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/205/2024/LAB(TC)	*THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE*		*JABATAN PERKHIDMATAN MAKMAL*	$1,000	12hb Ogos 2025	*Aimi Diyana binti Haji Gapor* *National Haematology Reference Laboratory* *Department of Laboratory Services* *Ministry of Health* *Negara Brunei Darussalam* *e-mail: aimidiyana.gapor@moh.gov.bn*

TENDER REFERENCE NO.: KK/205/2025/PHARM

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

TENDER FEES : $1,000.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 12th 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

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: KK/205/2025/LAB(TC)

INVITATION TO TENDER
THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

DELIVERY PERIOD AFTER PO ISSUED	**SAMPLES IMMEDIATELY SEND ABROAD: TEST RESULTS AFTER 15 – 30 DAYS**

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
	Cytogenetics - Children		
	Chromosome Analysis		
1	a. Peripheral blood	**test**	40
2	b. Amniotic fluid	**test**	10
3	c. Fetal blood	**test**	20
4	d. Product of conception	**test**	1
5	e. QF PCR KKH	**test**	10
6	**Chromosome Microarray Analysis**	**test**	45
7	FISH with chromosome Analysis		10
8	FISH - (METAPHASE) ADD ON	**test**	5
9	FISH - INTERPHASE DIRECT		2
10	e. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y)	**test**	1
11	f. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y) on paraffin	**test**	1
	Cytogenetics - Adult	**test**	
	Cancer Chromosomal Karyotyping	**test**	
12	a. Bone Marrow	**test**	150
	b. Peripheral blood	**test**	10
13	**FISH Panel**	**test**	0
14	a. FISH Panel Multiple Myeloma	**test**	30
15	b. FISH Panel Chronic Lymphocytic Leukemia	**test**	10

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
	c. FISH Panel Myelodysplastic Syndrome	**test**	30
16	**FISH with chromosomal karytotyping (Add on FISH)**	**test**	
17	a. FISH Add on for 1 probe		1
18	b. FISH Add on for 2 probes	**test**	1
	c. FISH Add on for 3 probes	**test**	1
19	**FISH without chromosomal karytotyping (Interphase FISH)**	**test**	
20	a. FISH Interphase on for 1 probe	**test**	1
21	b. FISH Interphase on for 2 probes	**test**	1
22	c. FISH Interphase on for 3 probes	**test**	1
	FLOW CYTOMETRY ASSAY - Children	**test**	
23	a. Diagnosis/Relapse Phenotyping only	**test**	10
24	b. Diagnosis/Relapse phenotyping plus identification of MRD markers	**test**	10
25	c. Identification of MRD Markers only	**test**	1
26	d. MRD assay	**test**	15
	Flow Cytometry - Adult		
	Immunophenotyping by Flow Cytometry	**test**	
27	PNH Panel	**test**	15
28	Blast Lineage Panel (8CSBL)	**test**	60
29	Lymphoma Screening Panel (8LST)	**test**	12
30	Blast Lineage Panel and Evaluation as required (SBLN)	**test**	5
31	Blast Lineage Panel, Lymphoma Screening Panel and Evaluation as required (SBLSN)	**test**	5
32	Lymphoma Screening Panel and Evaluation as required (LSTN)		5
33	Myeloma/Plasma Cell Dyscrasia Panel (Diagnosis) (8PCDD)		15
34	Myeloma/Plasma Cell Dyscrasia Panel (Follow-up) (8PCDM)	**test**	20
35	B-ALL Panel (8BCP)	**test**	10
36	B-ALL Panel Follow up Panel (8BCPM)	**test**	15
37	B-ALL Panel Follow up Panel (post Anti-CD19 theraphy/CAR-T) (8BF19)	**test**	5
38	T-ALL Follow up Panel (8TALL)	**test**	20

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
39	Myeloid Neoplasm Basic Panel (Diagnostics) (8AML)	**test**	40
40	Myeloid Neoplasm/AML Basic Panel (Follow up) (8AMLF)	**test**	20
41	AML Add-on Panel (8AMLA)		20
42	AML Follow up Full Panel (8AML6)	**test**	15
43	B-CLPD Panel (8BCLP)	**test**	15
44	T-CLPD Panel (8TCLP)	**test**	1
45	NK-CLPD Panel (8NKCL)		1
46	Flow 1 Myeloma (FLOW1)	**test**	20
47	Flow 2	**test**	2
	Molecular - Children	**test**	
	ALL Diagnostic Recommended package		
48	1.1 MRD Screening by Next Generation Sequencing (NGS)		8
49	2.1 Oncogene Fusion Screening by RNA Sequencing	**test**	5
50	3.1 Molecular prognostic marker - ALL	**test**	5
51	4.1 Thiopurine (MP/AZA) Pharmacogenetics	**test**	5
52	**ALL Diagnostic Standard package**	**test**	
53	1.1 MRD Screening by Next Generation Sequencing (NGS)	**test**	1
54	4.1 Thiopurine (MP/AZA) Pharmacogenetics	**test**	1
	Minimal Residual Disease (MRD) in ALL	**test**	
55	1.1 MRD Screening by Next Generation Sequencing (NGS)	**test**	3
	1.2 MRD Timepoint	**test**	
56	1.2.2 Droplet Digital PCR	**test**	10
	Oncogene Fusion Transcript (OFT) Screening - NUS	**test**	
57	2.1 RNA Sequencing (ALL/AML)	**test**	5
58	2.6 Quantitation by Droplet Digital PCR	**test**	5
	Molecular Prognostic Markers -NUS	**test**	
59	3.1 ALL Panel 3.1.1 MPA SALSA P335	**test**	1
	Genotyping Services	**test**	

