

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department	Focal Person
2	(014) IKLAN-QTN/UPP.HRIPAS/2025/ORTHOPAEDIC	SUPPLY AND DELIVERY MEDICAL CONSUMABLES FOR ORTHOPAEDIC DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALRHA HOSPITAL (NON-CLUSTERING)	27/03/2025	19/04/2025	\$5.00	ORTHOPAEDIC DEPARTMENT, HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.	DR DYG HJH LIZA BINTI HJ ISHAK DEPUTY HEAD 1 ORTHOPAEDIC DEPARTMENT TEL: 2242424 ext. 5617

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

QUOTATION/TENDER REFERENCE NO:	(14)IKLAN-QTN/UPP.HRIPAS/2025/ORTHOPAEDIC
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY MEDICAL CONSUMABLES FOR ORTHOPAEDIC DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (NON-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\$)
1	OSTEOTOMES - Straight, 10MM TIP, 9 ¾"	PER UNIT	1 UNIT						
2	OSTEOTOMES - Straight, 15MM TIP, 9 ¾"	PER UNIT	1 UNIT						
3	OSTEOTOMES - Straight, 25MM TIP, 9 ¾"	PER UNIT	1 UNIT						
4	OSTEOTOMES - Curved, 13MM TIP, 9 ¾"	PER UNIT	1 UNIT						
5	OSTEOTOMES - Curved, 25MM TIP, 9 ¾"	PER UNIT	1 UNIT						
6	HOHMANN BONE LEVERS - Curved, 17MM Tip, 9 ½"	PER UNIT	2 UNITS						

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\$)
7	IRIS SCISSOR - Curved, S/Sharp, 3 ¼"	PER UNIT	14 UNITS						
8	LCP DRILL BIT - Code: 310.284 - diameter 2.8MM with stop Length 165MM, 2-Flute, For quick coupling - Must be compatible with the Synthes brand	PER UNIT	3 UNITS						
9	LCP DRILL BIT - Code: 310.430 - diameter 4.3MM with stop Length 221MM, 2-Flute, For quick coupling - Must be compatible with the Synthes brand	PER UNIT	3 UNITS						
10	DRILL BIT - Code: 310.221 - for 3.0MM cannulated screw diameter 2.0MM - Must be compatible with the Synthes brand	PER UNIT	1 UNIT						

FORM A

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\$)
11	DRILL BIT <ul style="list-style-type: none"> - Code: 310.670 - for 4.0MM cannulated screw diameter 2.7MM - Must be compatible with the Synthes brand 	PER UNIT	2 UNITS						
TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE									

NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/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 QUOTATION/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 quotation/tender document.	
6	Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
7	DELIVERY PERIOD: (Please state) Not later than 4 weeks (STAGGERED DELIVERY)	(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).	

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



FOR QUOTATION ONLY

TERMS AND CONDITIONS		
a.	Tenderer must be registered with the Ministry of Health	<p><i>Acknowledgement:</i></p> <p><i>Company Ref. No.:</i></p> <p>I hereby certify the above quote to be correct.</p> <p>Signature:</p> <p>.....</p> <p>Name:</p> <p>.....</p> <p>Designation:</p> <p>.....</p> <p>Date:</p> <p>.....</p> <p>Company's Official Stamp</p>
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	
c.	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 QUOTATION	
d.	Please do not use TIPPEX for amendment	

