

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

LAMPIRAN 6

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
6	(31) IKLAN-QTN/UPP.HRIPAS/2025/EYE CENTRE	SUPPLY AND DELIVERY MEDICAL ITEMS (OPHTHALMIC STRAIGHT/ STAB 15° DISPOSABLE MICROSURGERY KNIFE) FOR OPHTHALMOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING).	11/06/2025	05/07/2025	\$5.00	JABATAN OPTALMOLOGI, HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA.

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT

TENDER REFERENCE NO:	( 31 )IKLAN-QTN/UPP.HRIPAS/2025/EYE CENTRE
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY MEDICAL ITEMS (OPHTHALMIC STRAIGHT / STAB 15° DISPOSABLE MICROSURGERY KNIFE) FOR OPHTHALMOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1.	OPHTHALMIC STRAIGHT / STAB 15° DISPOSABLE MICROSURGERY KNIFE. <ul style="list-style-type: none"> <li>• FOR MICROSURGICAL USE</li> <li>• 15 DEGREE SIDE-PORT LANCE TIP BLADE</li> <li>• FULL-HANDLE KNIFE</li> <li>• STERILE PACK</li> <li>• SINGLE USE</li> </ul>	BOX OF 5' PCS	960 BOXES (4800 UNITS)						
TOTAL COST B\$									

NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	<b>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 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 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 tender document.	
6	<b>Samples should be submitted together with tender or within fourteen (14 days)</b> of the tender closing date (if applicable).	
7	<b>DELIVERY PERIOD:</b> <b>Not later than 4 weeks (staggered delivery)</b>	(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	OPHTHALMOLOGY DEPARTMENT	Section/Unit Ref No.:	
Person to Contact	Name : Juriah Binti Haji Mokim Staff Nurse, Jabatan Optalmologi Hospital Raja Isteri Pengiran Anak Saleha	Tel.No. :	2242424 Ext: 6233
	E-mail : -	Fax No.:	

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

QUOTATION/TENDER REFERENCE NO:	( 36 )IKLAN-QTN/UPP.HRIPAS/2024/EYE CENTRE
QUOTATION/TENDER NAME	SUPPLY AND DELIVERY MEDICAL ITEMS (OPHTHALMIC STRAIGHT/STAB 15° DISPOSABLE MICROSURGERY KNIFE) FOR OPHTHALMOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH

	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\$)
1	OPHTHALMIC STRAIGHT/STAB 15° DISPOSABLE MICROSURGERY KNIFE; ● FOR MICROSURGICAL USE ● 15 DEGREE SIDE-PORT LANCE TIP BLADE ● FULL-HANDLE KNIFE ● STERILE PACK ● SINGLE USE	PER BOX (OF 5'PCS)	960 BOXES (4800 UNITS)						
	TOTAL PRICE (B\$) FOR ONE (1) YEAR USAGE								

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 shall 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)
	<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		Section/Unit Ref No.:	
Person to Contact	Name :	Tel.No. :	
	E-mail :	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> <p>Company's Official Stamp</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	