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
60	4.1 Thiopurine (MP/AZA) Pharmacogenetics	**test**	1
61	4.2 KIR Genotyping	**test**	1
	Molecular Tests - Adult/General	**test**	
62	ABL1 Kinase Domain Mutation Screen	**test**	5
63	BCR ABL Kinase Domain Mutation	**test**	5
64	BCR ABL Qualitative	**test**	60
65	BCR ABL Quantitative	**test**	130
66	BRAF Mutation Detection		1
67	Calreticulin, CALR Exon 9 Mutation Detection	**test**	15
68	CEBPA Mutation Detection	**test**	5
69	Cholestasis Panel	**test**	5
70	Crouzon Syndrome (FGFR 2 & 3)	**test**	1
71	DiGeorge Syndrome		1
72	DNA Analysis of Alpha-Thalassaemia mutation		5
73	DNA Analysis of Beta-Thalassaemia mutation	**test**	5
74	F1PL1-PDGFR	**test**	25
75	Fanconi Anaemia	**test**	1
76	FLT3-NPM1 Mutational Panel	**test**	5
77	FLT3-NPM1-CEBPA Mutational Panel	**test**	5
78	FLT3-NPM1-KIT Mutational Panel	**test**	5
79	Fragile X	**test**	2
80	Fraser Syndrome	**test**	1
81	Friedrich's Ataxia	**test**	1
82	Haemachromatosis (HFE)	**test**	5
83	Huntington disease	**test**	1
84	Immunoglobulin Heavy Chain Gene Rearrangement	**test**	3
85	JAK2 Exons 12 & 13 Mutation Detection	**test**	5
86	JAK2 V617F Mutation Detection	**test**	150

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
87	JAK2-CALR Mutational Analysis	**test**	15
88	JAK2-MPL-CALR Mutational Analysis	**test**	20
89	KIT Mutation Detection	**test**	1
90	KRAS Mutation Detection	**test**	1
91	Malaria Parasites identification molecular	**test**	2
92	Marfan Syndrome	**test**	1
93	Methylenetetrahydrofolate reductase (MTHFR) gene	**test**	1
94	MPL Exon 10 Mutation Detection	**test**	15
95	Multiple Endocrine Neoplasia Type 2A/FMTC or 2B	**test**	1
96	MYD88 L265P Mutation Detection	**test**	1
97	Myeloid Neoplasm NGS Panel for Myeloproliferative Neoplasm (MPN)	**test**	30
98	Myelopid Neoplasm NGS Panel for Acute Myeloid Leukemia (AML)	**test**	30
99	Myotonic dystrophy		1
100	Neurofibromatosis Type 1/Type 2	**test**	1
101	NF-1 Gene	**test**	1
102	Noonan's Syndrome	**test**	1
103	Pantothenate Kinase Assoc Neurodegenaration	**test**	1
104	PML RARA	**test**	10
105	PORCN Gene Mutation	**test**	1
106	Prader Willi/Angelman Syndrome (MS-PCR)		1
107	Angelman/Rett's Syndrome (MECP2)	**test**	5
108	T-Cell Receptor Gene Rearrangement - ɣ cahin		1
109	Tubercous Sclerosis	**test**	1
110	VNTR	**test**	3
111	Invitae Family Follow Up Testing	**test**	30
	Others	**test**	
112	PF4 ASSAY		5
	COAGULATION SECTION	**test**	

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE/YEAR
113	ADAMTS13 Assay	**test**	15
114	Factor V	**test**	2
115	Factor V Leiden	**test**	8
116	Factor V Leiden Muatation	**test**	8
117	Factor VII	**test**	15
118	Factor VIII Inhibitor		30
119	Factor X	**test**	5
120	Factor XI		30
121	Factor XII	**test**	15
122	Factor XIII		5
123	PTG 2021 Mutation Protrombin Gene	**test**	5
124	Von Willebrand Factor Activity (Ristocetin Factor)	**test**	40
125	Von Willebrand Factor Antigen	**test**	40
126	ADAMTS 13 reflex inhibitor titre	**test**	10
127	Factor 8 Genotyping	**test**	3

