Rujukan Kami: (99) MOH/HQ/P/IKLAN-SH/2025

LAMPIRAN 4

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
4	(42) IKLAN- QTN/UPP.HRIPAS/2025/PAEDIATRIC	SUPPLY AND DELIVERY OF VYGON UMBILICAL CATHETER FOR PAEDIATRIC SERVICES (WARD NICU AND SCBU), AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING).	16/07/2025	02/08/2025	\$5.00	PAEDIATRIC SERVICES, HOSPITAL RAJA ISTERI PENGIRAN ANAK SALEHA, KEMENTERIAN KESIHATAN.

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

QUOTATION REFERENCE NO:	(42)IKLAN-QTN/UPP.HRIPAS/2025/PAEDIATRIC
QUOTATION NAME:	SUPPLY AND DELIVERY OF VYGON UMBILICAL CATHETER FOR THE PAEDIATRIC SERVICES (WARD NICU AND SCBU), AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING)

	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 UNIT (B\$)	TOTAL COSTS (B\$)
1	 VYGON UMBILICAL CATHETER (CODE: 270.04) Size: 4.0 Fr, Length: 37cm Radiopaque and transparent PVC Distance markings on Catheter Box of 15's 	вох	16						
2	VYGON UMBILICAL CATHETER (CODE: 270.06) Size: 6.0 Fr, Length: 37cm Radiopaque and transparent PVC Distance markings on Catheter Box of 15's	вох	16						
3	VYGON DOUBLE LUMEN UMBILICAL CATHETER (CODE: 1274.17) Size: 5.0 Fr, Material: PUR Length: 40cm Priming Volume: 2 x 0.30 ML, Flow rate: 9 ML / min Box of 10's	вох	19						
	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	Paediatric Services (NICU)	Section/Unit Ref No.:	
Person to Contact	Name : Surayati binti Haji Ahmad	Tel.No. ;	2242424 ext 7250 / 7206
Person to Contact	E-mail : surayati.hjahmad@moh.gov.bn	Fax No.:	

FOR QUOTATION ONLY

TERMS AND CONDITIONS							
a.	Tenderer must be registered with the Ministry of Health	_	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:					