Rujukan Kami: **(110) 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	289/CPC/2025/IKLAN/RIPASH	SUPPLY, DELIVERY, INSATALLATION, TESTING AND COMMISSIONING CORNEAL TOPOGRAPHY SYSTEM FOR OPHTALMOLOGY DEPARTMENT, RIPAS HOSPITAL	05/08/2025	23/08/2025	$5.00	JABATAN TEKNOLOGI PENJAGAAN KESIHATAN, KEMENTERIAN KESIHATAN

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING CORNEAL TOPOGRAPHY SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL.

1. ONE (1) UNIT OF CORNEAL TOPOGRAPHY SYSTEM

REF	DESCRIPTION	Tick (✓)		STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
		Y	N	
1.1	One (1) unit of corneal topography system integrated with dry eye analysis tools for use in Ophthalmology Department.			
1.2	System is able to support anterior segment diagnostics, contact lens fitting and dry eye disease evaluation.			
1.3	System type: Corneal topographer with Placido-disc-based imaging.			
1.4	The system has a built-in display and external monitor display interface such as a PC with large display monitor minimum 23". (Please attach PC and display monitor specification)			Display monitor Size:
1.5	Exportable images and reports with DICOM compliance configuration.			
1.6	CLINICAL FUNCTIONS/FEATURES:			
1.6.1	Corneal Topography: able to provide 3D visualization of the anterior corneal surface including curvature, elevation and refractive maps.			
1.6.2	Uses minimum 22 Placido rings or more for better coverage.			
1.6.3	Corneal coverage up to 8.5mm or better.			
1.6.4	Dioptre power range: Acceptable at least 40D to 80D or better.			
1.6.5	Pupillometry: Automatic or manual measurement of pupil size under different lighting condition such as dynamic, photopic, mesopic and scotopic.			
1.6.6	Keratoconus screening: The system shall include automated keratoconus screening tools that quantify the probability of keratoconus development or progression, based on corneal curvature and elevation asymmetry.			
1.6.7	Contact lens fitting module: must simulate and evaluate custom contact lens fit.			
1.6.8	Measurement repeatability: must demonstrate high intra-session reproducibility.			
1.7	DRY EYE ANALYSIS TOOLS:			
1.7.1	Non-Invasive tear Break-Up Time (NIBUT) – system shall measure tear film stability without dye.			
1.7.2	Tear Meniscus Height – quantitative measurement of tear reservoir.			
1.7.3	Infrared Meibography – capable of image meibomian glands (upper and lower lids) using IR camera.			
1.7.4	Lipid Layer Analysis – system shall at least have basic interface pattern observation for assessment of lipid layer.			
1.7.5	Blink Analysis – must detect incomplete/complete blinking patterns for dry eye risk evaluation.			
1.7.6	Dry Eye Report – system must provide automated dry eye summary report for patient education/documentation.			
1.8	Database storage for images, at least 500GB			
1.9	Inclusive of appropriate workstation, patient and operator chairs.			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING CORNEAL TOPOGRAPHY SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL.

2. WARRANTY				
2.1	Tenderer to include comprehensive warranty for a period of **at least two (2) years for both hardware and software.**			
2.2	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:			
2.2.1	Scope of Warranty			
2.2.2	One time Planned Preventive Maintenance per year during warranty in accordance to Manufacturer's Standard			
2.2.3	Comprehensive Breakdown and Corrective maintenance repair during warranty			
2.3	Tenderer to **include and ensure all software are updated to the latest version from the Manufacturer as long as the equipment is in service.**			

3. END USER TRAINNING				
3.1	Conduct user training to the all-end users by an application specialist or competent local engineer including but not limited to:			
3.1.1	Basic user operation, user troubleshooting and user maintenance			
3.1.2	Provide Operating manual (Hardcopy and/or Softcopy)			
3.1.3	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			

4. TECHNICAL TRAINNING				
4.1	**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)			

SECTION 2 - PRICE PROPOSAL	
UNIT PRICE: **BND$**	**TOTAL PRICE:** **BND$**

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING CORNEAL TOPOGRAPHY SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL.

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION

BRAND:		MODEL:	
COUNTRY OF ORIGIN:		UNIT PRICE (B$):	
WARRANTY PERIOD:		TOTAL PRICE (B$):	
YEAR INTRODUCED TO MARKET:		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]		DELIVERY TIME:	

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:						

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 8 years after installation, with the support period extending beyond the expected lifecycle of the equipment. No of years: _____ (Please specify)						

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING CORNEAL TOPOGRAPHY SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL.

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 or OEM parts:
    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.
- **One time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline including PM kits and any other relevant parts to prolong equipment lifespan.

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