unit	2 units						
2	Rib Spreader, Finocchieto, 38 x 44 x 160mm	Per unit	1 unit						
3	Retractor Double, Senn-Miller 3T Blunt, 17cm	Per unit	2 units						
4	Retractor Langenback, 21cm, 25 x 6mm	Per unit	2 units						
5	Kleiner-Kutz Skin Hook Pointed Tip, 13cm	Per unit	2 units						
6	Forceps, TC, Wangenstee, 15cm	Per unit	1 unit						
7	Forceps Atraumatic, De Bakey Straight, 2mm, 16mm	Per unit	2 units						
8	Forceps Atraumatic, De Bakey Straight, 2mm, 20mm	Per unit	1 unit						
9	Adson Forcep Standard, 1x2T, 12cm	Per unit	1 unit						

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10	Adson Forcep Standard, 12cm	Per unit	1 unit						
11	Scalpel Handle No.3	Per unit	2 units						
12	Dissecting Scissor, Lexer, Straight, 16cm	Per unit	1 unit						
13	Scissors Lahey, Curved, TC, 147cm	Per unit	1 unit						
14	Dissecting Scissor, Toennis-Adson, Curved, 18cm	Per unit	1 unit						
15	Dissecting Scissor, Metzenbaum, Straight, 12cm	Per unit	1 unit						
16	Hemostatic Forceps, Mixer-Baby, 14cm	Per unit	1 unit						
17	Gall Duct Forceps, Lower, 18cm	Per unit	1 unit						
18	Hemostatic Forceps, Mixer, 22cm	Per unit	1 unit						
19	Micro Hartmann Atraumatic Forceps, Straight, 10cm	Per unit	5 units						
20	Micro Hartmann Atraumatic Forceps, Curved, 10cm	Per unit	5 units						
21	Hemo Forceps, Halsted-Mosquito, Micro Anat, Straight, 12cm	Per unit	5 units						
22	Hemo Forceps, Halsted-Mosquito, Micro Anat, Curved, 12cm	Per unit	5 units						
23	Hemostatic Forceps, Crile, Curved, 14cm	Per unit	5 units						
24	Hemostatic Forceps, Spencer-Wells, Anat, Curved, 18cm	Per unit	2 units						
25	Hemostatic Forceps, Leriche, Straight, Anat, 15cm	Per unit	2 units						

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26	Neddle Holder, Mayo-Hegar, Serrated, TC, 14cm	Per unit	1 unit						
27	Neddle Holder, Halsey, Serrated, TC, 13cm	Per unit	1 unit						
28	Neddle Holder DeBakey, Serrated, TC, 18cm	Per unit	2 units						
29	Needle Holder Ryder, Serrated, TC, 1mm Tip, 13cm	Per unit	1 unit						
30	Needle Holder Ryder, Serrated, TC, 2mm, 15cm	Per unit	1 unit						
31	Towel Forceps, Rampley, 25cm	Per unit	6 units						
32	Swab Forcep, Rampley, 25cm	Per unit	2 units						
33	Magill Suction Tube Chrome 4.0mm, 21cm	Per unit	1 unit						
34	Mayo Clip Stainless Steel, 14cm for holding instruments	Per unit	2 units						
35	Kidney Dish 6", 172 x 95 x 34mm	Per unit	1 unit						
36	Kidney Dish 10", 255 x 115 x 45mm	Per unit	1 unit						
37	3/4 Size Bottom Standard Grey, 475 x 272 x 138mm	Per unit	1 unit						
38	3/4 Size Lid Perforated Standard Grey, 460 x 285mm	Per unit	1 unit						
39	Wire Basket 405 x 245 x 100mm	Per unit	1 unit						
<b>TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE</b>									

NO	<u>TERMS AND CONDITIONS</u>		VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.		
2	<b>QUOTATION/TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION/TENDER.</b>		
3	Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION/TENDER.</b>		
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery.</b> Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.		
5	<b>Brochures / catalogues should be submitted / attached</b> with quotation/tender document.		
6	<b>Samples should be submitted together with quotation/ tender or within SEVEN (7 DAYS)</b> of the quotation/tender closing date <b>(SAMPLE IS MANDATORY REQUIRED).</b>		
7	<b>DELIVERY PERIOD:</b> (Please state) Not later than 4 weeks	(Yes / No) (If No, please specify)	
8	<b>WARRANTY:</b> (Please state)	(Yes / No) (If No, please specify)	
9	<b>PRICE VALIDITY:</b> The quotation shall remain valid for <b>12 MONTHS</b> from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).		

Section/Unit		Section/Unit Ref No.:	
Person to Contact	Name :	Tel.No. :	
	E-mail :	Fax No.:	

FOR QUOTATION ONLY

TERMS AND CONDITIONS		Company's Official Stamp			
a.	Tenderer must be registered with the Ministry of Health		Company's Official Stamp		
b.	Please fill in the <b>QUOTATION FORM</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION</b>			Company's Official Stamp	
c.	Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION</b>				Company's Official Stamp
d.	Please do not use <b>TIPPEX</b> for amendment				
<i>Acknowledgement:</i> <i>Company Ref. No.:</i> ..... I hereby certify the above quote to be correct. Signature: ..... Name: ..... Designation: ..... Date: .....		Company's Official Stamp			