TENDER REFERENCE NO.: KK/409/2025/UPP

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

THE SUPPLY, DELIVERY, INSTALLATION, TESTING, COMMISSIONING, WARRANTY AND MAINTENANCE OF MICROWAVE ABLATION EQUIPMENT FOR RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH, NEGARA BRUNEI DARUSSALAM

TENDER FEES : $30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 27 January 2026

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/409/2025/UPP

INVITATION TO TENDER
THE SUPPLY, DELIVERY, INSTALLATION, TESTING, COMMISSIONING, WARRANTY AND MAINTENANCE OF MICROWAVE ABLATION EQUIPMENT FOR RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH, NEGARA BRUNEI DARUSSALAM

NO.	TERMS AND CONDITIONS
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/ MODEL WITH ONE PRICE ONLY** for each item. Submission of more than one brand/model 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 or power supply upgrade requirements**, if applicable, shall be confirmed through a mandatory site visit. The existing power supply is 110–240V, 50/60Hz.
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	In addition to the required hard copies, the Tenderer shall provide an electronic copy of its Tender in PDF format, saved on a CD/DVD, which shall include both the technical proposal and the price/financial proposal
11	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.
12	The vendor is required to provide **proof of manufacture date** and official certification from the original manufacturer confirming the equipment is **new**.
13	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor

SCOPE OF WORK AND SUMMARY OF PRICES			
This tender is for the Supply, Delivery, Installation, Testing, Commissioning, Warranty and Maintenance of:			
DESCRIPTION	**QTY**	**OPTION A OUTRIGHT PURCHASE**	**OPTION B LEASING FOR 5 YEARS**
MICROWAVE ABLATION EQUIPMENT FOR RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL,	**1**	**TOTAL PRICE** BND$	**TOTAL PRICE** BND$

	SECTION 1 – USER REQUIREMENTS
REF. NO.	**DESCRIPTION**
1	**SYSTEM ARHITECTURE**
1.1	The Microwave Ablation system shall replace the existing Radiofrequency Ablation system in the Radiology Department, RIPAS Hospital
1.2	This specification outlines the requirements for the purchase of a microwave ablation (MWA) system, including the generator, antennas, and associated consumables, for use in the Radiology Department, RIPAS Hospital. The system is intended for percutaneous and intraoperative ablation of soft tissue, particularly non-resectable liver tumours such as hepatocellular carcinoma (HCC) or metastases. The selected system must prioritize high-power efficiency, precision, predictability of ablation zones, and versatility for treating larger tumours (up to 5 cm), while ensuring high first-hit accuracy and minimal procedural complexity.
1.3	The system shall incorporate advanced features such as reliable ablation zone technology and integrated navigation to enhance outcomes in minimally invasive settings. This specification is designed to favour systems that provide robust performance at high power levels, optimized for larger lesions with faster ablation times and reduced risk of complications compared to lower-power alternatives. **The procurement anticipates an annual caseload of approximately 30 procedures.**
1.4	**SCOPE OF SUPPLY:**
1.4.1	The scope of this tender includes: ▪ Supply, delivery, install and commission one (1) complete unit of Microwave Ablation generator unit with integrated features. ▪ Provision of the initial supply of consumables required for the start of operational procedures
1.4.2	Tenderers must provide a detailed bill of materials, pricing, and lead time. The system must be FDA-cleared and compliant with relevant standards (e.g., IEC 60601-1 for medical electrical equipment).
1.5	**GENERATOR**
1.5.1	**Power Output**: Minimum 150W or better, with adjustable settings from 5W to 150W in increments suitable for precise control.
1.5.2	**Frequency**: 2.45 GHz (2450 MHz) for efficient microwave energy delivery.
1.5.3	**Cooling Mechanism:** The system shall incorporate an effective antenna cooling mechanism such as ▪ **Saline-based cooling, water-based cooling, closed-loop cooling** or other **equivalent cooling technology** to maintain shaft temperature, protect tissue near skin entry and preserve antenna integrity during ablation.
1.5.4	**User Interface**: Intuitive touchscreen graphical user interface (GUI) for setting power, time and monitoring system performance.
1.5.5	**Temperature Monitoring**: System shall support **real-time temperature monitoring**, either through integrated temperature sensors or compatible external probes with capability of automatic safety shut-off based on temperature.
1.5.6	The generator shall be **compact** and mountable on a standard medical cart for clinical use. **The cart shall be included in the proposal.**
1.5.7	**Additional Features**, system shall include: ▪ Integrated or external **cooling control module**, and ▪ Software-assisted operation features to ensure consistent ablation results.

	SECTION 1 – USER REQUIREMENTS
REF. NO.	**DESCRIPTION**
1.6	**Ablation Technology and Performance**
1.6.1	**Ablation Zone Control**: System shall produce **predictable and uniform ablation zones**, with a high degree of shape consistency (e.g., near-spherical or equivalent profile),
1.6.2	**Ablation Size Capability**: Shall be capable of producing **large ablation zones,** suitable for tumours **up to 5 cm in diameter,** with efficient energy delivery to ensure faster ablation times for complex or larger lesions
1.6.3	**Operation Mode**: Single-antenna operation or equivalent technology, to minimize procedural risks such as bleeding or tumour seeding associated with multiple insertions.
1.7	**Probes / Antennas**
1.7.1	**Types**: Sterile, percutaneous microwave ablation antennas designed for minimally invasive procedures. Antennas shall incorporate **reinforced shafts** and **thermal protection features** appropriate for clinical safety.
1.7.2	**Lengths**: Comes in various length for various application
1.7.2.1	Short type suitable for superficial or laparoscopic use. Length approximately 15 cm
1.7.2.2	Standard type suitable for most percutaneous applications. Length approximately 20 cm
1.7.2.3	Long type suitable for deep-seated tumours in larger patients. Length approximately 30 cm
1.7.3	**Antenna Gauge**: 14 G or equivalent.
1.7.4	**Cooling Design**: Antennas shall incorporate **internal cooling technology**, which may include saline, water, closed-loop, or equivalent cooling systems, to reduce shaft heating and facilitate safe extraction.
1.7.5	**Sterility**: Single-use, sterile-packed antennas.
1.8	**Performance and Safety Requirements**
1.8.1	**Efficacy**: High complete response rates (≥85%) for tumours up to 5 cm; low local tumour progression (<10% at 2 years) based on clinical data.
1.8.2	**Safety**: Low complication rates (≤5% major, e.g., haemorrhage or infection); system must prioritize precision to avoid damage to adjacent structures in sensitive cases.
1.8.3	**Indications**: FDA-cleared for soft tissue ablation.
1.8.4	**Verification and validation Testing**: Shall provide evidence of ▪ **Bench testing**, establishing predictable energy delivery, ablation performance, and antenna mechanical integrity. ▪ **Clinical verification data**, which may include ex vivo models, pre-clinical studies, or clinical literature demonstrating safety and performance.
2	**CONSUMABLES AND ACCESSORIES**

	SECTION 1 – USER REQUIREMENTS
REF. NO.	**DESCRIPTION**
2.1	**The Tenderer shall provide all necessary consumables and accessories required for operation and procedural use, including but not limited to the following:**
2.1.1	One (1) unit of a suitable medical cart for the mounting of the ablation equipment
2.1.2	One (1) unit Footswitch
2.1.3	Cooling module or equivalent components
2.1.4	**One (1) unit of each Antenna size: short, standard, and long**
2.1.5	One (1) unit of Reusable Cable for ablation connection
2.2	**Reusability**: Cables should be reusable where applicable, with clear guidelines on sterilization and lifespan.
2.3	**All accessories supplied must have minimum 1-year warranty or better**
2.4	**Tenderer shall provide a separate quotation for ten (10) units of each probe/antenna size for future purchase, with a price validity of one (1) year from the tender closing date**
3	**END USER TRAINNING**
3.1	Inclusive of comprehensive hands-on clinical application training for all relevant radiology staff, including simulation of procedures for at least two (2) working days on-site. **Any necessary consumables required for the simulation training must be provided by the Tenderer**
3.2	The training shall include, but not limited to the following:
3.2.1	System operation and safety procedures
3.2.2	Quality control tests and basic maintenance, including troubleshooting
3.2.3	**Training certificate must be provided by manufacturer or tenderer after completion of training sessions.**
3.2.4	On-site **follow up application training by application specialist after three (3) months** of clinical use to ensure the system is fully optimised.
3.3	Operating and User manual documentation:
3.3.1	Two (2) sets of User/Operation Manual in English
3.3.1	Two (2) sets of Training Manual in English
3.4	Introductory **Technical Training** to Biomedical Engineers and Technicians at BME RIPASH Office by competent Tenderer's Engineer/Technicians that includes but not limited to:

