

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 2.00PM)	Quotation Fee	Requesting Department	Focal Person
1	PPM/PROC/2022/<50K/053(MYB) IKN	<p>TO SUPPLY, DELIVER AND INSTALL TWENTY- FIVE (25) UNITS OF POLYURETHANE, FULLY ERGONOMIC CHAIRS FOR CLINICAL MOLECULAR DIAGNOSTIC LABORATORY FOR INFECTIOUS DISEASES BUILDING, TUTONG DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH</p> <p>PLACE OF SUBMISSION: QUOTATION BOX (GROUND FLOOR) MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN, BB 3910 NEGARA BRUNEI DARUSSALAM</p>	24/12/2022	07/01/2023	\$5.00	JABATAN PERKHIDMATAN MAKMAL, HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.	DK ADAWIYAH PDP HAJI JABERUDIN NATIONAL MYCOBACTERIA REFERENCE LABORATORY TEL: 2221821 ext. 129

EQUIPMENT PURCHASE SPECIFICATION

QUOTATION REFERENCE NO.	
TITLE OF QUOTATION	TO SUPPLY, DELIVER AND INSTALL TWENTY FIVE (25) UNITS OF POLYURETHANE, FULLY ERGONOMIC LABORATORY CHAIRS FOR CLINICAL MOLECULAR DIAGNOSTIC LABORATORY FOR INFECTIOUS DISEASES BUILDING, TUTONG, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH

NO.	USER'S REQUIREMENT		VENDOR'S OFFER			
	ITEM DESCRIPTIONS AND SPECIFICATIONS	QUANTITY	ITEM DESCRIPTIONS AND SPECIFICATIONS	COMPLY / NOT COMPLY	COST PER UNIT (B\$)	TOTAL COSTS (B\$)
1	Chairs Must Have 5 Legs	25 UNITS				
2	No Arms Required					
3	Soft Castors To Reduce Rolling On Hard Surfaces With Lockable Wheels					
4	Smooth, Waterproof And Resistant To Chemical Disinfectants For Purpose Of Cleaning And Decontamination					
5	Fully Ergonomic with Adjustable Lumbar Support: a. Back-Rest Tilt and Height Adjustment b. Back-Rest Flexes up to 115 Degrees is an advantage					
6	Foot-Ring: Epoxy Powder Coating Finish (Not Compulsory But If Available Will Be An Advantage)					
7	Mechanism: Chrome Gas Lift With Height Adjustment					
8	Seat and Back Rest Materials: a. Fully Wrapped Polyurethane Upholstery b. High Density Polyurethane Foam					
9	SEAT DIAMETER: not less than 490mm					
10	SEAT HEIGHT: adjustable for a worktop height of 900mmH					

NO.	USER'S REQUIREMENT		VENDOR'S OFFER			
	ITEM DESCRIPTIONS AND SPECIFICATIONS	QUANTITY	ITEM DESCRIPTIONS AND SPECIFICATIONS	COMPLY / NOT COMPLY	COST PER UNIT (B\$)	TOTAL COSTS (B\$)
10	Colour: <ul style="list-style-type: none"> Two (2) Different Colours Are Required to Differentiate Usage In BSL3 And BSL2 Labs Dark colours are preferable 					
11	WARRANTY: 5 YEARS WARRANTY					

NO	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	DELIVERY PERIOD: NOT LATER THAN EIGHT WEEKS	(Yes / No) (If No, please specify)
2	PRICE VALIDITY: The quotation shall remain valid for 6 MONTHS 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).	

No.	GENERAL SPECIFICATIONS	VENDOR'S OFFER
A	Model & Brand	
B	Country of Origin	
C	Total Price Per Test (CIF): B\$	
D	Price Ranking:	
E	Where marketed	
F	Year of Manufacture	
G	Warranty:	
H	Delivery Time:	
I	Power Requirements:	
J	Battery Back-up:	
K	International Safety Standard:	
L	Technical Support:	
M	Equipment Whole Life Support	
N	Dimensions (WxHxD) cm:	
O	Weight (kg):	
P	User Manuals	
Q	Service Manuals	
R	Spare-parts & Consumables Listing	
S	Technical Training On-Site:	
T	Site Requirements:	

*To all participating companies, please fill in the table above along with your other documents during submission of tender.

DELIVERY PERIOD AFTER PO ISSUED	NOT LATER THAN EIGHT WEEKS	
Lab/Section/Unit	NATIONAL MYCOBACTERIA REFERENCE LABORATORY	
Lab/Section/Unit Ref No. :	DLS/PU/MYB/2022/2-50K/008	
Person to Contact	Name : DK ADAWIYAH PDP HAJI JABERUDIN	
	E-mail : ADAWIYAH.JABERUDIN@MOH.GOV.BN	
	Tel.No. : 2221821 ext 129	Fax No. :
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref.No	PPM/PROC/2022/2-50K/053(MYB)	
Advertisement Ref. No.		Date :