

TENDER REFERENCE NO.: KK/24/2026/UPP(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**SUPPLY AND DELIVERY OF MEDICAL ITEM (CT SCAN
CONSUMABLES) FOR RADIOLOGY DEPARTMENT, RAJA
ISTERI PENGIRAN ANAK SALEHA HOSPITAL FOR PERIOD
OF THREE (3) YEARS**

TENDER FEES : \$100.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 10/03/2026

TIME : 12.00 PM

FOA :

**THE CHAIRMAN
MINI TENDER BOARD, TENDER BOX
GROUND FLOOR, MINISTRY OF HEALTH
COMMONWEALTH DRIVE
BANDAR SERI BEGAWAN BB3910
NEGARA BRUNEI DARUSSALAM**

(NON-CLUSTERING)

SECTION 2

SPECIFICATIONS

TENDER REFERENCE NO: KK/24/2026/UPP(TC)

**INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICAL ITEM (CT SCAN CONSUMABLES) FOR RADIOLOGY
DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF
THREE (3) YEARS**

| | |
|------------------------|---|
| DELIVERY PERIOD | NOT LATER THAN 4 WEEKS STAGGERED DELIVERY UPON REQUEST |
|------------------------|---|

| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR |
|-----|---|--------------|-------------------------------|
| 1. | <p>NON-IONIC CONTRAST MEDIA OMNIPAQUE / OHEXINOL 300</p> <ul style="list-style-type: none"> ▪ OMNIPAQUE 300 / OHEXINOL 300MG L/ML ▪ STERILE, NON-IONIC, WATER-SOLUBLE IODINATED CONTRAST MEDIUM FOR INTRAVENOUS (IV) INJECTION ▪ CONCENTRATION: 300MG IODINE/ML ▪ PACKAGING: 50ML PER BOTTLE ▪ PROVIDED COPY OF PRODUCT REGISTRATION CERTIFICATE, CERTIFICATE OF ANALYSIS (CoA) AND MATERIAL SAFETY DATA SHEET (MSDS) ▪ PROVIDED BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDED SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | PER BOTTLE | 100 |
| 2. | <p>NON-IONIC CONTRAST MEDIA OMNIPAQUE / OHEXINOL 350</p> <ul style="list-style-type: none"> ▪ OMNIPAQUE 350 / OHEXINOL 350MG L/ML ▪ STERILE, NON-IONIC, WATER-SOLUBLE IODINATED CONTRAST MEDIUM FOR INTRAVENOUS (IV) INJECTION ▪ CONCENTRATATION: 350MG IODINE / ML ▪ OHEXINOL SOLUTION FOR INJECTION ▪ PACKAGING: 100ML PER BOTTLE ▪ PROVIDE COPY OF PRODUCT REGISTRATION CERTIFICATE, CERTIFICATE OF ANALYSIS (CoA) AND MATERIAL SAFETY DATA SHEET (MSDS) ▪ PROVIDE BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDE SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | PER BOTTLE | 3,500 |
| 3. | <p>IODIXANOL CONTRAST MEDIA VISIPAQUE / IODIZANOL 320</p> <ul style="list-style-type: none"> ▪ VISIPAQUE 320 / IODIXANOL 320MG L / ML ▪ ISO-OSMOLAR IODINATED CONTRAST MEDIUM FOR PATIENTS AT HIGHER RISK OF | PER BOTTLE | 300 |

| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR |
|-----|---|--------------|-------------------------------|
| | <p>CONTRAST-INDUCED NEPHROPATHY</p> <ul style="list-style-type: none"> ▪ 652MG/ML EQUIVALENT TO 320 MG IODINE PER ML ▪ SOLUTION FOR INJECTION ▪ PACKAGING: 50ML PER BOTTLE ▪ PROVIDE COPY OF PRODUCT REGISTRATION CERTIFICATE, CERTIFICATE OF ANALYSIS (CoA) AND MATERIAL SAFETY DATA SHEET (MSDS) ▪ PROVIDE BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDE SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | | |
| 4. | <p>STERILE DISPOSABLE SYRINGE FOR EXISTING MEDRAD DUAL HEAD INJECTOR.</p> <ul style="list-style-type: none"> ▪ CONTENTS OF THE SYRINGE PACKAGE SHALL CONSISTS OF: <ul style="list-style-type: none"> - 2 UNITS OF 200ML SYRINGES - 1 UNIT OF 60" T-CONNECTOR & PRIME TUBE ▪ MUST BE COMPATIBLE FOR USE WITH EXISTING INJECTOR MEDRAD STELLANT USED IN CT SCAN. ▪ PROVIDE BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDE SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | PER SET | 1,700 |
| 5. | <p>STERILE DISPOSABLE SYRINGE FOR EXISTING MEDRAD SINGLE INJECTOR.</p> <ul style="list-style-type: none"> ▪ CONTENTS OF THE SYRINGE PACKAGE SHALL CONSISTS OF: <ul style="list-style-type: none"> - 1 UNIT OF 150ML SYRINGES - 1 UNIT OF QUICK FILL TUBE ▪ MUST BE COMPATIBLE FOR USE WITH EXISTING INJECTOR MEDRAD MARK V PROVIS USED IN ANGIOGRAPHY PROCEDURE, ▪ PROVIDE BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDE SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | PER SET | 50 |

| 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 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 <u>shall</u> 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 tender document. |
| 6 | Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable). |
| 7 | DELIVERY PERIOD: Not later than 4 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/Unit | Radiology Department | Section/Unit Ref No.: | |
| Person to Contact | Name: Hajah Hashliena Wati Haji Mohd Salleh Pegawai Kesihatan Bersekutu Kanan Gred II (Radiography) b.p Ketua Jabatan Radiologi Hospital Raja Isteri Pengiran Anak Saleha (RIPAS) | Tel.No.: | 2242424 ext 6129 |
| | E-mail: | Fax No.: | |

**SECTION 3
FORMS TO BE USED**

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SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO: KK/24/2026/UPP(TC)

INVITATION TO TENDER

SUPPLY AND DELIVERY OF MEDICAL ITEM (CT SCAN CONSUMABLES) FOR RADIOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF THREE (3) YEARS

TENDER OF (*name of tenderer*) _____

Company/Business Registration No _____

Tender Closing Date: _____

| | |
|------------------------|--|
| DELIVERY PERIOD | |
|------------------------|--|

| USER'S REQUIREMENTS | | | | VENDOR'S OFFER | | | | | |
|---------------------|--|--------------|-------------------------------|--------------------------------------|----------------------------------|--------------|---------------------------------|-------------------------------------|---------------------------|
| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COST PER YEAR (B\$) |
| 1. | NON-IONIC CONTRAST MEDIA OMNIPAQUE / OHEXINOL 300 <ul style="list-style-type: none"> ▪ OMNIPAQUE 300 / OHEXINOL 300MG L/ML ▪ STERILE, NON-IONIC, WATER-SOLUBLE IODINATED | PER BOTTLE | 100 | | | | | | |

| | USER'S REQUIREMENTS | | | VENDOR'S OFFER | | | | | |
|-----|--|--------------|-------------------------------|--------------------------------------|----------------------------------|--------------|---------------------------------|-------------------------------------|---------------------------|
| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COST PER YEAR (B\$) |
| | CONTRAST MEDIUM FOR INTRAVENOUS (IV) INJECTION <ul style="list-style-type: none"> ▪ CONCENTRATION: 300MG IODINE/ML ▪ PACKAGING: 50ML PER BOTTLE ▪ PROVIDED COPY OF PRODUCT REGISTRATION CERTIFICATE, CERTIFICATE OF ANALYSIS (CoA) AND MATERIAL SAFETY DATA SHEET (MSDS) ▪ PROVIDED BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDED SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | | | | | | | | |
| 2. | NON-IONIC CONTRAST MEDIA OMNIPAQUE / OHEXINOL 350 <ul style="list-style-type: none"> ▪ OMNIPAQUE 350 / | PER BOTTLE | 3,500 | | | | | | |

