# Rujukan Kami: (73) MOH/HQ/P/IKLAN-SH/2025

#### LAMPIRAN 1

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
1	(24) IKLAN- QTN/UPP.HRIPAS/2025/SCBU	SUPPLY AND DELIVERY MEDICAL CONSUMABLES (VYGON PREMICATH) FOR PAEDIATRIC DEPARTMENT (SCBU) AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH.	19/05/2025	14/06/2025	\$5.00	PAEDIATRIC DEPARTMENT (SCBU), HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA

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

QUOTATION/TENDER REFERENCE NO:	( 24 )IKLAN-QTN/UPP.HRIPAS/2025/SCBU
QUOTATION/TENDER	SUPPLY AND DELIVERY MEDICAL CONSUMABLES (VYGON PREMICATH) FOR PAEDIATRIC DEPARTMENT (SCBU)
NAME	AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH

A STRUCTURE A 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\$)
	VYGON PREMICATH:  - Code No: 1261.20  - Catheter size 28G (1FR)  - Length 20cm.  - Type: Standard priming volume ml:0.09  - flow rate (ml/min): 0.7 ml/min  - Introducer: Splitting/breakaway needle 24G  - Catheter markings every centimeter  - measuring tape available in the packaging	PER PIECE	200 PIECES						
The state of the s	TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE								

## FORM A

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 <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/TENDER.</b>	
4.	All consumables supplied throughout this tender shall 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	(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.:	
D-1-1-1	Name :	Tel.No.:	
Person to Contact	E-mail:	Fax No.:	

#### FOR QUOTATION ONLY

TERMS AND CONDITIONS					
а.	Tenderer must be registered with the Ministry of Health		Company's Official Stamp		
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	Company Ref. No.:			
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	Name:			
d.	Please do not use <b>TIPPEX</b> for amendment	Designation:  Date:			