<table>
<tr><th>NO.</th><th>SPECIFICATIONS AND REQUIREMENTS</th></tr>
<tr><td>1</td><td>The testing laboratory(ies) shall be accredited (complied to the requirement of ISO 15189) or licensed to perform laboratory testing in accordance to any state statues, regulation, relevant laws, by-laws or guidelines issued by their local Health Authority as well as Brunei Health Authority from time to time.</td></tr>
<tr><td>2</td><td>The vendor shall have necessary in-house facilities to perform required preparations/processes which comply with the requirements specified in ISO 15189 prior sending specimens to the testing laboratory. The Laboratory Services has the right to conduct site visit of the vendor’s premise at any given time of the vendor premise.</td></tr>
<tr><td>3</td><td>External Quality Program shall be conducted accordingly and make available upon request. Failure to maintain accreditation or licensure is cause for termination of this agreement.</td></tr>
<tr><td>4</td><td>The Vendor shall provide the Laboratory Services with the copy of supporting documents in both softcopy and hardcopy which include
a. Accreditation certificates or licensure of the testing laboratory
b. Schedule of accredited tests
c. Report of External Proficiency Evaluation</td></tr>
<tr><td>5</td><td>The information on sample type, no tubes required, performing lab(s) and turn-around-time (TAT) must be provided and updated annually as the following format below:
<table><tr><td>Name of tests</td><td>Sample type</td><td>No of tube required</td><td>Performing Lab</td><td>TAT</td></tr></table></td></tr>
<tr><td>6</td><td>Vendor shall make their own arrangement to collect specimen together with the requisite form from the designated Laboratories under acceptable condition. Sample must be collected between 8.00 am to 12.00pm every working day. In case of any emergency investigation required, the sample must be collected as and when informed.</td></tr>
<tr><td>7</td><td>The list of testing laboratory(ies) to which the investigation is to be outsourced shall be provided and updated annually as per following format below:
<table><tr><td>Name of the Laboratory</td><td>Address of the Laboratory</td><td>Accreditation/ License Number</td><td>Date of expiry of Accreditation/ License</td></tr></table></td></tr>
<tr><td>8</td><td>The information on the methodology of testing, sample collection and handling of the individual quoted tests shall be provided and updated annually as following format below:
<table><tr><td>Name of the tests</td><td>Name and address of performing laboratory</td><td>Method / Technique used</td><td>Specimen requirement (Including special instruction and type of tube used)</td><td>Storage, transport and temperature requirements- (Including sensitive tests)</td><td>Maximum time required for submission of report to the Laboratory (Turn-around-time TAT)</td></tr></table></td></tr>
<tr><td>9</td><td>Performing testing laboratories must be agreeable to Laboratory Services and preferred testing lab includes and not limited to; HSA, MAYO CLINIC, NUH, NUHS, NUS, KKH, THOMSON and SGH.</td></tr>
<tr><td>10</td><td>When in any case the quoted testing laboratories are not able to perform the test, vendor is responsible to cover the expenses for the test to be performed on alternative testing lab.</td></tr>
<tr><td>11</td><td>Vendor shall incur <u>all expenses</u> associated for the outsourcing of the quoted tests which include transporting of samples, declaration of samples from the Laboratory Services to the testing laboratory(ies).</td></tr>
<tr><td>12</td><td>The tubes that is available in Laboratory Services are plain, EDTA, sodium citrate, Heparin, Trisodium citrate tube, sterile urine bottle and sterile CSF bottle. Any tubes and/or bottles required for the test other than the above mentioned, shall be supplied by the vendor without extra charges. This include and not limited to EDTA transfix and Sodium Heparin.</td></tr>
<tr><td>13</td><td>Any packing container that is required shall be provided by vendor at no extra charges.</td></tr>
<tr><td>14</td><td>Vendor shall provide leak -proof container for collecting all samples to be outsourced.</td></tr>
</table>

NO.	SPECIFICATIONS AND REQUIREMENTS
15	Sample shall be transported in leak-proof container to ensure that no damage or displacement of sample occurs during transportation
16	The vendor shall pack the sample as per requirement of the testing and send to the testing laboratory within the stipulated time considering the integrity of sample.
17	The Vendor shall be able to show temperature records of the containers at the various collection points. It is their responsibility to maintain the specimens at the required stated temperature.
18	The Vendor shall be responsible for the safe custody of the sample until being received by the testing Laboratory. The standard specimen custody form shall be used which will be regularly reviewed and approved by Laboratory Services
19	The conditions and regulations above are subject to changes. There may be amendment from time to time with mutual agreement from both parties during the contract period.
20	Vendor shall be capable of absorbing the workload throughout the operational contract agreement.
21	All test reports received from the testing laboratory(ies) shall be kept secured and confidential except as otherwise authorized by law of Brunei Darussalam. Under no circumstances shall any results, reports or data be used for any publication, written statement or advertisement without the written consent of the Head of Laboratory Services.
22	The results shall be sent by fax or emailed password protected document, and followed by original copy.
23	Three (3) copies of test reports shall be provided out of which two (2) copies should be sent to Head of the concerned laboratory of the Laboratory Services and the third copy should be enclosed with the monthly 'Laboratory Service Summary" and invoice for audit and financial purpose.
24	Training shall be provided, at no additional cost, as follows: The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. **They shall provide ONE off-site training for two (2) key users per year of contract.** All expenses for attending the training shall be borne by the vendor; full registration, air ticket, daily allowance, accommodation, transport to and from the airport and place of training. **Training may be in the form of operator's training, workshop, congress, international conference including 3rd-party conference, or other forms of training that is deemed appropriate and relevant.** Inviting speakers from overseas to give talks or presentations to the users on topics related to the laboratory testing as part of users' continuous education. Certificate of attendance is to be issued to all trainees after completion of training.
25	**EXIT CLAUSE:** The tender contract shall be automatically terminated even though tender has not yet expired and this shall be in effect due to, but not limited to, the following: 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. When the approved budget allocation for this tender contract has been used up before the tender contract expires whereby a renewal of tender shall be submitted by the user for an open advertisement subject to approval by the Mini Tender Board (*Lembaga Tawaran Kecil*).
26	**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).

DELIVERY PERIOD AFTER PO ISSUED	**SAMPLES IMMEDIATELY SEND ABROAD: TEST RESULTS AFTER 15 – 30 DAYS**	
Lab/Section/Unit	**DEPARTMENT OF LABORATORY SERVICES**	
Lab/Section/Unit Ref. No.:	**NATIONAL REFERENCE HAEMATOLOGY LABORATORY**	
Person to Contact	Name : Aimi Diyana Hj Gapor	
	E-mail : aimidiyana.gapor@moh.gov.bn	
	Tel. No. : 2242424 ext 6043	Fax No.:
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref. No.		
Advertisement Ref. No.		Date:

SECTION 3

FORMS TO BE USED

CONTENTS

SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/205/2025/LAB(TC)

INVITATION TO TENDER
THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date _____

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
	Cytogenetics - Children								
	Chromosome Analysis								
1	a. Peripheral blood	**test**	40						
2	b. Amniotic fluid	**test**	10						
3	c. Fetal blood	**test**	20						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
4	d. Product of conception	**test**	1						
5	e. QF PCR KKH	**test**	10						
6	**Chromosome Microarray Analysis**	**test**	45						
7	FISH with chromosome Analysis		10						
8	FISH - (METAPHASE) ADD ON	**test**	5						
9	FISH - INTERPHASE DIRECT		2						
10	e. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y)	**test**	1						
11	f. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y) on paraffin	**test**	1						
	Cytogenetics - Adult	**test**							
	Cancer Chromosomal Karyotyping	**test**							
12	a. Bone Marrow	**test**	150						
	b. Peripheral blood	**test**	10						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
13	**FISH Panel**	**test**	0						
14	a. FISH Panel Multiple Myeloma	**test**	30						
15	b. FISH Panel Chronic Lymphocytic Leukemia	**test**	10						
	c. FISH Panel Myelodysplastic Syndrome	**test**	30						
16	**FISH with chromosomal karytotyping (Add on FISH)**	**test**							
17	a. FISH Add on for 1 probe		1						
18	b. FISH Add on for 2 probes	**test**	1						
	c. FISH Add on for 3 probes	**test**	1						
19	**FISH without chromosomal karytotyping (Interphase FISH)**	**test**							
20	a. FISH Interphase on for 1 probe	**test**	1						
21	b. FISH Interphase on for 2 probes	**test**	1						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
22	c. FISH Interphase on for 3 probes	**test**	1						
	FLOW CYTOMETRY ASSAY - Children	**test**							
23	a. Diagnosis/Relapse Phenotyping only	**test**	10						
24	b. Diagnosis/Relapse phenotyping plus identification of MRD markers	**test**	10						
25	c. Identification of MRD Markers only	**test**	1						
26	d. MRD assay	**test**	15						
	Flow Cytometry - Adult								
	Immunophenotyping by Flow Cytometry	**test**							
27	PNH Panel	**test**	15						
28	Blast Lineage Panel (8CSBL)	**test**	60						
29	Lymphoma Screening Panel (8LST)	**test**	12						
30	Blast Lineage Panel and Evaluation as required	**test**	5						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
	(SBLN)								
31	Blast Lineage Panel, Lymphoma Screening Panel and Evaluation as required (SBLSN)	**test**	5						
32	Lymphoma Screening Panel and Evaluation as required (LSTN)		5						
33	Myeloma/Plasma Cell Dyscrasia Panel (Diagnosis) (8PCDD)		15						
34	Myeloma/Plasma Cell Dyscrasia Panel (Follow-up) (8PCDM)	**test**	20						
35	B-ALL Panel (8BCP)	**test**	10						
36	B-ALL Panel Follow up Panel (8BCPM)	**test**	15						
37	B-ALL Panel Follow up Panel (post Anti-CD19 theraphy/CAR-T) (8BF19)	**test**	5						
38	T-ALL Follow up Panel (8TALL)	**test**	20						
39	Myeloid Neoplasm Basic Panel (Diagnostics) (8AML)	**test**	40						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
40	Myeloid Neoplasm/AML Basic Panel (Follow up) (8AMLF)	**test**	20						
41	AML Add-on Panel (8AMLA)		20						
42	AML Follow up Full Panel (8AML6)	**test**	15						
43	B-CLPD Panel (8BCLP)	**test**	15						
44	T-CLPD Panel (8TCLP)	**test**	1						
45	NK-CLPD Panel (8NKCL)		1						
46	Flow 1 Myeloma (FLOW1)	**test**	20						
47	Flow 2	**test**	2						
	Molecular - Children	**test**							
	ALL Diagnostic Recommended package								
48	1.1 MRD Screening by Next Generation Sequencing (NGS)		8						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
49	2.1 Oncogene Fusion Screening by RNA Sequencing	**test**	5						
50	3.1.1 Molecular prognostic marker - ALL	**test**	5						
51	4.1 Thiopurine (MP/AZA) Pharmacogenetics	**test**	5						
52	**ALL Diagnostic Standard package**	**test**							
53	1.1 MRD Screening by Next Generation Sequencing (NGS)	**test**	1						
54	4.1 Thiopurine (MP/AZA) Pharmacogenetics	**test**	1						
	Minimal Residual Disease (MRD) in ALL	**test**							
55	1.1 MRD Screening by Next Generation Sequencing (NGS)	**test**	3						
	1.2 MRD Timepoint	**test**							
56	1.2.2 Droplet Digital PCR	**test**	10						
	Oncogene Fusion Transcript (OFT) Screening - NUS	**test**							

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
57	2.1 RNA Sequencing (ALL/AML)	**test**	5						
58	2.6 Quantitation by Droplet Digital PCR	**test**	5						
	Molecular Prognostic Markers -NUS	**test**							
59	3.1 ALL Panel 3.1.1 MPA SALSA P335	**test**	1						
	Genotyping Services	**test**							
60	4.1 Thiopurine (MP/AZA) Pharmacogenetics	**test**	1						
61	4.2 KIR Genotyping	**test**	1						
	Molecular Tests - Adult/General	**test**							
62	ABL1 Kinase Domain Mutation Screen	**test**	5						
63	BCR ABL Kinase Domain Mutation	**test**	5						
64	BCR ABL Qualitative	**test**	60						
65	BCR ABL Quantitative	**test**	130						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B$)	TOTAL COSTS (B$)
66	BRAF Mutation Detection		1						
67	Calreticulin, CALR Exon 9 Mutation Detection	**test**	15						
68	CEBPA Mutation Detection	**test**	5						
69	Cholestasis Panel	**test**	5						
70	Crouzon Syndrome (FGFR 2 & 3)	**test**	1						
71	DiGeorge Syndrome		1						
72	DNA Analysis of Alpha-Thalassaemia mutation		5						
73	DNA Analysis of Beta-Thalassaemia mutation	**test**	5						
74	F1PL1-PDGFR	**test**	25						
75	Fanconi Anaemia	**test**	1						
76	FLT3-NPM1 Mutational Panel	**test**	5						
77	FLT3-NPM1-CEBPA Mutational Panel	**test**	5						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B$)	TOTAL COSTS (B$)
78	FLT3-NPM1-KIT Mutational Panel	**test**	5						
79	Fragile X	**test**	2						
80	Fraser Syndrome	**test**	1						
81	Friedrich's Ataxia	**test**	1						
82	Haemachromatosis (HFE)	**test**	5						
83	Huntington disease	**test**	1						
84	Immunoglobulin Heavy Chain Gene Rearrangement	**test**	3						
85	JAK2 Exons 12 & 13 Mutation Detection	**test**	5						
86	JAK2 V617F Mutation Detection	**test**	150						
87	JAK2-CALR Mutational Analysis	**test**	15						
88	JAK2-MPL-CALR Mutational Analysis	**test**	20						
89	KIT Mutation Detection	**test**	1						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B$)	TOTAL COSTS (B$)
90	KRAS Mutation Detection	**test**	1						
91	Malaria Parasites identification molecular	**test**	2						
92	Marfan Syndrome	**test**	1						
93	Methylenetetrahydrofolate reductase (MTHFR) gene	**test**	1						
94	MPL Exon 10 Mutation Detection	**test**	15						
95	Multiple Endocrine Neoplasia Type 2A/FMTC or 2B	**test**	1						
96	MYD88 L265P Mutation Detection	**test**	1						
97	Myeloid Neoplasm NGS Panel for Myeloproliferative Neoplasm (MPN)	**test**	30						
98	Myelopid Neoplasm NGS Panel for Acute Myeloid Leukemia (AML)	**test**	30						
99	Myotonic dystrophy		1						
100	Neurofibromatosis Type 1/Type 2	**test**	1						
101	NF-1 Gene	**test**	1						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
102	Noonan's Syndrome	**test**	1						
103	Pantothenate Kinase Assoc Neurodegenaration	**test**	1						
104	PML RARA	**test**	10						
105	PORCN Gene Mutation	**test**	1						
106	Prader Willi/Angelman Syndrome (MS-PCR)		1						
107	Angelman/Rett's Syndrome (MECP2)	**test**	5						
108	T-Cell Receptor Gene Rearrangement - ɣ cahin		1						
109	Tubercous Sclerosis	**test**	1						
110	VNTR	**test**	3						
111	Invitae Family Follow Up Testing	**test**	30						
	Others	**test**							
112	PF4 ASSAY		5						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B$)	TOTAL COSTS (B$)
	COAGULATION SECTION	**test**							
113	ADAMTS13 Assay	**test**	15						
114	Factor V	**test**	2						
115	Factor V Leiden	**test**	8						
116	Factor V Leiden Muatation	**test**	8						
117	Factor VII	**test**	15						
118	Factor VIII Inhibitor		30						
119	Factor X	**test**	5						
120	Factor XI		30						
121	Factor XII	**test**	15						
122	Factor XIII		5						
123	PTG 2021 Mutation Protrombin Gene	**test**	5						

NO.	USER'S REQUIREMENTS			VENDOR'S OFFER					
	ITEM DESCRIPTIONS AND SPECIFICATIONS	**PACKAGING SIZE**	**TOTAL ESTIMATE USAGE / YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKAGING SIZE**	**TOTAL QUANTITY OFFERED / YEAR**	***COST PER UNIT (B$)**	**TOTAL COSTS (B$)**
124	Von Willebrand Factor Activity (Ristocetin Factor)	**test**	40						
125	Von Willebrand Factor Antigen	**test**	40						
126	ADAMTS 13 reflex inhibitor titre	**test**	10						
127	Factor 8 Genotyping	**test**	3						
TOTAL PRICE PER YEAR (B$)									
TOTAL PRICE FOR FIVE (5) YEARS (B$)									

<table>
<tr><th>NO.</th><th>SPECIFICATIONS AND REQUIREMENTS</th><th>VENDOR'S OFFER
(PLEASE STATE)</th></tr>
<tr><td>1</td><td>The testing laboratory(ies) shall be accredited (complied to the requirement of ISO 15189) or licensed to perform laboratory testing in accordance to any state statues, regulation, relevant laws, by-laws or guidelines issued by their local Health Authority as well as Brunei Health Authority from time to time.</td><td></td></tr>
<tr><td>2</td><td>The vendor shall have necessary in-house facilities to perform required preparations/processes which comply with the requirements specified in ISO 15189 prior sending specimens to the testing laboratory. The Laboratory Services has the right to conduct site visit of the vendor's premise at any given time of the vendor premise.</td><td></td></tr>
<tr><td>3</td><td>External Quality Program shall be conducted accordingly and make available upon request. Failure to maintain accreditation or licensure is cause for termination of this agreement.</td><td></td></tr>
<tr><td>4</td><td>The Vendor shall provide the Laboratory Services with the copy of supporting documents in both softcopy and hardcopy which include
a. Accreditation certificates or licensure of the testing laboratory
b. Schedule of accredited tests
c. Report of External Proficiency Evaluation</td><td></td></tr>
<tr><td>5</td><td>The information on sample type, no tubes required, performing lab(s) and turn-around-time (TAT) must be provided and updated annually as the following format below:
<table><tr><td>Name of tests</td><td>Sample type</td><td>No of tube required</td><td>Performing Lab</td><td>TAT</td></tr></table></td><td></td></tr>
<tr><td>6</td><td>Vendor shall make their own arrangement to collect specimen together with the requisite form from the designated Laboratories under acceptable condition. Sample must be collected between 8.00 am to 12.00pm every working day. In case of any emergency investigation required, the sample must be collected as and when informed.</td><td></td></tr>
<tr><td>7</td><td>The list of testing laboratory(ies) to which the investigation is to be outsourced shall be provided and updated annually as per following format below:
<table><tr><td>Name of the Laboratory</td><td>Address of the Laboratory</td><td>Accreditation/ License Number</td><td>Date of expiry of Accreditation/ License</td></tr></table></td><td></td></tr>
<tr><td>8</td><td>The information on the methodology of testing, sample collection and handling of the individual quoted tests shall be provided and updated annually as following format below:
<table><tr><td>Name of the</td><td>Name and address of</td><td>Method / Technique</td><td>Specimen requirement</td><td>Storage, transport and</td><td>Maximum time required for</td></tr></table></td><td></td></tr>
</table>

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	<table><tr><td>tests</td><td>performing laboratory</td><td>used</td><td>(Including special instruction and type of tube used)</td><td>temperature requirements- (Including sensitive tests)</td><td>submission of report to the Laboratory (Turn-around-time TAT)</td></tr></table>	
9	i. Performing testing laboratories must be agreeable to Laboratory Services and preferred testing lab includes and not limited to; HSA, MAYO CLINIC, NUH, NUHS, NUS, KKH, THOMSON and SGH.	
10	When in any case the quoted testing laboratories are not able to perform the test, vendor is responsible to cover the expenses for the test to be performed on alternative testing lab.	
11	i. Vendor shall incur <u>all expenses</u> associated for the outsourcing of the quoted tests which include transporting of samples, declaration of samples from the Laboratory Services to the testing laboratory(ies).	
12	The tubes that is available in Laboratory Services are plain, EDTA, sodium citrate, Heparin, Trisodium citrate tube, sterile urine bottle and sterile CSF bottle. Any tubes and/or bottles required for the test other than the above mentioned, shall be supplied by the vendor without extra charges. This include and not limited to EDTA transfix and Sodium Heparin.	
13	Any packing container that is required shall be provided by vendor at no extra charges.	
14	Vendor shall provide leak -proof container for collecting all samples to be outsourced.	
15	Sample shall be transported in leak-proof container to ensure that no damage or displacement of sample occurs during transportation	
16	The vendor shall pack the sample as per requirement of the testing and send to the testing laboratory within the stipulated time considering the integrity of sample.	
17	The Vendor shall be able to show temperature records of the containers at the various collection points. It is their responsibility to maintain the specimens at the required stated temperature.	
18	The Vendor shall be responsible for the safe custody of the sample until being received by the testing Laboratory. The standard specimen custody form shall be used which will be regularly reviewed and approved by Laboratory Services	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
19	The conditions and regulations above are subject to changes. There may be amendment from time to time with mutual agreement from both parties during the contract period.	
20	Vendor shall be capable of absorbing the workload throughout the operational contract agreement.	
21	All test reports received from the testing laboratory(ies) shall be kept secured and confidential except as otherwise authorized by law of Brunei Darussalam. Under no circumstances shall any results, reports or data be used for any publication, written statement or advertisement without the written consent of the Head of Laboratory Services.	
22	The results shall be sent by fax or emailed password protected document, and followed by original copy.	
23	Three (3) copies of test reports shall be provided out of which two (2) copies should be sent to Head of the concerned laboratory of the Laboratory Services and the third copy should be enclosed with the monthly 'Laboratory Service Summary" and invoice for audit and financial purpose.	
24	Training shall be provided, at no additional cost, as follows: The successful tenderer needs to ensure the key users are updated on any relevant information related to the laboratory testing. **They shall provide ONE off-site training for two (2) key users per year of contract.** All expenses for attending the training shall be borne by the vendor; full registration, air ticket, daily allowance, accommodation, transport to and from the airport and place of training. **Training may be in the form of operator's training, workshop, congress, international conference including 3rd-party conference, or other forms of training that is deemed appropriate and relevant.** Inviting speakers from overseas to give talks or presentations to the users on topics related to the laboratory testing as part of users' continuous education. Certificate of attendance is to be issued to all trainees after completion of training.	
25	**EXIT CLAUSE:** The tender contract shall be automatically terminated even though tender has not yet expired and this shall be in effect due to, but not limited to, the following: 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department.	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	When the approved budget allocation for this tender contract has been used up before the tender contract expires whereby a renewal of tender shall be submitted by the user for an open advertisement subject to approval by the Mini Tender Board (*Lembaga Tawaran Kecil*).	
26	**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).	

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)** 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_____

Tenderer's official stamp:

_____
[Signature of authorised officer of Tenderer]
Name:
Designation:

SCHEDULE 2 - INFORMATION SUMMARY

2.1 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 & Delivery Of Laboratory Equipment, Test Kits and Consumables.*

(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 A pplicable	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/205/2025/LAB(TC)

INVITATION TO TENDER
THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HAEMATOLOGY REFERENCE LABORATORY, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

SUBMISSION OF SAMPLE FORM OF (*NAME OF TENDERER*)

