

| REFERENCE OF TENDER | DESCRIPTION OF TENDER | TIME PERIOD OF TENDER | DEPARTMENT/ DIVISION/UNIT REQUESTING TENDER | FEEs | CLOSING DATE NOT LATER THAN 2.00PM | FOCAL PERSON |
|------------------------|---|--------------------------------|--|----------|---|---|
| KK/194/2025/SMS(TC) | SUPPLY AND DELIVERY OF ACCESSORIES FOR CVVHD EQUIPMENT FOR THE STATE MEDICAL STORE FOR A PERIOD OF THREE (3) YEARS | 3 years | Unit Pembelian Gunahabis Perubatan | \$100.00 | 05 AUGUST 2025 | Siti Mahirah Liyana binti Haji Emran Supply Officer Ministry of Health Negara Brunei Darussalam Contact No: 2381979 e-mail: mahirah.emran@moh.gov.bn |

TENDER REFERENCE NO.: KK/194/2025/SMS(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF ACCESSORIES FOR CVVHD
EQUIPMENT FOR THE STATE MEDICAL STORE FOR A
PERIOD OF THREE (3) YEARS**

TENDER FEES : \$100.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 05TH AUGUST 2025

TIME : 2.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(NON CLUSTERING)

| COMPULSORY REQUIREMENTS | |
|--|--|
| ▪ FOR MEDICAL PURPOSES | |
| ▪ PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES | |
| ▪ PRICE VALIDITY MUST BE ONE (1) YEAR | |
| ▪ CERTIFICATE OF AUTHENTICITY (MUST BE ATTACHED) | |
| ▪ AUTHORIZATION LETTER AS A DISTRIBUTOR (MUST BE ATTACHED) | |
| ▪ KINDLY SUBMIT OFFICIAL BROCHURES FOR OFFERED ITEMS | |
| ▪ SAMPLE MUST BE SUBMITTED WITHIN TWO (2) WEEKS AFTER THE CLOSING DATE OR ELSE THE PARTICIPATION WILL BE INVALID | |
| ▪ DO NOT SUBMIT EXPIRED SAMPLE | |

| ITEM NO. | ITEM DESCRIPTION | SPECIFICATIONS |
|----------|---|---|
| 1 | Haemofilter With Warmer Extension Line For Use of Prisma CVVHD Dialysis | <ul style="list-style-type: none"> ▪ For use of Prisma CVVHD Dialysis ▪ M100 Preset Filter with blood access dialysate line effluent line, replacement solution line |
| 2 | CVVHD Fluid Hemosol 5 Litre Bag For Use of Prisma CVVHD Machine | <ul style="list-style-type: none"> ▪ For use of Prisma CVVHD Machine ▪ Hemosol BO Fluid with Compartment A containing Sodium Bicarbonate, Compartment B containing Calcium Chloride, Magnesium Chloride, Sodium Chloride, Lactic Acid ▪ Bag of 5 Litre |

SECTION 3
FORMS TO BE USED

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SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/194/2025/SMS(TC)

INVITATION TO TENDER

SUPPLY AND DELIVERY OF ACCESSORIES FOR CVVHD EQUIPMENT FOR THE STATE MEDICAL STORE FOR A PERIOD OF THREE (3) YEARS

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date: _____

| ITEM NO. | DESCRIPTION | ESTIMATED YEARLY USAGE | BUFFER STOCK | BRAND | PACKING SIZE | UNIT PRICE (B\$) | TOTAL PRICE (B\$) | DELIVERY PERIOD |
|--|--|------------------------|--------------|-------|--------------|------------------|-------------------|-----------------|
| 1 | Haemofilter With Warmer Extension Line For Use of Prisma CVVHD Dialysis SPECIFICATIONS: REFER ATTACHMENT | 300 SETS | 50 SETS | | | | | |
| 2 | CVVHD Fluid Hemosol 5 Litre Bag For Use of Prisma CVVHD Machine SPECIFICATIONS: REFER ATTACHMENT | 1,500 BAGS | 250 BAGS | | | | | |
| TOTAL PRICE PER YEAR (B\$) | | | | | | | | |
| TOTAL PRICE FOR THREE (3) YEARS (B\$) | | | | | | | | |

