REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 12.00PM	FOCAL PERSON
KK/50/2025/UPP(TC)	SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES OF PHACOEMULSIFICATION SYSTEM FOR EYE CENTRE AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL FOR A PERIOD OF THREE(3) YEARS	3 YEARS	RIPAS HOSPITAL	\$100.00	25 [™] MARCH 2025	Dr Hajah Helena binti POKSJ DP Hj Hurairah Head of Ophthalmology Raja Isteri Pengiran Anak Saleha Hospital Ministry of Health Negara Brunei Darussalam Contact No: 2242424 ext 6239 email: helena.hurairah@moh.gov.bn

TENDER REFERENCE NO.: KK/50/2025/UPP(TC)

MINISTRY OF HEALTH NEGARA BRUNEI DARUSSALAM

SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES OF PHACOEMULSIFICATION SYSTEM FOR EYE CENTRE AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL FOR A PERIOD OF THREE(3) YEARS

- TENDER FEES : \$100.00
- **RECEIPT NO.** :
- CLOSING DATE : ON TUESDAY, 25TH MARCH 2025
- TIME : 12.00 PM
- FOA :

THE CHAIRMAN MINI TENDER BOARD, TENDER BOX GROUND FLOOR, MINISTRY OF HEALTH COMMONWEALTH DRIVE BANDAR SERI BEGAWAN BB3910 NEGARA BRUNEI DARUSSALAM

(NON CLUSTERING)

SECTION 2

SPECIFICATIONS

TENDER REFERENCE NO: KK/50/2025/UPP(TC)

INVITATION TO TENDER SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES OF PHACOEMULSIFICATION SYSTEM FOR EYE CENTER AT RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF THREE (3) YEARS

NOT LATER THAN 4 WEEKS STAGGERED DELIVERY UPON REQUEST

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR
STEA	LTH NAVIGATION SYSTEM CONSUMABLES		
1	 BL 5115-2 PHACO PACK Pack includes: BL3420zS MICS Blue Straight needle 2x BL3124S Sleeves Adaptive Fluidics Cassette and Tubing with Pulse Reflux Screen Drape Tray Cover Drape Remote Control Drape Test Chamber Bottle Spike Needle Wrench Plug 	PC	800 PCS
2	AQ 500G BALANCED SALT SOLUTION SPECIFICATIONS 500mls glass bottle Balanced Salt Solution	BOTTLE	1,000 BOTTLES
3	BL 3118 BLUE SLEEVE SPECIFICATIONS 1.8mm MICS Sleeve 2 Sleeves per pouch Sterile	PC	800 PCS
4	 SE5623AV ANTERIOR VITRECTOMY CUTTER SPECIFICATIONS 23GA Anterior Vitrectomy Cutter 7500cpm + 23GA I/A Handpiece For bi manual technique only 	PC	160 PCS

NO.	TERMS AND CONDITIONS
1	Tenderer must be registered with the Ministry of Health.
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF TENDER .
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF TENDER .
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery. 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	Brochures / catalogues should be submitted / attached with tender document.
6	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).
7	DELIVERY PERIOD: Not later than 4 weeks Staggered delivery upon request
8	PRICE VALIDITY: The quotation shall remain valid for 12 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).
	EVE CENTED DA LA ISTEDI DENGIDANI ANAK SALEHA Section/Unit

Section/Unit	EYE CENT HOSPITAL	ER, RAJA ISTERI PENGIRAN ANAK SALEHA	Section/Unit Ref No.:	
Person to Contact	Name:	DR. HJH HELENA DATO PADUKA HJ HURAIRAH HEAD EYE CENTER, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL	Tel. No.:	2242424 ext. 6239
	E-mail:	helena.hurairah@moh.gov.bn	Fax No.:	

SCHEDULE 1

TENDER FORM

TENDER REFERENCE NO: KK/50/2025/UPP(TC)

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES OF PHACOEMULSIFICATION SYSTEM FOR EYE CENTER AT RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF THREE (3) YEARS

TENDER OF (name of tenderer)

Company/Business Registration No

Tender Closing Date:

DELIVERY PERIOD

	USER'S REQUIREMENTS			VENDOR'S OFFER						
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$) (1 YEAR)	TOTAL COSTS (B\$) (3 YEARS)
STEA	STEALTH NAVIGATION SYSTEM CONSUMABLES									
1	BL 5115-2 PHACO PACK	PC	800 PCS							