	SECTION 1 – USER REQUIREMENTS
REF. NO.	**DESCRIPTION**
3.4.1	Troubleshooting and basic corrective maintenance
3.4.2	Handling and basic inspection maintenance
4	**INSTALLATION, WARRANTY AND MAINTENANCE**
4.1	On-site setup, testing, calibration and commissioning within 4 weeks of delivery to site.
4.2	The Tenderer shall provide an acceptance testing report, which shall include the calibration report.
4.3	The Tenderer shall provide a comprehensive warranty period of **two (2) years for the outright purchase option** and/or **five (5) years for the leasing term,** as applicable
4.5	Tenderers shall **ACKNOWLEDGE** the Warranty Undertaking Form in Section 4, which specifies the warranty terms for the equipment—two (2) years for the outright purchase option and five (5) years for the leasing option.
4.6	Annual preventive maintenance included during warranty with response time for repairs ≤ 48 hours.
4.7	Updates for navigation and control software during warranty period included at no additional cost.

SECTION 2 – PRICE PROPOSAL	
OPTION A **OUTRIGHT PURCHASE**	▪ Tenderer to offer the system on an outright purchase basis, with a **single full payment** made after delivery, installation, commissioning, and user training are completed. ▪ Includes a **two (2) years comprehensive warranty**, covering: ✓ All parts and labour ✓ On-site after-sales service support ✓ Software updates and upgrades ✓ Preventive Maintenance (minimum twice per year) ▪ Warranty coverage is as specified in the Warranty Undertaking Form. ▪ **The tenderer shall provide a detailed price breakdown for the consumables and accessories**
OPTION B **LEASING PRICE FOR 5 YEARS**	▪ Tenderer to offer the system on a **5-years leasing basis**, with quarterly payments over the period of 5 years ▪ **The tenderer shall provide a detailed price breakdown for the consumables and accessories** ▪ Ownership remains with the tenderer during the lease. ▪ Tenderer is responsible for full maintenance and support throughout the lease, as per the Warranty Undertaking Form. ▪ **First payment** starts after delivery, installation, commissioning, and user training. ▪ **Final payment** is due in the last month of the 5th year. At the **end of the lease**, MOH has the option to purchase **each unit for $1**, subject to equipment condition and approval by the relevant committee.

RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL		
A	**TOTAL PRICE:** **BND$**	
B	**QUARTERLY INSTALMENT PRICE:** **BND$**	**TOTAL PRICE:** **BND$**

<table>
<tr><th colspan="2">SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION</th></tr>
<tr><td>BRAND:</td><td rowspan="5">MODEL:</td></tr>
<tr><td>COUNTRY OF ORIGIN:</td></tr>
<tr><td>YEAR INTRODUCED TO MARKET:</td></tr>
<tr><td>PRICE VALIDITY:
[AT LEAST ONE (1) YEAR PRICE VALIDTY]</td></tr>
<tr><td>DELIVERY TIME:</td></tr>
<tr><td rowspan="2">AUTHORIZED DISTRIBUTOR:
(AUTHORIZED DISTRIBUTOR LETTER ATTACHED)</td><td>APPOINTED BRUNEI DISTRIBUTOR</td></tr>
<tr><td>PROCURE FROM OVERSEA
AUTHORIZED DISTRIBUTOR</td></tr>
<tr><td colspan="2">DETAILED BROCHURE INCLUDED</td></tr>
<tr><td colspan="2">USER AND SERVICE MANUALS:</td></tr>
<tr><td colspan="2">MAINS POWER SUPPLY:</td></tr>
<tr><td colspan="2">POWER ADAPTER/CHARGER OUTPUT RATING:</td></tr>
<tr><td colspan="2">NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)
Please provide training or certification for locals who is trained/certified</td></tr>
<tr><td colspan="2">DIMENSIONS AND
WEIGHT OF MAIN UNIT:</td></tr>
<tr><td colspan="2">EQUIPMENT WHOLE LIFE TIME SUPPORT:</td></tr>
</table>

SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 1)

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under Warranty for either two (2) years for Outright Purchase or Leasing period of Five (5) years, must cover the scope of comprehensive warranty at no additional cost:

- 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 including any cost of breakdown repairs, replacement of parts including one time x-ray tube replacement.
- **Exchange warranty**; Providing replacement units or OEM parts for:
  A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first six (6) 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 yearly Planned Preventive Maintenance (PPM)** according to Manufacturer's Preventive Maintenance Guideline, including one-time replacements of PM Kits, batteries and any 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

Tenderer may also attach a list of terms to be excluded from the warranty for MOH consideration and notification.

COMPREHENSIVE MAINTENANCE SERVICE

Tenderer must provide a comprehensive maintenance during the warranty period.

The scope for **Comprehensive Maintenance Service** consists of:

A. Inspection Maintenance (IM)
B. Corrective Maintenance (CM) and
C. Planned Preventive maintenance (PPM)
D. Breakdown call

SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 2)

A. Inspection Maintenance (IM)

- Must be conducted every six (6) months starting from commissioning date.
- Issuance of IM Report to End User and Biomedical Engineering Unit of respective Facilities (BME)
- Physical hardware checks on main unit/system and all supplied accessories
- System, Software and Application check-up – Update to latest version when available
- Performance and Functional testing
- Servicing/Cleaning of dust

B. Corrective Maintenance (CM):

- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported including any cost of breakdown repairs.
- Repair and replacement of parts with new, quality, and compatible parts within thirty (30) days after receipt of reported problem by BME.
- Post repair tests with reports to ensure Electrical Safety Test, Performance Test and Functional Test is conducted.

C. Planned Preventive Maintenance (PPM):

- **One time yearly Planned Preventive Maintenance (PPM)** according to Manufacturer's Preventive Maintenance Guideline, including replacements of PM Kits, any relevant parts to prolong equipment lifespan AND **one-time battery replacement during the 4th to 5th year, unless required earlier.**
- Provide Maintenance Due Date stickers after each PPM or booklet for easy monitoring

D. Breakdown Call

- Onsite response to assess and rectify any breakdown call within a maximum of two (2) hours after receipt of reported problem by BME Unit preferably during office hours, else after office hours or public holidays.
  - ✓ Deduction demerit shall be imposed if the Company fails to provide onsite response within the time above and the deduction amount shall be based on the frequency of event times certain rate to be formulated later.
- Downtime: Not more than 24 hours after receipt of reported problem by BME unit
- If Downtime is expected to be more than 24 hours, Tenderer must notify formally to BME unit through email or letter immediately indicating the reason of delay with estimation of:
  A. Estimated time of parts to arrive and
  B. Expected no of days for repair completion
- **The downtime permitted after the first 24 hours with notification, should not be more than 72 working hours or else, a penalty fee of BND$50 per per day per unit will be charge after the 72th downtime hour.**

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO.: KK/409/2025/UPP

INVITATION TO TENDER
THE SUPPLY, DELIVERY, INSTALLATION, TESTING, COMMISSIONING, WARRANTY AND MAINTENANCE OF MICROWAVE ABLATION EQUIPMENT FOR RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL, MINISTRY OF HEALTH, NEGARA BRUNEI DARUSSALAM

TENDER OF *(name of tenderer)* *:* _____

Company/Business Registration No. : _____

Tender Closing Date : _____

SCOPE OF WORK AND SUMMARY OF PRICES					
This tender is for the Supply, Delivery, Installation, Testing, Commissioning, Warranty and Maintenance of:					
DESCRIPTION	**QTY**	**Y**	**N**	**OPTION A OUTRIGHT PURCHASE**	**OPTION B LEASING FOR 5 YEARS**
MICROWAVE ABLATION EQUIPMENT FOR RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL,	**1**			**TOTAL PRICE** BND$	**TOTAL PRICE** BND$

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**[√]**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
1	**SYSTEM ARHITECTURE**			
1.1	The Microwave Ablation system shall replace the existing Radiofrequency Ablation system in the Radiology Department, RIPAS Hospital			
1.2	This specification outlines the requirements for the purchase of a microwave ablation (MWA) system, including the generator, antennas, and associated consumables, for use in the Radiology Department, RIPAS Hospital. The system is intended for percutaneous and intraoperative ablation of soft tissue, particularly non-resectable liver tumours such as hepatocellular carcinoma (HCC) or metastases. The selected system must prioritize high-power efficiency, precision, predictability of ablation zones, and versatility for treating larger tumours (up to 5 cm), while ensuring high first-hit accuracy and minimal procedural complexity.			
1.3	The system shall incorporate advanced features such as reliable ablation zone technology and integrated navigation to enhance outcomes in minimally invasive settings. This specification is designed to favour systems that provide robust performance at high power levels, optimized for larger lesions with faster ablation times and reduced risk of complications compared to lower-power alternatives. **The procurement anticipates an annual caseload of approximately 30 procedures.**			
1.4	**SCOPE OF SUPPLY:**			
1.4.1	The scope of this tender includes: ▪ Supply, delivery, install and commission one (1) complete unit of Microwave Ablation generator unit with integrated features. ▪ Provision of the initial supply of consumables required for the start of operational procedures			
1.4.2	Tenderers must provide a detailed bill of materials, pricing, and lead time. The system must be FDA-cleared and compliant with relevant standards (e.g., IEC 60601-1 for medical electrical equipment).			
1.5	**GENERATOR**			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**[√]**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
1.5.1	**Power Output**: Minimum 150W or better, with adjustable settings from 5W to 150W in increments suitable for precise control.			
1.5.2	**Frequency**: 2.45 GHz (2450 MHz) for efficient microwave energy delivery.			
1.5.3	**Cooling Mechanism:** The system shall incorporate an effective antenna cooling mechanism such as ▪ **Saline-based cooling, water-based cooling, closed-loop cooling** or other **equivalent cooling technology** to maintain shaft temperature, protect tissue near skin entry and preserve antenna integrity during ablation.			
1.5.4	**User Interface**: Intuitive touchscreen graphical user interface (GUI) for setting power, time and monitoring system performance.			
1.5.5	**Temperature Monitoring**: System shall support **real-time temperature monitoring**, either through integrated temperature sensors or compatible external probes with capability of automatic safety shut-off based on temperature.			
1.5.6	The generator shall be **compact** and mountable on a standard medical cart for clinical use. **The cart shall be included in the proposal.**			
1.5.7	**Additional Features**, system shall include: ▪ Integrated or external **cooling control module**, and ▪ Software-assisted operation features to ensure consistent ablation results.			
1.6	**Ablation Technology and Performance**			
1.6.1	**Ablation Zone Control**: System shall produce **predictable and uniform ablation zones**, with a high degree of shape consistency (e.g., near-spherical or equivalent profile),			
1.6.2	**Ablation Size Capability**: Shall be capable of producing **large ablation zones,** suitable for tumours **up to 5 cm in diameter,** with efficient energy delivery to ensure faster ablation times for complex or larger lesions			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**[√]**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
1.6.3	**Operation Mode**: Single-antenna operation or equivalent technology, to minimize procedural risks such as bleeding or tumour seeding associated with multiple insertions.			
1.7	**Probes / Antennas**			
1.7.1	**Types**: Sterile, percutaneous microwave ablation antennas designed for minimally invasive procedures. Antennas shall incorporate **reinforced shafts** and **thermal protection features** appropriate for clinical safety.			
1.7.2	**Lengths**: Comes in various length for various application			
1.7.2.1	Short type suitable for superficial or laparoscopic use. Length approximately 15 cm			
1.7.2.2	Standard type suitable for most percutaneous applications. Length approximately 20 cm			
1.7.2.3	Long type suitable for deep-seated tumours in larger patients. Length approximately 30 cm			
1.7.3	**Antenna Gauge**: 14 G or equivalent.			
1.7.4	**Cooling Design**: Antennas shall incorporate **internal cooling technology**, which may include saline, water, closed-loop, or equivalent cooling systems, to reduce shaft heating and facilitate safe extraction.			
1.7.5	**Sterility**: Single-use, sterile-packed antennas.			
1.8	**Performance and Safety Requirements**			
1.8.1	**Efficacy**: High complete response rates (≥85%) for tumours up to 5 cm; low local tumour progression (<10% at 2 years) based on clinical data.			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**[√]**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
1.8.2	**Safety**: Low complication rates (≤5% major, e.g., haemorrhage or infection); system must prioritize precision to avoid damage to adjacent structures in sensitive cases.			
1.8.3	**Indications**: FDA-cleared for soft tissue ablation.			
1.8.4	**Verification and validation Testing**: Shall provide evidence of ▪ **Bench testing**, establishing predictable energy delivery, ablation performance, and antenna mechanical integrity. ▪ **Clinical verification data**, which may include ex vivo models, pre-clinical studies, or clinical literature demonstrating safety and performance.			
2	**CONSUMABLES AND ACCESSORIES**			
2.1	**The Tenderer shall provide all necessary consumables and accessories required for operation and procedural use, including but not limited to the following:**			
2.1.1	One (1) unit of a suitable medical cart for the mounting of the ablation equipment			
2.1.2	One (1) unit Footswitch			
2.1.3	Cooling module or equivalent components			
2.1.4	**One (1) unit of each Antenna size: short, standard, and long**			
2.1.5	One (1) unit of Reusable Cable for ablation connection			
2.2	**Reusability**: Cables should be reusable where applicable, with clear guidelines on sterilization and lifespan.			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**[√]**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
2.3	**All accessories supplied must have minimum 1-year warranty or better**			
2.4	**Tenderer shall provide a separate quotation for ten (10) units of each probe/antenna size for future purchase, with a price validity of one (1) year from the tender closing date**			
3	**END USER TRAINNING**			
3.1	Inclusive of comprehensive hands-on clinical application training for all relevant radiology staff, including simulation of procedures for at least two (2) working days on-site. **Any necessary consumables required for the simulation training must be provided by the Tenderer**			
3.2	The training shall include, but not limited to the following:			
3.2.1	System operation and safety procedures			
3.2.2	Quality control tests and basic maintenance, including troubleshooting			
3.2.3	**Training certificate must be provided by manufacturer or tenderer after completion of training sessions.**			
3.2.4	On-site **follow up application training by application specialist after three (3) months** of clinical use to ensure the system is fully optimised.			
3.3	Operating and User manual documentation:			
3.3.1	Two (2) sets of User/Operation Manual in English			
3.3.1	Two (2) sets of Training Manual in English			

SECTION 1 – USER REQUIREMENTS				
REF. NO.	**DESCRIPTION**	**[√]**		**STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE**
		Y	**N**	
3.4	Introductory **Technical Training** to Biomedical Engineers and Technicians at BME RIPASH Office by competent Tenderer's Engineer/Technicians that includes but not limited to:			
3.4.1	Troubleshooting and basic corrective maintenance			
3.4.2	Handling and basic inspection maintenance			
4	**INSTALLATION, WARRANTY AND MAINTENANCE**			
4.1	On-site setup, testing, calibration and commissioning within 4 weeks of delivery to site.			
4.2	The Tenderer shall provide an acceptance testing report, which shall include the calibration report.			
4.3	The Tenderer shall provide a comprehensive warranty period of **two (2) years for the outright purchase option** and/or **five (5) years for the leasing term,** as applicable			
4.5	Tenderers shall **ACKNOWLEDGE** the Warranty Undertaking Form in Section 4, which specifies the warranty terms for the equipment—two (2) years for the outright purchase option and five (5) years for the leasing option.			
4.6	Annual preventive maintenance included during warranty with response time for repairs ≤ 48 hours.			
4.7	Updates for navigation and control software during warranty period included at no additional cost.			

SECTION 2 – PRICE PROPOSAL	
OPTION A **OUTRIGHT PURCHASE**	▪ Tenderer to offer the system on an outright purchase basis, with a **single full payment** made after delivery, installation, commissioning, and user training are completed. ▪ Includes a **two (2) years comprehensive warranty**, covering: ✓ All parts and labour ✓ On-site after-sales service support ✓ Software updates and upgrades ✓ Preventive Maintenance (minimum twice per year) ▪ Warranty coverage is as specified in the Warranty Undertaking Form. ▪ **The tenderer shall provide a detailed price breakdown for the consumables and accessories**
OPTION B **LEASING PRICE FOR 5 YEARS**	▪ Tenderer to offer the system on a **5-years leasing basis**, with quarterly payments over the period of 5 years ▪ **The tenderer shall provide a detailed price breakdown for the consumables and accessories** ▪ Ownership remains with the tenderer during the lease. ▪ Tenderer is responsible for full maintenance and support throughout the lease, as per the Warranty Undertaking Form. ▪ **First payment** starts after delivery, installation, commissioning, and user training. ▪ **Final payment** is due in the last month of the 5th year. At the **end of the lease**, MOH has the option to purchase **each unit for $1**, subject to equipment condition and approval by the relevant committee.

RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL		
A	**TOTAL PRICE:** **BND$**	
B	**QUARTERLY INSTALMENT PRICE:** **BND$**	**TOTAL PRICE:** **BND$**

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION								
BRAND:					MODEL:			
COUNTRY OF ORIGIN:								
YEAR INTRODUCED TO MARKET:								
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			BATTERY [ ] YES [ ] NO			
		50-60HZ			Type of Battery:		Rating:	
		OTHERS:				RECHARGEABLE		NON-RECHARGEABLE
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)							

SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 1)

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under Warranty for either two (2) years for Outright Purchase or Leasing period of Five (5) years, must cover the scope of comprehensive warranty at no additional cost:

- 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 including any cost of breakdown repairs, replacement of parts including one time x-ray tube replacement.
- **Exchange warranty**; Providing replacement units or OEM parts for:
  A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first six (6) 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 yearly Planned Preventive Maintenance (PPM)** according to Manufacturer's Preventive Maintenance Guideline, including one-time replacements of PM Kits, batteries and any 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

Tenderer may also attach a list of terms to be excluded from the warranty for MOH consideration and notification.

COMPREHENSIVE MAINTENANCE SERVICE	**TENDERER ACKNOWLEDGMENT ON WARRANTY UNDERTAKING FORM PAGE 1 AND PAGE 2**
Tenderer must provide a comprehensive maintenance during the warranty period. The scope for **Comprehensive Maintenance Service** consists of: **A. Inspection Maintenance (IM)** **B. Corrective Maintenance (CM) and** **C. Planned Preventive maintenance (PPM)** **D. Breakdown call**	**COMPANY CHOP AND SIGNATURE**

SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 2)

A. Inspection Maintenance (IM)

- Must be conducted every six (6) months starting from commissioning date.
- Issuance of IM Report to End User and Biomedical Engineering Unit of respective Facilities (BME)
- Physical hardware checks on main unit/system and all supplied accessories
- System, Software and Application check-up – Update to latest version when available
- Performance and Functional testing
- Servicing/Cleaning of dust

B. Corrective Maintenance (CM):

- During warranty, tenderer must rectify issues arise from any mechanical, technical or software faulty as soon as it is reported including any cost of breakdown repairs.
- Repair and replacement of parts with new, quality, and compatible parts within thirty (30) days after receipt of reported problem by BME.
- Post repair tests with reports to ensure Electrical Safety Test, Performance Test and Functional Test is conducted.

C. Planned Preventive Maintenance (PPM):

- **One time yearly Planned Preventive Maintenance (PPM)** according to Manufacturer's Preventive Maintenance Guideline, including replacements of PM Kits, any relevant parts to prolong equipment lifespan AND **one-time battery replacement during the 4th to 5th year, unless required earlier.**
- Provide Maintenance Due Date stickers after each PPM or booklet for easy monitoring

D. Breakdown Call

- Onsite response to assess and rectify any breakdown call within a maximum of two (2) hours after receipt of reported problem by BME Unit preferably during office hours, else after office hours or public holidays.
  - Deduction demerit shall be imposed if the Company fails to provide onsite response within the time above and the deduction amount shall be based on the frequency of event times certain rate to be formulated later.
- Downtime: Not more than 24 hours after receipt of reported problem by BME unit
- If Downtime is expected to be more than 24 hours, Tenderer must notify formally to BME unit through email or letter immediately indicating the reason of delay with estimation of:
  A. Estimated time of parts to arrive and
  B. Expected no of days for repair completion
- **The downtime permitted after the first 24 hours with notification, should not be more than 72 working hours or else, a penalty fee of BND$50 per per day per unit will be charge after the 72th downtime hour.**

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER
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/ MODEL WITH ONE PRICE ONLY** for each item. Submission of more than one brand/model 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 or power supply upgrade requirements**, if applicable, shall be confirmed through a mandatory site visit. The existing power supply is 110–240V, 50/60Hz.	
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).	

NO.	TERMS AND CONDITIONS	VENDOR'S OFFER
10	In addition to the required hard copies, the Tenderer shall provide an electronic copy of its Tender in PDF format, saved on a CD/DVD, which shall include both the technical proposal and the price/financial proposal	
11	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.	
12	The vendor is required to provide **proof of manufacture date** and official certification from the original manufacturer confirming the equipment is **new**.	
13	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor	

1. We offer and undertake on your acceptance of our Tender to provide the above mentioned services in accordance with your Invitation To Tender.

2. Our Tender is fully consistent with and does no 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. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.

4. When requested by you, we shall extend the validity of this offer.

5. We further undertake to give you any further information which you may require.

Dated this_____day of_____, _____

Tenderer's official stamp

_____

Signature of authorised officer of Tenderer
Name:
Designation: