

| BIL | Quotation Reference | Description | Advertisement Date | Closing Date (Not Later Than 2.00PM) | Quotation Fee | Requesting Department | Focal Person |
|-----|-----------------------------|--|--------------------|--------------------------------------|---------------|---|---|
| 9 | BME/A2K/(947)2022/HTD (A19) | <p>SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ONE (1) UNIT HANDHELD ULTRASOUND SYSTEM FOR THE EMERGENCY DEPARTMENT, HOSPITAL RIPAS</p> <p><u>PLACE OF SUBMISSION:</u> QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p> | 05/11/2022 | 19/11/2022 | \$5.00 | JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN. | MUHD AMIRUL FAZLEEN BIN HAJI KHALIDIN JURUTERA PERUBATAN HAYAT TEL: 2242424 EXT 8693 (RIPASH) |

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ONE (1) UNIT HANDHELD
ULTRASOUND SYSTEM FOR THE EMERGENCY DEPARTMENT, HOSPITAL RIPAS**

ANNEX A – USER REQUIREMENTS

| REF | DESCRIPTION | Tick (✓) | | STATE OR SPECIFY | |
|--|--|----------|----|------------------|---------------|
| | | YES | NO | REMARKS | BROCHURE PAGE |
| 1 | One (1) unit of handheld ultrasound system | | | | |
| 2 | BRUHIMS AND/OR PACS INTEGRATION | | | | |
| 3 | User training | | | | |
| 1. ONE (1) UNIT OF HANDHELD ULTRASOUND SYSTEM | | | | | |
| 1.1 | Primary application: Point-of-care / Emergency | | | | |
| 1.2 | Pocket size for portability | | | | |
| 1.3 | Consists of the following: 1. One (1) unit of Mobile viewing system 2. One (1) unit of Dual head probe | | | | |
| 1.3.1 | Mobile viewing system | | | | |
| 1.3.1.1 | Mobile viewing device must be compatible with the software or application to be used with the probe [Tenderer to specify the model and brand] | | | | |
| 1.3.1.2 | Battery operated [Tenderer to specify the battery capacity] | | | | |
| 1.3.1.3 | Android OS version 10 or 11 or Apple iOS 13 or 14 [Tenderer to specify the OS] | | | | |
| 1.3.1.4 | Viewing screen of more than 8" [Tenderer to specify screen size] | | | | |
| 1.3.1.5 | Comes with high internal memory (RAM) – Preferably 8GB or better [Tenderer to specify RAM and ROM sizes] | | | | |
| 1.3.1.6 | Comes with high storage space (ROM) – at least 128GB or better [Tenderer to specify ROM sizes] | | | | |
| 1.3.1.7 | Built in Wi-Fi capability | | | | |
| 1.3.1.8 | Security requirements: Data on device must be encrypted and authentication enabled [Tenderer to specify how this is achieve] | | | | |
| 1.3.1.9 | At least one (1) year warranty or more is better | | | | |
| 1.3.1.10 | Installed with the software required to receive images from dual head probe | | | | |
| 1.3.2 | Dual head probe | | | | |
| 1.3.2.1 | Battery operated | | | | |
| 1.3.2.2 | Wireless connected to mobile viewing system supplied | | | | |

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ONE (1) UNIT HANDHELD
ULTRASOUND SYSTEM FOR THE EMERGENCY DEPARTMENT, HOSPITAL RIPAS**

| | | | | | |
|-----------|--|--|--|--|--|
| 1.3.2.3 | Complete with charge – Wired or wireless | | | | |
| 1.3.2.4 | One (1) curved array head for deep scanning | | | | |
| 1.3.2.4.1 | Scan depth up to 20cm or better | | | | |
| 1.3.2.5 | One (1) Linear array head for shallow scanning | | | | |
| 1.3.2.5.1 | Scan depth up to 8cm or better | | | | |
| 1.3.2.6 | At least three (3) years warranty or more | | | | |
| 1.4 | Comes with protective carrying case individually and both as a unit. | | | | |
| 1.5 | The proposed system must include DICOM and Worklist licenses | | | | |
| 2 | BRUHIMS AND/OR PACS INTEGRATION | | | | |
| 2.1 | The proposed system must be able to connect to BruHIMS and/or PACS in MOH Brunei Darussalam until the end of service (Which ever appropriate) | | | | |
| 2.2 | The proposed system must be “plug-and-play” ready and should be integrated with the MOH Brunei BruHIMS and/or PACS system before handing over to user. (Integration cost from any third-party company** must be included in the price proposal and attach the quotation for reference) | | | | |
| 2.2 | The proposed system must be able to perform DICOM services including but not limited to, Storage, Query/Retrieve, Modality Worklist, Print, Modality Performed Procedure Step (MPPS) and others as required to integrate with future or existing BruHIMS/PACS system. | | | | |
| 3 | USER TRAINING | | | | |
| 3.1 | Conduct user training to the all end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> • Basic operation and troubleshooting • Basic user maintenance and PACS guide through • Operating manual (Hardcopy) • Operating manual (Softcopy) | | | | |
| 3.2 | Refresher course after six (6) months of first training | | | | |

** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ONE (1) UNIT HANDHELD
ULTRASOUND SYSTEM FOR THE EMERGENCY DEPARTMENT, HOSPITAL RIPAS**

** Folec Communications (B) Sdn Bhd – PACS integration
Precept/Dynamik Technologies Sdn Bhd – BruHIMS integration

ANNEX B

PROCUREMENT

| REF | DESCRIPTION | Tick (✓) | | REMARKS |
|---------------------|--|----------|----|---|
| | | YES | NO | |
| 1 | ORIGINAL BROCHURE OR CERTIFIED TRUE COPY OF BROCHURE ATTACHED: | | | Required to assist during evaluation of tender document |
| 2 | WARRANTY | | | Warranty period: |
| FILL IN THE DETAILS | | | | |
| 3 | BRAND | | | |
| 4 | MODEL | | | |
| 5 | COUNTRY OF ORIGIN | | | |
| 6 | UNIT PRICE (BND) | | | |
| 7 | TOTAL PRICE (BND) | | | |
| 8 | PRICE VALIDITY | | | |
| 9 | DELIVERY TIME | | | |
| 10 | YEAR MANUFACTURED | | | |
| 11 | EQUIPMENT LIFE SPAN ESTIMATION: | | | |
| 12 | NUMBER OF TECHNICAL SUPPORT (LOCAL) | | | |
| 13 | NUMBER OF TECHNICAL SUPPORT (OVERSEA) State nearest location | | | |

| REF | DESCRIPTION | Tick (✓) | | REMARKS |
|-----|--|----------|----|--|
| | | YES | NO | |
| 14 | PREVENTIVE MAINTENANCE During warranty period, tenderer must perform preventive maintenance twice a year (Preventive maintenance conducted must be recorded and a copy of the document must be available for user and Bio medical engineering.) | | | Include but not limited to: 1) General cleaning 2) Physical check 3) Function and performance testing 4) Calibration |
| 15 | Please attach a list of: 1) Scope of work for preventive maintenance 2) List of PM kits or parts to be replace during PM if applicable | | | Please attach list on a separate sheet |
| 16 | INTERNATIONAL SAFETY STANDARD | | | US FDA |
| | | | | EU CE MARK |
| | | | | AUSTRALIAN TGA |
| | | | | CANADA CSA |
| | | | | JAPAN JIS |

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ONE (1) UNIT HANDHELD
ULTRASOUND SYSTEM FOR THE EMERGENCY DEPARTMENT, HOSPITAL RIPAS**