COMPULSORY REQUIREMENTS:

| COMPULSORY REQUIREMENTS | YES (√) | NO (X) |
|--|------------|-----------|
| ▪ FOR MEDICAL PURPOSES | | |
| ▪ PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES | | |
| ▪ PRICE VALIDITY MUST BE ONE (1) YEAR | | |
| ▪ CERTIFICATE OF AUTHENTICITY (MUST BE ATTACHED) | | |
| ▪ AUTHORIZATION LETTER AS A DISTRIBUTOR (MUST BE ATTACHED) | | |
| ▪ KINDLY SUBMIT OFFICIAL BROCHURES FOR OFFERED ITEMS | | |
| ▪ SAMPLE MUST BE SUBMITTED WITHIN TWO (2) WEEKS AFTER THE CLOSING DATE OR ELSE THE PARTICIPATION WILL BE INVALID | | |
| ▪ DO NOT SUBMIT EXPIRED SAMPLE | | |

| ITEM NO. | ITEM DESCRIPTION | SPECIFICATIONS | YES (√) | NO (X) |
|----------|---|---|------------|-----------|
| 1 | Haemofilter With Warmer Extension Line For Use of Prisma CVVHD Dialysis | <ul style="list-style-type: none"> ▪ For use of Prisma CVVHD Dialysis ▪ M100 Preset Filter with blood access dialysate line effluent line, replacement solution line | | |
| 2 | CVVHD Fluid Hemosol 5 Litre Bag For Use of Prisma CVVHD Machine | <ul style="list-style-type: none"> ▪ For use of Prisma CVVHD Machine ▪ Hemosol BO Fluid with Compartment A containing Sodium Bicarbonate, Compartment B containing Calcium Chloride, Magnesium Chloride, Sodium Chloride, Lactic Acid ▪ Bag of 5 Litre | | |

1. We offer and undertake on your acceptance of our Tender to supply and deliver the above mentioned goods in accordance with your Invitation To Tender.
2. Our Tender is fully consistent with and does not contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.
3. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **TWELVE (12) MONTHS** CALENDER MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this _____ day of _____, 20_____.

[Signature of authorised officer of Tenderer]

Name:

Designation:

Tenderer's official stamp:

SCHEDULE 2 - INFORMATION SUMMARY

1.1 Tenderers shall provide in this Schedule the following information:

- (a) Management summary
- (b) Company profile (including Contractor and sub-contractor(s), if any)
- (c) Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:
 - *Supply and Delivery of Medical Supplies*
- (d) Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

| Company Name | Responsibility Description | Alliance Relationship between Contractor and Sub-contractor(s) | | |
|-------------------|----------------------------|--|------------------|----------------------|
| | | Alliance Exists? (Y/N) | Date Established | Alliance Description |
| Contractor | | | | |
| | | Not Applicable | Not Applicable | Not Applicable |
| Sub-contractor(s) | | | | |
| | | | | |

SCHEDULE 4 – COMPANY’S BACKGROUND

- 4.1 Each of the companies involved in this tender, including Contractor and sub-contractor(s) (if any), shall provide information on the company’s background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration (as the case may be).

SCHEDULE 5 - REFERENCES

- 5.1 Tenderers shall submit a list of customers in Table 5.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 References of previous customers

| Customer Name and Address | Customer Type (Govt or Quasi Govt)* | Contact Person | Title | Contact Number, Fax Number and E-mail Address |
|---------------------------|-------------------------------------|----------------|-------|---|
| | | | | |

***Note:** Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.

- 5.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 5.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

SCHEDULE 6 - SUBMISSION OF SAMPLE

- 6.1 Tenderers shall submit the Submission of Sample form below in respect of the items specified in this tender.
- 6.2 Samples of the items to be submitted shall be:
 - a. identical in packing and manufacture to the items to be offered by the Tenderer; and
 - b. marked with the corresponding item number of the tender.

SUBMISSION OF SAMPLE FORM

To:

TENDER REFERENCE NO: KK/194/2025/SMS(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF ACCESSORIES FOR CVVHD EQUIPMENT FOR THE STATE
MEDICAL STORE FOR A PERIOD OF THREE (3) YEARS**

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

| ITEM NO. | DESCRIPTION | SAMPLE SUBMITTED (indicate with ✓) | SAMPLE NOT SUBMITTED (indicate with ✕) | OFFERED/NOT OFFERED (indicate as appropriate) |
|----------|---|---------------------------------------|---|--|
| 1 | Haemofilter With Warmer Extension Line For Use of Prisma CVVHD Dialysis SPECIFICATIONS: REFER ATTACHMENT | | | |
| 2 | CVVHD Fluid Hemosol 5 Litre Bag For Use of Prisma CVVHD Machine SPECIFICATIONS: REFER ATTACHMENT | | | |

We understand as stated in the Instructions to Tenderers that Tenders without samples shall not be considered.

Tenderer's official stamp:

[Signature of authorized officer of Tenderer]

Name:

Designation:

Date:

FOR OFFICE USE

Date of receipt : _____

Receiving Officer : _____