

Rujukan Kami: (96) 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	(38)IKLAN-QTN/UPP.HRIPAS/2025/OPHTHALMOLOGY	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC CRYOSURGICAL UNIT FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL.	08/07/2025	26/07/2025	\$5.00	JABATAN OPHTHALMOLOGI, KEMENTERIAN KESIHATAN.

**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC CRYOSURGICAL UNIT
FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL**

	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).	

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SCOPE OF WORK			
Please <input checked="" type="checkbox"/> Tick where appropriate	Yes	No	Remarks
1. Supply of <u>1 unit</u> of Ophthalmic Cryosurgical Unit in Ophthalmology Department, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS				
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
1	OPHTHALMIC CRYOSURGICAL UNIT			
1.1	Designed for ophthalmic cryotherapy procedures, including retinal cryopexy for retinal detachment and cyclodestructive treatments for refractory glaucoma			
1.2	Cryogen			
1.2.1	Compatible with medical-grade Carbon Dioxide (CO ₂) and Nitrous Oxide (N ₂ O) gases			
1.2.2	Container: Non-syphonic cylinders			
1.2.3	Internal and automatic pressure regulation			
1.2.4	Maximum Cylinder Pressure: at least 8275kPa			
1.3	Operating temperature: Maximum ≥ -10 °C, Minimum ≤ -80 °C			
1.4	Operating pressure: Maximum at least 44 Bar, Minimum not more than 31 Bar			
1.5	Display			
1.5.1	Size: At least 3.5 inch or better			
1.5.2	LCD display			
1.5.3	Shows real-time feedback of the following: <ul style="list-style-type: none">- Freeze time- Gas cylinder Status- Probe information			

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1.3	Automatically detects the type of connected probe (disposable or reusable) and optimizes operational parameters accordingly			
1.4	Active defrosting by Reverse gas flow to remove debris and moisture, enhancing reusable probe longevity and performance			
1.5	Rapid freeze and Quick defrost cycle			
1.6	No requirement of purge cycle when using single-use disposable probes			
1.7	Compatible with a range of reusable and single-use probes, offering versatility for various ophthalmic procedures			
1.8	Comes with cart for ease of transport			

2	ACCESSORIES/CONSUMABLES TO BE SUPPLIED WITH EACH UNIT: Inclusive of all the accessories for the machine to be fully functional, including but not limited to:			
2.1	One (1) unit footswitch			
2.2	One (1) unit high-pressure gas hose compatible with CO ₂ and N ₂ O cylinders			
2.3	One (1) unit exhaust hose with silencer to minimize noise during gas			
2.4	Two (2) units of reusable standard retinal probe			Price per unit:
2.5	One (1) unit of reusable mid-reach retinal probe			Price per unit:
2.6	Two (2) units of reusable glaucoma probe			Price per unit:
2.7	Three (3) units probe sterilization boxes			
2.8	One (1) unit trolley			
2.9	Two (2) units of Pin Index Yoke, each compatible with E-size gas cylinders—one for nitrous oxide (N ₂ O) and one for carbon dioxide (CO ₂)			
2.10	Two (2) units of Adapter, each compatible with F-size gas cylinders—one for nitrous oxide (N ₂ O) and one for carbon dioxide (CO ₂)			

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3	END-USER TRAINING			
Please <input checked="" type="checkbox"/> Tick where appropriate		Yes	No	Remarks
3.1	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) 			
3.2	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
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			
5.2	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*

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

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION			
BRAND:		MODEL:	
COUNTRY OF ORIGIN:		YEAR INTRODUCED TO MARKET:	
WARRANTY PERIOD:		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]		DELIVERY TIME:	

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SECTION 3 - PROCUREMENT 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:		100-240 VAC		OTHERS:	
		50/60 Hz		OTHERS:	
BATTERY		RECHARGEABLE		<input type="checkbox"/> SINGLE-USE	<input type="checkbox"/> 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)				

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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 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:
 - 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