

REFERENCE OF TENDER	DESCRIPTION OF TENDER	TIME PERIOD OF TENDER	DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER	FEES	CLOSING DATE NOT LATER THAN 2.00PM	FOCAL PERSON
KK/116/2025/UPP	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF AUTOTRANSFUSION SYSTEM FOR OPERATING THEATRE, RIPAS HOSPITAL	-	RIPAS HOSPITAL	\$10.00	27 TH MAY 2025	<i>Dr Hajah Wardina Shumaimah binti DP Buntar Konsultan dan Ketua Jabatan Bius Perkhidmatan Bilik Bedah Hospital Raja Isteri Pengiran Anak Saleha (RIPAS) Negara Brunei Darussalam Contact No: 2242424 ext 1489</i>

TENDER REFERENCE NO.: KK/116/2025/UPP

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND
COMMISSIONING OF AUTOTRANSFUSION SYSTEM FOR
OPERATING THEATRE, RIPAS HOSPITAL**

TENDER FEES : \$10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 27TH MAY 2025

TIME : 2.00 PM

FOA :

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

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/116/2025/UPP

INVITATION TO TENDER

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF AUTOTRANSFUSION SYSTEM FOR OPERATING THEATRE, RIPAS HOSPITAL

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 MAY 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 (if applicable). 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 (if applicable).
5	Brochures / catalogues should be submitted / attached with tender document.
6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation
9	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).

	SCOPE OF WORK
1	Supply of ONE (1) <u>unit</u> of Autotransfusion System for Operating Theatre, RIPAS Hospital

	SECTION 1 – EQUIPMENT SPECIFICATION
1	ONE (1) UNIT OF AUTOTRANSFUSION SYSTEM
1.1	For blood recovery and plasma sequestration

	SECTION 1 – EQUIPMENT SPECIFICATION
1	ONE (1) UNIT OF AUTOTRANSFUSION SYSTEM
1.2	Designed to collect, wash, and reinfuse red blood cells (RBCs) to reduce the need for allogeneic transfusions
1.3	Suitable for use in cardiac surgeries, trauma, transplantation, orthopedic, and other surgical procedures where blood conservation is essential
1.4	Capable to quickly transfer blood to the RBC bag
1.5	Can be operated on Automatic and Manual mode
1.6	Allow customizable parameter settings and programmable protocols
1.7	Lightweight, mobile, and easy to transport between operating theatres
1.8	System must be capable of processing partially filled bowls to maximize RBC reinfusion
1.9	Comes with effluent line sensor
1.10	Comes with ultrasonic air detector monitors the fluid flow in the pump tubing
1.11	Integrated suction system
1.11.1	Capable to reduce haemolysis and protect RBCs during collection
1.11.2	Adjustable vacuum setting
1.11.3	Maximum reservoir vacuum level: At least up to 200 mmHg
1.12	Roller Pump flow
1.12.1	Adjustable
1.12.2	Maximum pump speed: At least up to 1000 mL/min
1.13	Centrifuge speed
1.13.1	Latham bowl, Maximum speed: Up to 5650 rpm
1.13.2	Blow-molded bowl, Maximum speed: Up to 7500 rpm
1.13.3	Sequestration: <ul style="list-style-type: none"> ▪ Adjustable ▪ Maximum speed up to 5650 rpm
1.14	Performance Requirement:
1.14.1	Hematocrit (Hct) level of processed blood: at least 50%
1.14.2	Red Blood Cell (RBC) recovery rate: more than 90%
1.14.3	Efficient removal of contaminants: Free Haemoglobin, WBC Removal, Fat Removal, Total Protein, Heparin, Potassium
1.15	The system shall offer three interchangeable bowl sizes of 70 mL, 125 mL, and 225 mL

	SECTION 1 – EQUIPMENT SPECIFICATION
1	ONE (1) UNIT OF AUTOTRANSFUSION SYSTEM
1.16	Equipped with mobile casters complete with durable casters and locking mechanism for stability
1.17	Includes integrated IV drip poles and reservoir holder
1.18	Includes an integrated storage compartment for consumables, along with all necessary accessories for complete operation
1.19	Network/Ethernet/HL7 communication available and activated
1.20	Capable to be integrated to Hospital Information System for storing recorded vital information

2	ONE TIME SUPPLY OF ACCESSORIES/CONSUMABLES
2.1	Inclusive of all the necessary accessories/consumables to perform on fifteen (15) patients - Staggered delivery every six months

* In your quotation/tender document, please breakdown/itemized the price for each accessories/consumables

3	END-USER TRAINING
3.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> ▪ Basic user operation, user troubleshooting and user maintenance ▪ Provide Operating manual (Hardcopy and/or Softcopy)
3.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.

4	TECHNICAL TRAINING
4.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)

5	WARRANTY
5.1	Tenderer to include warranty period of at least two (2) years
5.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	PER UNIT
	TOTAL

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION	
BRAND:	MODEL:
COUNTRY OF ORIGIN:	YEAR INTRODUCED TO MARKET:
WARRANTY PERIOD:	LAST COUNTRY SOLD TO:
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]	DELIVERY TIME:

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)
DETAILED BROCHURE INCLUDED:
USER AND SERVICE MANUALS:
MAINS POWER SUPPLY:
BATTERY:
POWER ADAPTER/CHARGER OUTPUT RATING:
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:
INTERNATIONAL SAFETY STANDARD: Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)
NUMBER OF TECHNICAL SUPPORT: (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified
DIMENSIONS AND WEIGHT OF MAIN UNIT:
EQUIPMENT WHOLE LIFE TIME SUPPORT:

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- Warrants the supplied medical equipment and its accessories to be in good condition, in working order and free from defects to the extent such equipment do not comply with specifications, under normal use for the warranty period. The scope of warranty covers to its maximum extent permitted by applicable law.
- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported.
- **Exchange warranty;** Providing replacement units:
 - A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ months of use
 - B. Faulty workmanship or unsatisfactory condition during delivery or commissioning
 - C. If a unit or accessory is deemed used item or refurbished item (not a new unit) by the user and BME Unit.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline and to include one-time replacements of battery at the end of 2 years warranty period or any other relevant parts to prolong equipment lifespan.

EXCLUSION FROM WARRANTY

MOH understand that the following circumstances are not covered in the warranty and Tenderer may quote for repair and subject to MOH approval:

- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO: KK/116/2025/UPP

**INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF AUTOTRANSFUSION
SYSTEM FOR OPERATING THEATRE, RIPAS HOSPITAL**

TENDER OF (name of tenderer) : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

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 MAY 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 (if applicable). 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 (if applicable).	
5	Brochures / catalogues should be submitted / attached with tender document.	
6	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)	
7	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).	
8	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation	
9	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).	

SCOPE OF WORK				
Please <input checked="" type="checkbox"/> Tick where appropriate		YES	NO	REMARKS
1	Supply of ONE (1) <u>unit</u> of Autotransfusion System for Operating Theatre, RIPAS Hospital			

SECTION 1 – EQUIPMENT SPECIFICATION				
	Please <input checked="" type="checkbox"/> Tick where appropriate	YES	NO	REMARKS
1	ONE (1) UNIT OF AUTOTRANSFUSION SYSTEM			
1.1	For blood recovery and plasma sequestration			
1.2	Designed to collect, wash, and reinfuse red blood cells (RBCs) to reduce the need for allogeneic transfusions			
1.3	Suitable for use in cardiac surgeries, trauma, transplantation, orthopedic, and other surgical procedures where blood conservation is essential			
1.4	Capable to quickly transfer blood to the RBC bag			
1.5	Can be operated on Automatic and Manual mode			
1.6	Allow customizable parameter settings and programmable protocols			
1.7	Lightweight, mobile, and easy to transport between operating theatres			
1.8	System must be capable of processing partially filled bowls to maximize RBC reinfusion			
1.9	Comes with effluent line sensor			
1.10	Comes with ultrasonic air detector monitors the fluid flow in the pump tubing			
1.11	Integrated suction system			
1.11.1	Capable to reduce haemolysis and protect RBCs during collection			
1.11.2	Adjustable vacuum setting			
1.11.3	Maximum reservoir vacuum level: At least up to 200 mmHg			
1.12	Roller Pump flow			

