Rujukan Kami: **(110) MOH/HQ/P/IKLAN-SH/2025**

LAMPIRAN 3

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
3	285/CPC/2025/IKLAN/LAB	SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING EIGHT (8) UNITS OF AUTOMATED BLOOD COLLECTION MONITOR AND MIXER FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH	05/08/2025	23/08/2025	$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING EIGHT (8) UNITS OF AUTOMATED BLOOD COLLECTION MONITOR AND MIXER FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH

	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 shall 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).	
10	The equipment supplied must be **newly manufactured**, unused, and in its original, sealed packaging. The equipment must not be previously owned, refurbished, or reconditioned in any form.	
11	The vendor is required to provide proof of manufacture date confirming the equipment is **new.**	
12	To provide justification for the **price increase** of a product previously supplied to the Ministry of Health by the same supplier/distributor	

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING EIGHT (8) UNITS OF AUTOMATED BLOOD COLLECTION MONITOR AND MIXER FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH

REQUIREMENTS		Yes	No	Remarks
Device Function	Automated blood collection mixer for blood donation			
Compatibility	Compatibility with different bag systems			
Slip-Free Clamping:	The automatic clamp activates once the programmed volume is reached, during pauses, or low flow conditions—preventing tube slippage and ensuring consistent flow control.			
Tube Securement Slot:	A dedicated slot guarantees that the routed tube remains firmly inside the clamp, eliminating the risk of accidental dislodgement.			
Manual Clamping	Allow manual control in case of emergencies or system overrides.			
	Automatically stops collection upon reaching preset volume			
Display	Large backlit LCD for high visibility			
	Provides real-time visual display of collection volume and status			
Collection Volume Range	: 200 mL to 500 mL in 1 mL increments or better,			
Flow Rate Range:	10–150 mL/min			
Mixing Speed:	Approx. 30–60 RPM			
Bag Handling	Deep bag tray to hold blood collection bags securely			
Power	Capable of operation via AC power and internal rechargeable battery			
Battery Life	Can collect up to 200 donations per full charge			
Alarm system	• Alarms/indications • Flow rate below 20 mL/min or above 150 mL/min • Power failure • Battery low • Automatic clamping when flow rate is sustained at less than 20 mL/min for more than 2 minutes • End of collection			
Accessories Included	For each unit to supply; • Customized mounting brackets to blood donor chair • Power adapters			
	• 4pcs Transport case (fits 2 devices) and connected to the charger adapters to cater 8 units of the mixer • Each transport case- to supply with 500g NIST Certified Calibration Weight (Calibration tool used to calibrate the shaker before each use)			

2	OTHER REQUIREMENTS		
• Vendor shall perform a performance verification upon commissioning and ensure the performance of the installed equipment is within the acceptable limit of performance or as per manufacturer's recommendations or as per User's acceptance criteria. Vendor shall submit a copy of user verified Performance Qualification Report.			
LITERATURE			
• To supply one (1) USB or one (1) set of hard copy of the Operating Manual and Service Manual including circuit diagrams of the equipment shall be provided upon commissioning.			
• To supply hardcopy of maintenance log with list of details of daily, weekly or scheduled maintenance			
TRAINING			
• Training shall be provided, at no additional cost, as follows:			
• On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory.			
• Certificate of attendance and competence shall be issued to all trainees after completion of training.			
• If necessary and required by the User, the successful vendor shall ensure the key users are updated on the current or relevant information related to the system used. Vendor shall provide <u>ONE</u> off-site training for two (2) key users. All expenses for attending the training shall be borne by the vendor; full registration, return air ticket, daily allowance, accommodation, transport to and from the airport and place of training.			

3	TECHNICAL TRAINING			
Please ☑ Tick where appropriate		Yes	No	Remarks
3.1	**Introductory Technical Training** to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: • Troubleshooting and basic corrective maintenance • Handling and basic inspection maintenance *(Two sessions/groups if required)			

4	WARRANTY			
Please ☑ Tick where appropriate		Yes	No	Remarks
4.1	Tenderer to include warranty period of **at least one (1) year**			

4.2	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: • Scope of Warranty • One-time Planned Preventive Maintenance Per Year during warranty • Comprehensive Corrective Maintenance of Main Unit			

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

SECTION 3 - PROCUMENT 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 - PROCUMENT 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	☑ 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:	☐	220V-240V	OTHERS:			
	☐	50-60HZ	OTHERS:			
BATTERY	☐	RECHARGEABLE	☐	SINGLE-USE	☐	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)	☑ Tick where appropriate ☐ US FDA Standard, ☐ European Union CE MARK, ☐ Australian TGA Standard, ☐ Canadian CSA Standard or ☐ Japanese JIS Standard. Others (Please specify): _____					
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	LOCAL		☐ Trained / Certified ☐ Not yet trained on the product			
	OVERSEA (SPECIFY LOCATION)	NEAREST LOCATION:				
DIMENSIONS AND WEIGHT OF MAIN UNIT:		☐ mm ☐ cm ☐ inch		☐ Kilogram (Kg) ☐ Gram(g) ☐ 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)					

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.
- **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 warranty period or any other relevant parts to prolong equipment lifespan.
- In the event of any **breakdown call** during the warranty period, tenderer shall ensure a **response time not exceeding 60 minutes** from the receipt of the notification.

  Response time refers to time taken from initial request by the user to the time trained technical personnel is physically present to assess the request.

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