

Rujukan Kami: (87) MOH/HQ/P/IKLAN-SH/2025

LAMPIRAN 5

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
5	(18) IKLAN-QTN/UPP.HRIPAS/2025/HDU2 (PAEDIATRIC)	SUPPLY AND DELIVERY ACCESSORIES OF SENSORMEDICS (VYAIRE) HFO VENTILATOR FOR HIGH DEPENDENCY UNIT (HDU2), PAEDIATRIC DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING).	11/06/2025	05/07/2025	\$5.00	HIGH DEPENDENCY UNIT (HDU2), PAEDIATRIC DEPARTMENT, HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.

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

QUOTATION/TENDER REFERENCE NO:	( 18 ) IKLAN-QTN/UPP.HRIPAS/2025/HDU2(PAEDIATRIC)
QUOTATION/TENDER NAME	<i>SUPPLY AND DELIVERY ACCESSORIES OF SENSORMEDICS (VYAIRE) HFO VENTILATOR FOR HIGH DEPENDENCY UNIT (HDU2), PAEDIATRIC DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING)</i>

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	PACKIN G SIZE	TOTAL QUANTITY OFFERED	COST PER UNIT (B\$)	TOTAL COSTS (B\$)
1	<b>BELLOWS / WATER TRAPS SET</b> <ul style="list-style-type: none"> <li>Parts: 766897</li> <li>Compatible with <b>SENSORMEDICS (VYAIRE) HFO VENTILATOR</b></li> </ul>	Box	2						
2	<b>HEATED WIRE</b> <ul style="list-style-type: none"> <li>3100a flexible circuit with short heated wire,</li> <li>Single patient use.</li> <li>F 7 P MR850 Humidifier.</li> <li>Part: 773996</li> <li>Compatible with <b>SENSORMEDICS (VYAIRE) HFO VENTILATOR</b></li> </ul>	Box	1						

## 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 UNIT (B\$)	TOTAL COSTS (B\$)
3	<b>CAP / DIAPHRAGM</b> <ul style="list-style-type: none"> <li>Part: 766896</li> <li>Compatible with <b>SENSORMEDICS (VYAIRE) HFO VENTILATOR</b></li> </ul>	2	Box						
4	<b>CONNECTING TUBE</b> <ul style="list-style-type: none"> <li>Connecting tube consists of unfiltered Circuits (one each of Red, Blue &amp; Green Tubing)</li> <li>Part: 11437-PMN</li> <li>Compatible with <b>SENSORMEDICS (VYAIRE) HFO VENTILATOR</b></li> </ul>	2	Box						
5	<b>HUMIDIFIER TUBING</b> <ul style="list-style-type: none"> <li>Part: 766595</li> <li>Compatible with <b>SENSORMEDICS (VYAIRE) HFO VENTILATOR</b></li> </ul>	2	Box						
	TOTAL PRICE (B\$)								

NO	<u>TERMS AND CONDITIONS</u>	VENDOR'S OFFER (PLEASE STATE)
1.	Tenderer must be registered with the Ministry of Health.	
2.	<b>QUOTATION/TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION/TENDER</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/TENDER</b> .	
4.	All consumables supplied throughout this tender <u>shall</u> 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 should be submitted / attached</b> with quotation/tender document.	
6.	<b>Samples should be submitted together with quotation/ tender or within fourteen (14 days)</b> of the quotation/tender closing date (if applicable).	
7.	<b>DELIVERY PERIOD:</b> (Please state) Not later than 4 weeks	(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	High Dependency Unit (HDU2)	Section/Unit Ref No.:	
Person to Contact	Name : Sabidah Binti Kasim	Tel.No. :	2242424 Ext. 7313
	E-mail : sabidah.kasim@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>Signature:</p> <p>.....</p> <p>Name:</p> <p>.....</p> <p>Designation:</p> <p>.....</p> <p>Date:</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	