

Rujukan Kami: (86) MOH/HQ/P/IKLAN-SH/2025

LAMPIRAN 4

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
4	273/CPC/2025/IKLAN/LAB	SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES MINISTRY OF HEALTH.	10/06/2025	05/07/2025	\$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES
MINISTRY OF HEALTH**

	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).	
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	

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES
MINISTRY OF HEALTH**

SCOPE OF WORK			
Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
Supply of <u>One unit</u> of Rotary Microtome			

SECTION 1 – USER REQUIREMENTS			
Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
1	Type of Microtome: Manual or Semi-Motorized rotary microtome		Please specify:
2	Lockable, counter-balanced hand wheel for smooth and controlled movement.		
3	Includes a coarse feed wheel for initial coarse adjustments during sectioning.		
4	Specimen Retraction: Ability to perform specimen retraction for easier blade setup and retraction		
5	Section Thickness range up to 60 µm or 100 µm [Please specify range]		
6	Specimen Stroke Length: Vertical stroke length/cutting stroke capacity within range 64 - 72 mm		
7	Comes with a universal cassette clamp capable of securely holding most standard histological tissue cassettes.		
8	Adjustable object head allowing fine X/Y orientation of the block to be sectioned, ensuring precise alignment.		
9	Includes an adjustable blade block/holder to accommodate both high-profile and low-profile disposable blades.		
10	Accessories		
10.1	Supplied with essential standard tools for it to be operational		
10.2	A removable waste tray cover to collect tissue waste and prevent contamination.		

SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES
MINISTRY OF HEALTH

10.3	Dust cover included to protect the microtome when not in use			
11	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.			

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES
MINISTRY OF HEALTH**

2	END-USER TRAINING			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
2.1	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) • Certificate of attendance and competence shall be issued to all trainees after completion of training. 			
2.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			

3	TECHNICAL TRAINING			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
3.1	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)			

4	WARRANTY			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
4.1	Tenderer to include warranty period of at least two (2) years			
4.2	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). 			

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

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES
MINISTRY OF HEALTH**

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

SECTION 3 - PROCUMENT 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:	

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR
HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES MINISTRY OF HEALTH**

SECTION 3 - PROCUMENT 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	<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		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)				<input checked="" type="checkbox"/> 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)				

**SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF ROTARY MICROTOME FOR
HISTOLOGY LAB, DEPARTMENT OF LABORATORY SERVICES MINISTRY OF HEALTH**

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

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