Rujukan Kami: (90) MOH/HQ/P/IKLAN-SH/2025

LAMPIRAN 1

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
1	PPM/PROC/2025/<50K/007 (MIC) - IKN	TO SUPPLY AND DELIVER LABORATORY TEST KITS (ANTIBIOTIC MICROBIAL RESISTANCE) FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE. (NON- CLUSTERING).	23/06/2025	12/07/2025	\$5.00	NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, MINISTRY OF HEALTH.

DEPARTMENT OF LABORATORY SERVICES R.I.P.A.S HOSPITAL BANDAR SERI BEGAWAN BA1710 BRUNEI DARUSSALAM



جابتن فرخدمتن معمل

JABATAN PERKHIDMATAN MAKMAL HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA BANDAR SERI BEGAWAN BA1710 NEGARA BRUNEI DARUSSALAM

Telephone: 02-242424 ext. 6317/6313

Tarikh :

Telefax: 02-220869

Rujukan Kami Our Reference

:

PPM/PROC/ 2025/<50K/007(MIC) - IKN

: 12 Zulhijjah 1446H

Date

: 09 Jun 2025M

Messrs: ALL SUPPLIERS Dear Sir/Madam,



TO SUPPLY AND DELIVER LABORATORY TEST KITS (ANTIBIOTIC MICROBIAL RESISTANCE) FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE. (NON CLUSTERING)

QUOTATION
(QUOTATION FEE: B\$5.00 NON REFUNDABLE)

Please send your price quotation, CIF Brunei by Air/surface for the following

SPECIFICATIONS AS PER ATTACHED LIST

(DELIVERY PERIOD: 4-8 weeks and no longer than 12 weeks). SER BEGAWAN BATTHE (SM01A/005000/0050032107 – BEKALAN DAN BAHAN GUNAHABIS) REPORTED BARTSMAN

DEPT: NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY
ATTN: DR MUHD HAZIQ FIKRY HJ ABD MOMIN

Telefax . UZ-Z

JARATAN PERK HUMATAN MAK

CLOSING DATE

1 2 JUL 2025

TIME gerence :

: 2.00 p.m

PLACE OF SUBMISSION

: Quotation Box, (Ground Floor)

Ministry of Health

Negara Brunei Darussalam

Copy of business registration brochures and samples must be submitted with the quotation within seven (7) days of the closing date. Kindly states the brand, model, manufacturer, price validity, delivery and warranty period and submit your quotation in duplicate together with the copy of your quotation fee receipt. Please quote our reference as above on the envelope as well as on the quotation. For further details, please contact the user as above.

"Bersama Ke Arah Warga Sehat" "Kelestarian Alam, Warisan Kitani Bersama"

Yours Sincerely,

والسادم

[DR HJH NOR AZIAN BINTI HAJI HAFNEH]

Acting Director
Department of Laboratory Services
Ministry of Health
Brunei Darussalam

Cc: kan Kami

Pengerusi Jawatankuasa Sebutharga, Unit Tawaran

Ketua Bahagian Makmal Rujukan Klinikal Mikrobiologi Kebangsaan

✓ PPM/PROC/2025/<50K/007(MIC) – Iklan Sebutharga</p>

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

0	QUOTATION/TENDER REFERENCE NO:	
G	QUOTATION/TENDER NAME	TO SUPPLY AND DELIVER LABORATORY TEST KITS (ANTIBIOTIC MICROBIAL RESISTANCE) FOR NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE. (NON CLUSTERING)

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
1	RAPID CARBAPENAM GENE DETECTION LATERAL FLOW ASSAY KIT	20 TESTS PER KIT OR EQUIVALENT	10 KITS						<u> </u>
2	RAPID DETECTION OF COLISTIN RESISTANCE GENE USING LATERAL FLOW ASSAY KIT	20 TESTS PER KIT OR EQUIVALENT	10 KITS						essen
3	CARBAPENEMASE DETECTION KIT	25 TESTS PER KIT OR EQUIVALENT	10 KITS						

NO	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	RAPID CARBAPENAM GENE DETECTION LATERAL FLOW ASSAY KIT	
1.1	Test is intended for qualitative detection and differentiation of 5 main clinically-relevant carbapenemases: OXA-48, KPC, NDM, VIM and IMP	
1.2	Using lateral flow technology	
1.3	Can be tested on carbapenem non-susceptible pure bacterial colonies grown on: a. 5% sheep blood agar b. MacConkey agar	
1.4	Each kit must contain all reagents needed to run the test, which includes: a. Test cassettes b. Extraction buffer c. Eppendorf tubes d. Disposable pipettes e. Instruction for use	
1.5	Reagents provided are ready-to-use.	
1.6	Test kit can be stored at room temperature	
1.7	Test kit offered shall have high sensitivity and specificity	
1.8	No equipment required to run the test	
1.9	Positive result should show clear and distinct line	
1.10	The kit should provide results within 20 minutes	
1.11	The test kit must have a shelf life of at least 12 months. Kindly specify the shelf life of the test kit being offered.	

2	RAPID DETECTION OF COLISTIN RESISTANCE GENE USING LATERAL FLOW ASSAY KIT	
2.1	Test intended for qualitative rapid immunoassay for the detection of the MCR-1 enzyme in a bacterial colony obtained from culture	
2.2	Using lateral flow technology	
2.3	Can be tested on bacterial colonies grown on blood agar.	
2.4	Each kit must contain all reagents needed to run the test, which includes: a. Test cassettes b. Extraction buffer c. Eppendorf tubes d. Disposable pipettes e. Instruction for use	
2.5	Reagents provided are ready-to-use.	
2.6	Test kit can be stored at room temperature	
2.7	Test kit offered shall have high sensitivity and specificity	
2.8	No equipment required to run the test	
2.9	Positive result should show clear and distinct line	
2.10	The kit should provide results within 20 minutes	
2.11	The test kit must have a shelf life of at least 12 months. Kindly specify the shelf life of the test kit being offered.	
3	CARBAPENEMASE DETECTION KIT	
3.1	Test intended for the qualitative detection of carbapenemase enzymes in Enterobacteriaceae, Pseudomonas aeruginosa and Acinetobacter baumannii.	
3.2	Able to detect important carbapanemase genes; a. Class A: KPC is the main representative b. Class B: Metallo Beta-Lactamases (MBL): NDM-1, VIM and IMP	

<u> </u>	a Class D. OVA Coulous			
	c. Class D: OXA Carbapenemases			
3.3	Can be tested on bacterial colonies grown on blood agar.			
3.4	Each kit must contain all reagents needed to run the test, which includes: a. Test strips b. Ampoules of suspension medium c. Incubation lids d. Stirring sticks e. Two-coloured (black and white) support f. Instruction for use			
3.5	Reagents provided are ready-to-use.			
3.6	Test kit can be stored at room temperature		***************************************	
3.7	Test kit offered shall have high sensitivity and specificity			
3.8	No equipment required to run the test			27741
3.9	A positive result is indicated by a color change in the pH indicator, which signifies the release of acidic byproducts due to the hydrolysis reaction of the carbapenem antibiotic by carbapenemase enzymes.			
3.10	The kit should provide results within 2 hours.			
3.11	The test kit must have a shelf life of at least 12 months. Kindly specify the shelf life of the test kit being offered.		A STATE OF THE STA	
	SERVICE AND AFTER SALES SUPPORT			
4	All reagent test kits / consumables supplied throughout this tender shall have a minimum expiry date of eight (8) months on delivery. Should the reagent or consumable be urgently needed, provision of a reagent test kit or consumable with expiry date of less than eight (8) months should be first agreed by the User of the particular laboratory before delivery is made.			
5	Letter of Undertaking (LOU) shall be produced upon each delivery of test kit or consumable with expiry date of less than six (6) months and vendor shall declare in the LOU that unused, unopened, expired kits will be replaced accordingly. For items which are known to have			

	short expiry date such as those containing red blood cells, list down all such items and vendor shall declare in this tender submission of such items and shall be exempted from submitting LOU upon delivery.	
6	Staggered delivery every 3 months period directly to the User.	
7	Vendor must enclose the product brochures, instructions for use (IFU) and MSDS of all the offered items to the user.	
8	International markings: products must be CE marked or equivalent standards that are acceptable to the users.	
9	Vendor shall provide Certificate of Analysis (CoA) for all the reagent kits with each delivery	
10	Vendor is required to provide External Quality Control (EQC) materials for all relevant test kit/s supplied under the contract. These materials should be suitable for evaluating the performance and accuracy of the test kits, and the quantity provided must be sufficient for use throughout the entire duration of the tender contract. Please specify the EQC materials being provided.	
11	Vendor must provide technical support and documentation for using and interpreting EQC results, as well as assistance in the event of discrepancies or issues related to the EQC results, the External Quality Assurance program performance, and clinical specimen results.	
12	Vendor to perform validation/verification study of the test kits, if required and provide the report before the kits can be used.	
13	Vendor to bear the costs of all reagents and/or consumables used to perform validation/verification study.	
14	User shall have the rights to refuse delivery of items that do not meet the acceptance criteria such as, but not limited to, the following: 1. Tampered or damaged box 2. Leakage upon delivery 3. Items stored pre-delivery not in accordance to manufacturer's instructions 4. Expiry date not meeting requirement	
15	User shall have the rights to return any items, and to be replaced at no extra cost, if found not meeting the acceptance criteria upon opening a pack such as, but not limited to, the following:	

	Tampered or damaged packaging	
	Evident of leakage or damaged products	
	3. Expired products that are evidently less than the requirement	
	mentioned in para 1 calculated from delivery date	
	4. Leakage upon delivery	
	Vendor shall submit samples of the offered items directly to the Users	
16	no later than 7 days after the Closing Date of this advertisement or	
	as required by the Users.	
17	FINANCIAL AGREEMENT	
	Supply of the test kit including reagents, consumables and/or	
17.1	accessories is based on the number of kits required in the Purchase	
	Order according to an agreed schedule period as stated in para 6.	
	Buffer stock of the test kit including reagents, consumables and	
17.2	accessories shall be available at the local representative as	
	contingency.	
	Should there be any discontinuity of reagents / consumables due to	
17.3	non-compliance in the manufacturing of reagents; the vendor must	
	be able to provide an alternative so that the test requests / services	
	are still available for the customers.	
	EXIT CLAUSE:	
	The tender contract shall be automatically terminated even though	
	tender has not yet expired and this shall be in effect due to, but not	
	limited to, the following:	
	1. When the testing is no longer required or relevant i.e. test is	
17.4	obsolete, to the laboratory or the Department.	
17.4	2. When the item(s) set out in this tender is/are no longer	
	required by the laboratory or the Department.	
	3. When the approved budget allocation for this tender contract	
	has been used up before the tender contract expires whereby	
	a renewal of tender shall be submitted by the user for an open	
	advertisement subject to approval by the Mini Tender Board	
	(Lembaga Tawaran Kecil). DELIVERY PERIOD:	(Vec / Ne)
18		(Yes / No)
10	Preferably 4 – 8 weeks and no later than 12 weeks after issue of	(If No, please specify)
	Purchase Order	

PRICE VALIDITY:

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The quotation shall remain valid for **6 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).

^{* 6} months validity required for <\$50K or 12 months for >\$50K

DELIVERY PERIOD AFTER PO ISSUED	4-8 week	4-8 weeks and no longer than 12 weeks			
Lab/Section/Unit	NATIONA	NATIONAL CLINICAL MICROBIOLOGY REFERENCE LABORATORY			
Lab/Section/Unit Ref No.:	DLS/PU/	DLS/PU/MIC/2025/A50K/01_AMR			
	Name	: JAUHARATUD DINI SU	HAIMI		
Person to Contact	E-mail	: dini.suhaimi@moh.gov.t	on		
	Tel.No.	: 2242424 ext.6509	Fax No. : 2220869		
FOR ADMINISTRATION USE ONLY	FOR ADMINISTRATION USE ONLY				
PPM/PROC Ref.No.	PPM/PROC/2025/<50K/007(MIC)				
Advertisement Ref. No.			Date :		