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
	Cytogenetics - Children			
	Chromosome Analysis			
1	a. Peripheral blood			
2	b. Amniotic fluid			
3	c. Fetal blood			
4	d. Product of conception			
5	e. QF PCR KKH			
6	**Chromosome Microarray Analysis**			
7	FISH with chromosome Analysis			
8	FISH - (METAPHASE) ADD ON			
9	FISH - INTERPHASE DIRECT			
10	e. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y)			
11	f. Aneuploidy Panel (Trisomy 13, 18, 21, X and Y) on paraffin			
	Cytogenetics - Adult			
	Cancer Chromosomal Karyotyping			
12	a. Bone Marrow			
	b. Peripheral blood			
13	**FISH Panel**			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
14	a. FISH Panel Multiple Myeloma			
15	b. FISH Panel Chronic Lymphocytic Leukemia			
	c. FISH Panel Myelodysplastic Syndrome			
16	**FISH with chromosomal karytotyping (Add on FISH)**			
17	a. FISH Add on for 1 probe			
18	b. FISH Add on for 2 probes			
	c. FISH Add on for 3 probes			
19	**FISH without chromosomal karytotyping (Interphase FISH)**			
20	a. FISH Interphase on for 1 probe			
21	b. FISH Interphase on for 2 probes			
22	c. FISH Interphase on for 3 probes			
	FLOW CYTOMETRY ASSAY - Children			
23	a. Diagnosis/Relapse Phenotyping only			
24	b. Diagnosis/Relapse phenotyping plus identification of MRD markers			
25	c. Identification of MRD Markers only			
26	d. MRD assay			
	Flow Cytometry - Adult			
	Immunophenotyping by Flow Cytometry			
27	PNH Panel			
28	Blast Lineage Panel (8CSBL)			
29	Lymphoma Screening Panel (8LST)			
30	Blast Lineage Panel and Evaluation as required (SBLN)			
31	Blast Lineage Panel, Lymphoma Screening Panel and Evaluation as required (SBLSN)			
32	Lymphoma Screening Panel and Evaluation as required (LSTN)			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
33	Myeloma/Plasma Cell Dyscrasia Panel (Diagnosis) (8PCDD)			
34	Myeloma/Plasma Cell Dyscrasia Panel (Follow-up) (8PCDM)			
35	B-ALL Panel (8BCP)			
36	B-ALL Panel Follow up Panel (8BCPM)			
37	B-ALL Panel Follow up Panel (post Anti-CD19 theraphy/CAR-T) (8BF19)			
38	T-ALL Follow up Panel (8TALL)			
39	Myeloid Neoplasm Basic Panel (Diagnostics) (8AML)			
40	Myeloid Neoplasm/AML Basic Panel (Follow up) (8AMLF)			
41	AML Add-on Panel (8AMLA)			
42	AML Follow up Full Panel (8AML6)			
43	B-CLPD Panel (8BCLP)			
44	T-CLPD Panel (8TCLP)			
45	NK-CLPD Panel (8NKCL)			
46	Flow 1 Myeloma (FLOW1)			
47	Flow 2			
	Molecular - Children			
	ALL Diagnostic Recommended package			
48	1.1 MRD Screening by Next Generation Sequencing (NGS)			
49	2.1 Oncogene Fusion Screening by RNA Sequencing			
50	3.1.1 Molecular prognostic marker - ALL			
51	4.1 Thiopurine (MP/AZA) Pharmacogenetics			
52	**ALL Diagnostic Standard package**			
53	1.1 MRD Screening by Next Generation Sequencing (NGS)			
54	4.1 Thiopurine (MP/AZA) Pharmacogenetics			
	Minimal Residual Disease (MRD) in ALL			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
55	1.1 MRD Screening by Next Generation Sequencing (NGS)			
	1.2 MRD Timepoint			
56	1.2.2 Droplet Digital PCR			
	Oncogene Fusion Transcript (OFT) Screening - NUS			
57	2.1 RNA Sequencing (ALL/AML)			
58	2.6 Quantitation by Droplet Digital PCR			
	Molecular Prognostic Markers -NUS			
59	3.1 ALL Panel 3.1.1 MPA SALSA P335			
	Genotyping Services			
60	4.1 Thiopurine (MP/AZA) Pharmacogenetics			
61	4.2 KIR Genotyping			
	Molecular Tests - Adult/General			
62	ABL1 Kinase Domain Mutation Screen			
63	BCR ABL Kinase Domain Mutation			
64	BCR ABL Qualitative			
65	BCR ABL Quantitative			
66	BRAF Mutation Detection			
67	Calreticulin, CALR Exon 9 Mutation Detection			
68	CEBPA Mutation Detection			
69	Cholestasis Panel			
70	Crouzon Syndrome (FGFR 2 & 3)			
71	DiGeorge Syndrome			
72	DNA Analysis of Alpha-Thalassaemia mutation			
73	DNA Analysis of Beta-Thalassaemia mutation			
74	F1PL1-PDGFR			
75	Fanconi Anaemia			
76	FLT3-NPM1 Mutational Panel			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
77	FLT3-NPM1-CEBPA Mutational Panel			
78	FLT3-NPM1-KIT Mutational Panel			
79	Fragile X			
80	Fraser Syndrome			
81	Friedrich's Ataxia			
82	Haemachromatosis (HFE)			
83	Huntington disease			
84	Immunoglobulin Heavy Chain Gene Rearrangement			
85	JAK2 Exons 12 & 13 Mutation Detection			
86	JAK2 V617F Mutation Detection			
87	JAK2-CALR Mutational Analysis			
88	JAK2-MPL-CALR Mutational Analysis			
89	KIT Mutation Detection			
90	KRAS Mutation Detection			
91	Malaria Parasites identification molecular			
92	Marfan Syndrome			
93	Methylenetetrahydrofolate reductase (MTHFR) gene			
94	MPL Exon 10 Mutation Detection			
95	Multiple Endocrine Neoplasia Type 2A/FMTC or 2B			
96	MYD88 L265P Mutation Detection			
97	Myeloid Neoplasm NGS Panel for Myeloproliferative Neoplasm (MPN)			
98	Myelopid Neoplasm NGS Panel for Acute Myeloid Leukemia (AML)			
99	Myotonic dystrophy			
100	Neurofibromatosis Type 1/Type 2			
101	NF-1 Gene			
102	Noonan's Syndrome			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
103	Pantothenate Kinase Assoc Neurodegenaration			
104	PML RARA			
105	PORCN Gene Mutation			
106	Prader Willi/Angelman Syndrome (MS-PCR)			
107	Angelman/Rett's Syndrome (MECP2)			
108	T-Cell Receptor Gene Rearrangement - ɣ cahin			
109	Tubercous Sclerosis			
110	VNTR			
111	Invitae Family Follow Up Testing			
	Others			
112	PF4 ASSAY			
	COAGULATION SECTION			
113	ADAMTS13 Assay			
114	Factor V			
115	Factor V Leiden			
116	Factor V Leiden Muatation			
117	Factor VII			
118	Factor VIII Inhibitor			
119	Factor X			
120	Factor XI			
121	Factor XII			
122	Factor XIII			
123	PTG 2021 Mutation Protrombin Gene			
124	Von Willebrand Factor Activity (Ristocetin Factor)			
125	Von Willebrand Factor Antigen			
126	ADAMTS 13 reflex inhibitor titre			
127	Factor 8 Genotyping			

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 : _____