	USER'S REQUIREMENTS			VENDOR'S OFFER						
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$) (1 YEAR)	TOTAL COSTS (B\$) (3 YEARS)
STE	ALTH NAVIGATION SYST	EM CONSUN	MABLES							
	Pack includes:									
	 BL3420zS MICS Blue Straight needle 2x BL3124S Sleeves Adaptive Fluidics Cassette and Tubing with Pulse Reflux Screen Drape Tray Cover Drape Tray Cover Drape Test Chamber Bottle Spike Needle Wrench Plug 									
	AQ 500G BALANCED SALT SOLUTION									
2	 SPECIFICATIONS 500mls glass bottle Balanced Salt Solution 	BOTTLE	1,000 BOTTLES							

	USER'S REQUIREMENTS			VENDOR'S OFFER						
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$) (1 YEAR)	TOTAL COSTS (B\$) (3 YEARS)
STE/	STEALTH NAVIGATION SYSTEM CONSUMABLES									
3	BL 3118 BLUE SLEEVE SPECIFICATIONS 1.8mm MICS Sleeve 2 Sleeves per pouch Sterile	PC	800 PCS							
4	SE5623AV ANTERIOR VITRECTOMY CUTTER SPECIFICATIONS 23GA Anterior Vitrectomy Cutter 7500cpm + 23GA I/A Handpiece For bi manual technique only	PC	160 PCS							
	· · ·		T	OTAL PRICE (B\$)	·	·	·			

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form <u>MAY</u> cause DISQUALIFICATION OF TENDER .	
3	Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF TENDER.	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery . 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	Brochures / catalogues should be submitted / attached with tender document.	
6	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).	
7	DELIVERY PERIOD: Not later than 4 weeks Staggered delivery upon request	(Yes / No) (If No, please specify)
8	PRICE VALIDITY: The quotation shall remain valid for 12 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).	

- 1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods in accordance with your Invitation To Tender.
- 2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
- 3. We shall execute a formal agreement in the appropriate form set out in Section 4 Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
- 4. OUR OFFER IS VALID FOR <u>TWELVE (12) CALENDER</u> MONTHS FROM THE TENDER CLOSING DATE.
- 5. When requested by you, we shall extend the validity of this offer.
- 6. We further undertake to give you any further information which you may require.

Dated this_____day of_____,2024.

Signature of authorised officer of Tenderer Name: Designation: Date: Tenderer's official stamp:

SCHEDULE 2 - INFORMATION SUMMARY

- 2.1 Tenderers shall provide in this Schedule the following information:
 - (a) Management summary
 - (b) Company profile (including Contractor and sub-contractor(s), if any)
 - (c) Years of experience (as of the Tender Closing Date) of the Contractor and subcontractor(s) in the:
 - Supply, Delivery Medical Consumables
 - (d) Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each subcontractor. An alliance is defined as a formal and binding business relationship between the allied parties.

		Alliance Relationship between Contractor and Sub-contractor(s)					
Company Name	Responsibility Description	Alliance Exists? (Y/N)	Date Established	Alliance Description			
Contractor		•					
		Not Applicable	Not Applicable	Not Applicable			
Sub-contractor(s)		1	I I				

SCHEDULE 4 – COMPANY'S BACKGROUND

4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company's background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE 5 – REFERENCES

5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Customer Name and Address	Customer Type (Govt or Quasi Govt)*	Contact Person	Title	Contact Number, Fax Number and E-mail Address

Table 5.1 References of	f previous	customers
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*Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.

- 5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE 6 - SUBMISSION OF SAMPLE

- 6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.
- 6.2 Samples of the items to be submitted shall be:
 - a) identical in packing and manufacture to the items to be offered by the Tenderer; and
 - b) marked with the corresponding item number of the tender.

SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO: KK/50/2025/UPP(TC)

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICAL CONSUMABLES OF PHACOEMULSIFICATION SYSTEM FOR EYE CENTER AT RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF THREE (3) YEARS

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

ITEM NO.	DESCRIPITON	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with X)	OFFERED/ NOT OFFERED (indicate as appropriate)
1	BL 5115-2 PHACO PACK			
2	AQ 500G BALANCED SALT SOLUTION			
3	BL 3118 BLUE SLEEVE			
4	SE5623AV ANTERIOR VITRECTOMY CUTTER			

We understand as stated in the Instructions To Tenderers that Tenders without samples shall not be considered.

(Signature of authorized officer of	Tenderer)
Name:	
Designation:	
Date:	

Tenderer's official stamp:

FOR OFFICE USE

Date of receipt	•	
	•	
•		

Receiving Officer : _____