Rujukan Kami: (96) MOH/HQ/P/IKLAN-SH/2025

LAMPIRAN 5

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
5	(39)IKLAN- QTN/UPP.HRIPAS/2025/EMERGENCY DEPARTMENT	SUPPLY AND DELIVERY OF EAR THERMOSCAN AND PROBE COVERS FOR EMERGENCY DEPARTMENT, AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL.	08/07/2025	26/07/2025	\$5.00	JABATAN KECEMASAN, KEMENTERIAN KESIHATAN.

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

QUOTATION REFER	RENCE NO:	(39)IKLA	N-QTN	/UPP.HRIPA	S/202	25/Eme	rgency Departme	nt						
QUOTATION N	AME:	SUPPLY AT RAJA		DELIVERY PENGIRAN			THERMOSCAN EHA HOSPITAL	AND	PROBE	COVERS	FOR	EMERGENCY	DEPARTMEN	IT,

	USER'S REQUIREMEN	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 UNIT (B\$)	TOTAL COSTS (B\$)
	HIGH ACCURACY MEDICAL-GRADE EAR THERMOMETER				Section 1		And the residence of the company of the second seco	X601017 (2002) (
	 Designed for professional and hospital use 								
	 Measurement method: Infrared tympanic (ear) temperature measurement 	UNIT	14						
	High accuracy: ±0.2°C								
1	Fast reading: provide results in 1-2 seconds								
	Comes with disposable probe covers to prevent cross contamination	PIECE	146,000						
	Submission of samples for the thermometer and probe covers is MANDATORY and will be considered as part of the technical evaluation								
									
							DDIOF (DA)		
	TOTAL PRICE (B\$)								

NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1.	Tenderer must be registered with the Ministry of Health.	
2.	QUOTATION FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION.	
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 QUOTATION.	
4.	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of twelve (12) months / on delivery . 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.	Brochures / catalogues should be submitted / attached with quotation/tender document.	
6.	Samples should be submitted together with quotation or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
7.	DELIVERY PERIOD: (Please state) Not later than 4 weeks	(Yes / No) (If No, please specify)
8.	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).	

Section/Unit	Emergency Department	Section/Unit Ref No.:
Person to Contact	Name : Dk Hjh Ernie Mariana Binti Pg Hj Bidin	Tel.No.: 2242424 ext 6300
Person to Contact	E-mail : ernie.bidin@moh.gov.bn	Fax No.:

FOR QUOTATION ONLY

		TERMS AND CONDITIONS	
a.	Tenderer must be registered with the Ministry of Health	Acknowledgement:	Company's Official Stamp
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	Company Ref. No.:	
C.	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 QUOTATION	Name:	
d.	Please do not use TIPPEX for amendment	Designation: Date:	