SECTION 1 – EQUIPMENT SPECIFICATION				
	Please <input checked="" type="checkbox"/> Tick where appropriate	YES	NO	REMARKS
1.12.1	Adjustable			
1.12.2	Maximum pump speed: At least up to 1000 mL/min			
1.13	Centrifuge speed			
1.13.1	Latham bowl, Maximum speed: Up to 5650 rpm			
1.13.2	Blow-molded bowl, Maximum speed: Up to 7500 rpm			
1.13.3	Sequestration: - Adjustable - Maximum speed up to 5650 rpm			
1.14	Performance Requirement:			
1.14.1	Hematocrit (Hct) level of processed blood: at least 50%			Hct Level:
1.14.2	Red Blood Cell (RBC) recovery rate: more than 90%			RBC Rate:
1.14.3	Efficient removal of contaminants: Free Haemoglobin, WBC Removal, Fat Removal, Total Protein, Heparin, Potassium			
1.15	The system shall offer three interchangeable bowl sizes of 70 mL, 125 mL, and 225 mL			
1.16	Equipped with mobile casters complete with durable casters and locking mechanism for stability			
1.17	Includes integrated IV drip poles and reservoir holder			
1.18	Includes an integrated storage compartment for consumables, along with all necessary accessories for complete operation			
1.19	Network/Ethernet/HL7 communication available and activated			
1.20	Capable to be integrated to Hospital Information System for storing recorded vital information			
2	ONE TIME SUPPLY OF ACCESSORIES/ CONSUMABLES			
2.1	Inclusive of all the necessary accessories/consumables to perform on fifteen (15) patients - Staggered delivery every six months			
* In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables				

SECTION 1 – EQUIPMENT SPECIFICATION				
	Please <input checked="" type="checkbox"/> Tick where appropriate	YES	NO	REMARKS
3	END-USER TRAINING			
3.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to: <ul style="list-style-type: none"> Basic user operation, user troubleshooting and user maintenance Provide Operating manual (Hardcopy and/or Softcopy) 			
3.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
4	TECHNICAL TRAINING			
4.1	Introductory Technical Training to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: <ul style="list-style-type: none"> Troubleshooting and basic corrective maintenance Handling and basic inspection maintenance *(Two sessions/groups if required) 			
5	WARRANTY			
5.1	Tenderer to include warranty period of at least two (2) years			
5.2	Tenderers to ACKNOWLEDGE the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: <ul style="list-style-type: none"> Scope of Warranty Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period). 			

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	PER UNIT	BND\$
	TOTAL	BND\$

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION

BRAND:		MODEL:	
COUNTRY OF ORIGIN:		YEAR INTRODUCED TO MARKET:	
WARRANTY PERIOD:		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST <u>ONE (1) YEAR</u> PRICE VALIDTY]		DELIVERY TIME:	

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION						
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)	APPOINTED BRUNEI DISTRIBUTOR					
		PROCURE FROM OVERSEA AUTHORIZED DISTRIBUTOR	COMPANY NAME:			
			COMPANY ORIGIN:			
DETAILED BROCHURE INCLUDED		YES		NO	p or specify where appropriate	
USER AND SERVICE MANUALS:		YES		NO	Tenderers to acknowledge that they must provide at least TWO sets of USER AND SERVICE manuals when applying commissioning form. One Set for End User, One Set for BME. (Please provide hardcopy or softcopy)	
MAINS POWER SUPPLY:		220V-240V		OTHERS:		
		50-60HZ		OTHERS:		
BATTERY		RECHARGEABLE			SINGLE-USE	REPLACEABLE
		OTHERS:				
	TYPE OF BATTERY:					
	RATING:					
POWER ADAPTER/CHARGER OUTPUT RATING:						
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:						
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)				p Tick where appropriate <input type="checkbox"/> US FDA Standard, <input type="checkbox"/> European Union CE MARK, <input type="checkbox"/> Australian TGA Standard, <input type="checkbox"/> Canadian CSA Standard or <input type="checkbox"/> Japanese JIS Standard. Others (Please specify): _____		
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL			<input type="checkbox"/> Trained / Certified <input type="checkbox"/> Not yet trained on the product		
	OVERSEA (SPECIFY LOCATION)		NEAREST LOCATION:			
DIMENSIONS AND WEIGHT OF MAIN UNIT:		<input type="checkbox"/> mm <input type="checkbox"/> cm <input type="checkbox"/> inch		<input type="checkbox"/> Kilogram (Kg) <input type="checkbox"/> Gram(g) <input type="checkbox"/> Pound (lbs)		
EQUIPMENT WHOLE LIFE TIME SUPPORT:	The supplier shall ensure that spare parts for the equipment are available for a minimum of 10 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)					

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

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- Unauthorized modifications - an alteration or repair by anyone other than the Manufacturer or Authorized agent during warranty period.
- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

1. We offer and undertake on your acceptance of our Tender to provide the above-mentioned services 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. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.
4. When requested by you, we shall extend the validity of this offer.
5. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, _____

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp