### Rujukan Kami: (107) MOH/HQ/P/IKLAN-SH/2025

## LAMPIRAN 2

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
2	(104) PSD/QTN/2025 – (SSBH)	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING VEIN FINDER FOR SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH	30/07/2025	16/08/2025	\$5.00	HOSPITAL SURI SERI BEGAWAN, KUALA BELAIT, KEMENTERIAN KESIHATAN

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SECTION 1 – USER REQUIREMENTS									
REF	DESCRIPTION		(√) NO	STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE					
1	FOUR (4) UNITS OF VEIN FINDER	YES	110						
2	WARRANTY								
3	END USER TRAINING								
4	TECHNICAL TRAINING								

1. FOUR (4) UNITS OF VEIN FINDER							
		Tick (✓)		STATE OR SPECIFY			
<u>REF</u>	DESCRIPTION	Υ	N	OR REMARKS OR BROCHURE PAGE			
	Main Purpose: To assist healthcare professionals to locate peripheral veins						
1	for venipuncture or IV insertion, especially in patients with difficult vascular						
	access.						
2	Distribution: Intensive Care Unit (ICU), Special Care Baby Unit (SCBU),						
	Operating Theatre (OT) and Paediatric Clinic						
3	Handheld device, non-contact vein visualization system						
4	Cordless, battery-operated with rechargeable battery						
5	Real-time imaging of veins on the skin surface						
6	Safe to operate on all patient skin types and ages, including neonates and						
0	geriatrics.						
7	Use of near-infrared light (NIR): wavelength between 730nm to 940nm						
8	Support Operating distance: Not more than 250mm from the surface of the						
٥	skin						
9	Support normal and inverse imaging modes.						
10	Adjustable brightness s ettings						
11	Minimum two (2) hours on continuous use (vein light on) or better						
12	Comes with charging cradle and power supply						
13	Safety and Compliance: must meet IEC 60601-1						
14	Safety and Compliance: must have at least US FDA and/or CE Mark						
14	certification attached.						

2. WAF	2. WARRANTY						
2.1	Tenderer to include warranty period of at least two (2) years for both hardware and software						
2.2	Tenderers to <b>ACKNOWLEDGE</b> 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:						
2.2.1	Scope of Warranty						
2.2.2	One time Planned Preventive Maintenance per year during warranty in accordance to Manufacturer's Standard						
2.2.3	Comprehensive Breakdown and Corrective maintenance repair during warranty						

3. END	USER TRAINNING		
3.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to:		
3.1.1	Basic user operation, user troubleshooting and user maintenance		
3.1.2	Provide Operating manual (Hardcopy and/or Softcopy)		
3.1.3	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.		

4. TECHNICAL TRAINNING							
	Introductory Technical Training to Biomedical Engineers and Technicians at						
	BME Office by competent Tenderer's Engineer/Technicians that includes but						
1	not limited to:						
1	Troubleshooting and basic corrective maintenance						
	Handling and basic inspection maintenance						
	*(Two sessions/groups if required)						

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE:	TOTAL PRICE:
BND\$	BND\$

SECTION 3 - PROCUMENT AN	D TEC	CHNICAL	SPE	ECIFICATI	ON				
BRAND:	RAND:				MODEL:				
COUNTRY OF ORIGIN:				UNIT PRICE (E	3\$):				
WARRANTY PERIOD:				TOTAL PRICE	(B\$):				
YEAR INTRODUCED TO MARKET:				LAST COUNTR	RY SOLI	о то:			
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]				DELIVERY TIM	IE:				
AUTHORITE DISTRIBUTOR		APPOINTED	BRUI	NEI DISTRIBUT	OR				
AUTHORIZED DISTRIBUTOR: (AUTHORIZED DISTRIBUTOR LETTER ATTACHED)		PROCURE F	ROM	OVERSEA	СОМР	ANY NAME:			
		AUTHORIZED DISTRIBU		TRIBUTOR	TRIBUTOR COMPA				
DETAILED BROCHURE INCLUDED		YES		NO				here 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)				
		<b>220V-240V</b> OTHERS:							
MAINS POWER SUPPLY:		<b>50-60HZ</b> OTHE			HERS:				
		RECHARGEABLE				SINGLE-U	SE	REPLACEABLE	
	OTHERS:								
BATTERY	TYPE OF BATTERY:								
	RATING:								
POWER ADAPTER/CHARGER OUTPUT RATING									
EQUIPMENT AMBIENT OPERATING TEMPERAT	TURE RA	ANGE:							
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)	LOCAL							ned / Certified yet trained on the product	
Please provide training or certification for locals who is trained/certified		OVERSEA SPECIFY LOCATION)			NEAREST LOCATION:				
DIMENSIONS AND WEIGHT OF MAIN UNIT:				□ cm	h :h			☐ Kilogram (Kg) ☐ Gram(g) ☐ Pound (Ibs)	
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)								

### 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 extend 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 or 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.
- \_\_\_\_time Planned Preventive Maintenance (PPM) PER YEAR according to Manufacturer's Preventive Maintenance Guideline including PM kits and 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**