

Rujukan Kami: (86) 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	272/CPC/2025/IKLAN/LAB	SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSION ONE (1) UNIT OF WATER BARH FOR HAEMATOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES MINISTRY OF HEALTH.	10/06/2025	05/07/2025	\$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN

**KEMENTERIAN KESIHATAN
NEGARA BRUNEI DARUSSALAM**

**SUPPLY, DELIVERY, INSTALLATION AND COMMISSION ONE (1) UNIT OF WATER BATH FOR HAEMATOLOGY LAB, DEPARTMENT OF
LABORATORY SERVICES, MINISTRY OF HEALTH.**

1	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	Tenderers are required to submit individual proposal booklets for each item listed . Each item shall be treated as a standalone submission	
5	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).	
6	Brochures / catalogues should be submitted / attached with tender document.	
7	Any room renovation which may be required, it is mandatory to conduct site visit (if applicable)	
8	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing dates (if applicable).	
9	DELIVERY PERIOD: (Please state) Not More Than 90 days upon confirmation	
10	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).	
10	The equipment supplied must be newly manufactured , unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form.	
11	The vendor is required to provide proof of manufacture date confirming the equipment is new .	
12	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor	

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2	REQUIREMENTS	YES	NO	PLEASE SPECIFY THE SPECIFICATION/ SCOPE OFFERED FAILURE TO FILL THE OFFER DETAIL SHALL BE IDENTIFIED AS NON-COMPLIED TO THE OFFER
	• Easy user interface			
	• Volume Capacity: within 10-11 Liters			
	• Temperature range: 5-100 Deg with fluctuation degree +/-0.5			
	• Temperature resolution ratio: 0.1 Deg			
	• Temperature control: microprocessor controlled, programable with			
	• With LCD or digital display			
	• Digital display: shows actual temperature and set temperature			
	• Material: corrosion - resistant stainless-steel chamber and cover			
	• Can conduct fast constant temperature tests			
	• Safety features equipped with visual and audible alarm: particularly over temperature,			
	• The equipment retains its settings after being powered off			
	• Accessories: 1 unit of multi-segment programmable controller			

OTHER REQUIREMENTS				
	• Vendor shall perform a performance verification upon commissioning and ensure the performance of the installed equipment is within the acceptable limit of performance or as per manufacturer's recommendations or as per User's acceptance criteria. Vendor shall submit a copy of user verified Performance Qualification Report.			
LITERATURE				
	• To supply one (1) USB or one (1) set of hard copy of the Operating Manual and Service Manual including circuit diagrams of the equipment shall be provided upon commissioning.			
	• To supply hardcopy of maintenance log with list of details of daily, weekly or scheduled maintenance			
USER TRAINING				

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• Training shall be provided, at no additional cost, as follows:			
• On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.			
• Certificate of attendance and competence shall be issued to all trainees after completion of training.			
• If necessary and required by the User, the successful vendor shall ensure the key users are updated on the current or relevant information related to the system used. Vendor shall provide ONE off-site training for two (2) key users. All expenses for attending the training shall be borne by the vendor; full registration, return air ticket, daily allowance, accommodation, transport to and from the airport and place of training.			

4	TECHNICAL TRAINING			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
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			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
5.1	Tenderer to include warranty period of at least two (2) years			
9.2	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). 			

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SECTION 2.1 – PRICE PROPOSAL			
PURCHASE PRICE	PER UNIT	BND\$	
	TOTAL	BND\$	
SECTION 2.2 - 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 PERIOD	

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SECTION 3: 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	<input checked="" type="checkbox"/> 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		BATTERY [] YES [] NO					
		50-60HZ		Type of Battery:				Rating:	
		OTHERS:		<input type="checkbox"/> RECHARGEABLE		<input type="checkbox"/> NON-RECHARGEABLE			
POWER ADAPTER/CHARGER OUTPUT RATING:				EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:					
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 8 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)								

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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/OEM parts:
 - 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.
- **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 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

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