
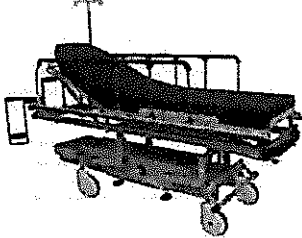


BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department	Focal Person
1	(22) IKLAN/QTN/UPP.HRIPAS/2025/ORTHOPAEDIC	SUPPLY AND DELIVERY PLASTER CHAIR & PATIENT TROLLEY FOR ORTHOPAEDIC DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (NON-CLUSTERING)	05/05/2025	24/05/2025	\$5.00	ORTHOPAEDIC DEPARTMENT, KEMENTERIAN KESIHATAN	DR HJH LIZA BINTI HJ ISHAK  PAKAR BERSEKUTU DAN TIMBALAN KETUA JABATAN 1  TEL: 2242424 ext. 6069

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

<b>QUOTATION REFERENCE NO:</b>	<b>( 22 )IKLAN-QTN/UPP.HRIPAS/2025/ORTHOPAEDIC</b>
<b>QUOTATION NAME</b>	<b>SUPPLY AND DELIVERY PLASTER CHAIR &amp; PATIENT TROLLEY FOR ORTHOPAEDIC DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (NON-CLUSTERING)</b>

NO	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	PICTURE	QUANTITY (UNIT)	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	<b>ORTHOPAEDIC PLASTER / TREATMENT CHAIR</b> <ul style="list-style-type: none"> <li>Hydraulic operation with manual backrest</li> <li>Safe working load and lifting capacity of 240kg (528 lbs)</li> <li>Adjustable angle backrest from horizontal to +80°</li> <li>Adjustable angle footrests from horizontal to -85°</li> <li>Power-assisted foot sections with anti-trap design gas struts</li> <li>Footrests extend to accommodate tall patients</li> <li>Excellent height range from 52cm to 106cm</li> <li>Compact frame design with retractable wheel system</li> <li>Adjustable foot for stability on uneven surfaces</li> <li>Purpose-made precision bearings on all pivot points</li> <li>Anti-bacterial powder coated frame</li> <li>Clearance beneath frame for mobile hoist</li> <li>Standard upholstery width of 65cm</li> <li>Standard color options: Sky Blue, Canard Blue, Dark Blue, Dark Grey, Black</li> </ul>		4						

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	<ul style="list-style-type: none"> <li>Complete with below accessories:</li> <li>1. Orthopaedic Arm Support: Provides a stable surface for upper limb procedures and can be fitted to either side of the plaster chair</li> <li>2. Orthopaedic Seat Extension: Two cushions for assisting in positioning the patient's leg for plastering</li> <li>3. Orthopaedic Knee Roll Support</li> <li>4. Orthopaedic Leg Support Attachment: Holds the leg in a fixed position and allows for elevation and precise positioning during orthopaedic procedures</li> <li>5. Operators Chairs with foot support ring: Seating for medical staff, designed for ergonomic support and mobility to maintain proper posture during procedures</li> <li>6. Paper Roll Holder: Provides a protective barrier between the patient and the upholstered surface, enhancing hygiene and infection control</li> </ul>								
2	<b>HOSPITAL PATIENT TRANSPORT TROLLEY</b> <ul style="list-style-type: none"> <li>Manual tilting</li> <li>Material: Mild steel frame work</li> <li>Finishing: Epoxy powder coating</li> <li>Hydraulic foot pedal controlled Hi-Lo position</li> <li>Backrest adjustable by gas spring</li> <li>Two-way Trendelenburg/tilting assisted by gas spring mechanism</li> <li>PVC bumper guard rail</li> <li>Push handle at head end</li> <li>Collapsible side rails</li> <li>2-hook telescopic IV pole</li> <li>Storage utility tray</li> </ul>		4						

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	ITEM DESCRIPTIONS AND SPECIFICATIONS	PICTURE	QUANTITY (UNIT)	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
	<ul style="list-style-type: none"> <li>Vertical oxygen tank holder</li> <li>X-ray translucent mattress board comes with sliding type cassette holder</li> <li>Dimension: 2070(L) x 750(W) approx.</li> <li>Mattress dimension: 1905(L) x 597(W) x 100(H) approx.</li> <li>Castor dimension: 200mm (central locking)</li> <li>Load capacity: 250kg</li> <li>Hi-Lo position: 622-94214mm</li> <li>Backrest: 0° - 90°</li> <li>Trendelenburg: 0° - 12°</li> <li>Reverse Trendelenburg: 0° - 6°</li> </ul>								

NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	<b>QUOTATION FORM</b> should be filled completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION</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</b> .	
4	All consumables supplied throughout this tender shall 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</b> should be submitted / attached with quotation/tender document.	
6	<b>Samples</b> should be submitted together with quotation or within <b>fourteen (14 days)</b> of the quotation/tender closing date (if applicable).	
7	<b>DELIVERY PERIOD:</b> (Please state) <b>Not later than 4 weeks</b>	(Yes / No) (If No, please specify)
8	<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	Orthopaedic Department	Section/Unit Ref No.:	
Person to Contact	Name : Dr Hj Liza binti Hj Ishak	Tel.No. :	2242424 ext 6069
	E-mail : liza.ishak@moh.gov.bn	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><i>Signature:</i></p> <p>.....</p> <p><i>Name:</i></p> <p>.....</p> <p><i>Designation:</i></p> <p>.....</p> <p><i>Date:</i></p> <p>.....</p>
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>	
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>	
d.	Please do not use <b>TIPPEX</b> for amendment	

Company's Official Stamp