# TENDER REFERENCE NO.: KK/223/2025/SSBH(TC)

# MINISTRY OF HEALTH NEGARA BRUNEI DARUSSALAM

TO SUPPLY AND DELIVER OF 'NON-IONIC WATER-SOLUBLE X-RAY CONTRAST MEDIUM' FOR RADIOLOGY UNIT, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

TENDER FEES : \$30.00

RECEIPT NO. :

CLOSING DATE: ON TUESDAY, 02<sup>nd</sup> September 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**

#### **SPECIFICATION**

## TENDER REFERENCE NO.: KK/223/2025/SSBH(TC)

## **INVITATION TO TENDER**

TO SUPPLY AND DELIVER OF 'NON-IONIC WATER-SOLUBLE X-RAY CONTRAST MEDIUM' FOR RADIOLOGY UNIT, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

DELIVERY PERIOD	NOT LATER THAN 8 WEEKS
	STAGGERED DELIVERY UPON REQUEST

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	TOTAL QUANTITY USAGE FOR ONE (1) YEAR (BOTTLE)	TOTAL QUANTITY USAGE FOR FIVE (5) YEARS (BOTTLE)
1	NON-IONIC WATER-SOLUBLE X-RAY CONTRAST MEDIUM  350 mgl/ml, 100ml per vial  CONTRAST MEDIUM SOLUTION SHOULD BE COLORLESS.  SUITABLE FOR BOTH CHILDREN AND ADULTS.  SUITABLE FOR ALL RADIOLOGICAL PROCEDURE.  SHALL HAVE LOW-OSMOLARITY.  NON-ICONIC WATER-SOLUBLE PROPERTIES.  FOR INTRA VASCULAR USE.  FOR CARDIAC ANGIOGRAPHY, HSG AND OTHER INTERVENTION RADIOLOGY PROCEDURES	644	3,220

NO.	TERMS AND CONDITIONS							
1	Tenderer must be registered with the Ministry of Health.							
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.							
3	Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION/TENDER.</b>							
4	All consumables supplied throughout this tender shall 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/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).							
7	DELIVERY PERIOD: Not later than 8 weeks Staggered delivery upon request							
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 3**

# FORMS TO BE USED

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#### SCHEDULE 1 - TENDER FORM

To:

## TENDER REFERENCE NO.: KK/223/2025/SSBH(TC)

#### **INVITATION TO TENDER**

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HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF FIVE (5) YEARS USAGE

TENDER OF (name of tenderer)	
Company/Business Registration No.:	
Tender Closing Date:	. <u> </u>
DELIVERY PERIOD	

	USER'S REQUIREMENTS		VENDOR'S OFFER						
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	TOTAL QUANTITY USAGE FOR ONE (1) YEAR (BOTTLE)	TOTAL QUANTITY USAGE FOR FIVE (5) YEARS (BOTTLE)	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1	NON-IONIC WATER-SOLUBLE X-RAY CONTRAST MEDIUM  350 mgl/ml, 100ml per vial  CONTRAST MEDIUM SOLUTION SHOULD BE COLORLESS.  SUITABLE FOR BOTH CHILDREN AND ADULTS.	644	3,220						

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	TOTAL QUANTITY USAGE FOR ONE (1) YEAR (BOTTLE)	TOTAL QUANTITY USAGE FOR FIVE (5) YEARS (BOTTLE)	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
	RADIOLOGICAL PROCEDURE. SHALL HAVE LOW- OSMOLARITY. NON-ICONIC WATER- SOLUBLE PROPERTIES. FOR INTRA VASCULAR USE.								

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER.	
3	Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION/TENDER.</b>	
4	All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> . 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/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable).	
7	DELIVERY PERIOD: Not later than 8 weeks Staggered delivery upon request	(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).	

- We offer and undertake on your acceptance of our Tender to supply and deliver the above 1. 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.
- OUR OFFER IS VALID FOR TWELVE (12) CALENDER MONTHS FROM THE TENDER 4. CLOSING DATE.
- 5. When requested by you, we shall extend the validity of this offer.
- We further undertake to give you any further information which you may require. 6.

Dated this	day of	20 .	
		Tenderer's official stamp:	
Signature of authorised officer of Tenderer Name:		renderer s official stamp.	

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 and delivery of Hearing 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 subcontractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 Responsibility Table

		Alliance Relationship between Contractor and Sub-contractor(s)				
Company Name	Responsibility Description	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 Tenderer 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/223/2025/SSBH(TC)

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## SUBMISSION OF SAMPLE OF (NAME OF TENDERER

\_\_\_\_\_

NO.	ITEM	SAMPLE SUBMITTED (indicate with √)	SAMPLE NOT SUBMITTED (Indicate with x)	OFFERED/ NOT OFFERED (Indicate as appropriate)	
1	NON-IONIC WATER-SOLUBLE X-RAY CONTRAST MEDIUM				
We shall understand as stated in the Instruction To Tenderers that failure to provide samples shall lead to Tenders not being considered.					

	Tenderer's official stamp
signature of authorized officer of Tenderer	•
Name:	
Designation:	
Date:	
FOR OFFICIAL	AL USE
Date of receipt:	
Receiving officer:	