| | | |
|--|--|---------|
| | | OTHERS: |
| | | OTHERS: |

**ANNEX C
TECHNICAL SPECIFICATION**

| TICK (✓) OR CIRCLE (○) ONE OR MORE AND STATE WHERE APPROPRIATE | | | | |
|--|------------------------------------|----------------------|-----------------------|-------------------------|
| A. ELECTRICAL | | | | |
| POWER SUPPLY | AC POWER | DC POWER | BOTH | N/A |
| AC POWER TYPE | SINGLE PHASE | THREE PHASE | | |
| AC POWER CORD | 3 Pin Type G Power Plug - Grounded | | OTHERS: | |
| AC POWER RATING | 220V | 230V | 240V | OTHERS: |
| DC POWER TYPE | INTERNAL/ BUILT-IN BATTERY | REMOVABLE BATTERY | DISPOSABLE BATTERY | RECHARGABLE |
| BATTERY TYPE | LITHIUM ION | NICKEL CADMIUM | LEAD ACID | OTHERS: AAA / AA/ 9V |
| BATTERY RATING | V | | MAH | OTHERS: |
| BATTERY CAPACITY/ RUNNING HOURS | HOURS (FULL LOAD OR CONTINUOUS) | | HOURS (OTHERS) | |
| BATTERY CHARGER | SUPPLIED | NOT INCLUDED | N/A | |
| BATTERY CHARGER OUTPUT | | | | |
| BATTERY CHARGE TIME | HOURS (MAX) | | HOURS (MIN) | |
| POWER CONSUMPTION | N/A | | | |
| FUSE RATING | N/A | | | |
| CLASSIFICATION | CLASS I | CLASS II | CLASS II | |
| IP CODE (IEC standard 60529) | N/A | | | |
| UPS | BUILT-IN | INCLUDED | N/A | |

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ONE (1) UNIT HANDHELD
ULTRASOUND SYSTEM FOR THE EMERGENCY DEPARTMENT, HOSPITAL RIPAS**

| | | | | |
|---------------------|-----|----|-------------|----|
| OVERLOAD PROTECTION | YES | NO | UPS RATING: | VA |
|---------------------|-----|----|-------------|----|

| B. PHYSICAL | | | | |
|--------------------|----------------------------|--|-----|-------------------------------|
| DESCRIPTION | VALUE FILL IN THE VALUE | UNITS TICK (✓), CIRCLE (○) OR STATE WHERE APPROPRIATE | | |
| | | WEIGHT | | KG |
| EXTERNAL HEIGHT | | MM | CM | OTHERS: M / INCH / FT |
| EXTERNAL WIDTH | | MM | CM | OTHERS: M / INCH / FT |
| EXTERNAL DEPTH | | MM | CM | OTHERS: M / INCH / FT |
| OTHER WEIGHT: | | KG | LBS | OTHERS: |
| OTHER DIMENSION: | | | MM | OTHERS: CM / M / INCH / FT |

| C. OTHERS | | | |
|------------------------|-----|----|--------------------|
| WATER OUTLET | YES | NO | REQUIRED PRESSURE: |
| DRAIN OUTLET | YES | NO | PIPE DIAMETER: |
| AIR- CONDITIONED ROOM | YES | NO | |
| EXHAUST FAN | YES | NO | |
| NEGATIVE PRESSURE ROOM | YES | NO | |
| OTHERS: | | | |

| D. SCOPE OF WORK | | | | |
|-------------------------|-------|---------|-----|--|
| SUPPLY | YES | NO | N/A | All standard, accessories and additional requests in Annex A - Requirement |
| INSTALLATION | YES | NO | N/A | Properly install before user operates |
| COMMISSIONING | YES | NO | N/A | <ul style="list-style-type: none"> Register with Biomedical Engineering Asset Tagging |
| ELECTRICAL SAFETY TEST | YES | NO | N/A | To provide proof of electrical safety test done by manufacturer or supplier during commissioning |
| TECHNICAL TRAINING | YES | NO | N/A | To conduct technical training to Biomedical Engineering (BME) staffs including but not limited to: <ul style="list-style-type: none"> Basic troubleshooting Minor setting adjustments |
| | LOCAL | OVERSEA | N/A | Conduct during or after commissioning |

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ONE (1) UNIT HANDHELD
ULTRASOUND SYSTEM FOR THE EMERGENCY DEPARTMENT, HOSPITAL RIPAS**

| | | | | |
|----------------------------------|-----|----|--|--|
| | | | | Else, proper technical training at manufacturer premises |
| Technical/service manual for BME | YES | NO | | Either softcopy or hardcopy |