| | USER'S REQUIREMENTS | | | VENDOR'S OFFER | | | | | |
|-----|---|--------------|-------------------------------|--------------------------------------|----------------------------------|--------------|---------------------------------|-------------------------------------|---------------------------|
| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COST PER YEAR (B\$) |
| | <p>OHEXINOL 350MG L/ML</p> <ul style="list-style-type: none"> ▪ STERILE, NON-IONIC, WATER-SOLUBLE IODINATED CONTRAST MEDIUM FOR INTRAVENOUS (IV) INJECTION ▪ CONCENTRATATION: 350MG IODINE / ML ▪ OHEXINOL SOLUTION FOR INJECTION ▪ PACKAGING: 100ML PER BOTTLE ▪ PROVIDE COPY OF PRODUCT REGISTRATION CERTIFICATE, CERTIFICATE OF ANALYSIS (CoA) AND MATERIAL SAFETY DATA SHEET (MSDS) ▪ PROVIDE BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDE SAMPLE OF | | | | | | | | |

| | USER'S REQUIREMENTS | | | VENDOR'S OFFER | | | | | |
|-----|--|--------------|-------------------------------|--------------------------------------|----------------------------------|--------------|---------------------------------|-------------------------------------|---------------------------|
| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COST PER YEAR (B\$) |
| | ITEM PROPOSED WHEN REQUESTED. | | | | | | | | |
| 3. | <p>IODIXANOL CONTRAST MEDIA VISIPAQUE / IODIZANOL 320</p> <ul style="list-style-type: none"> ▪ VISIPAQUE 320 / IODIXANOL 320MG L / ML ▪ ISO-OSMOLAR IODINATED CONTRAST MEDIUM FOR PATIENTS AT HIGHER RISK OF CONTRAST-INDUCED NEPHROPATHY ▪ 652MG/ML EQUIVALENT TO 320 MG IODINE PER ML ▪ SOLUTION FOR INJECTION ▪ PACKAGING: 50ML PER BOTTLE ▪ PROVIDE COPY OF PRODUCT REGISTRATION CERTIFICATE, CERTIFICATE OF ANALYSIS (CoA) AND | PER BOTTLE | 300 | | | | | | |

| | USER'S REQUIREMENTS | | | VENDOR'S OFFER | | | | | |
|-----|---|--------------|-------------------------------|--------------------------------------|----------------------------------|--------------|---------------------------------|-------------------------------------|---------------------------|
| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COST PER YEAR (B\$) |
| | MATERIAL SAFETY DATA SHEET (MSDS) <ul style="list-style-type: none"> ▪ PROVIDE BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDED SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | | | | | | | | |
| 4. | STERILE DISPOSABLE SYRINGE FOR EXISTING MEDRAD DUAL HEAD INJECTOR. <ul style="list-style-type: none"> ▪ CONTENTS OF THE SYRINGE PACKAGE SHALL CONSISTS OF: <ul style="list-style-type: none"> - 2 UNITS OF 200ML SYRINGES - 1 UNIT OF 60" T-CONNECTOR & PRIME TUBE ▪ MUST BE COMPATIBLE FOR USE WITH EXISTING INJECTOR MEDRAD STELLANT USED IN CT SCAN. | PER SET | 1,700 | | | | | | |

| | USER'S REQUIREMENTS | | | VENDOR'S OFFER | | | | | |
|-----|--|--------------|-------------------------------|--------------------------------------|----------------------------------|--------------|---------------------------------|-------------------------------------|---------------------------|
| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COST PER YEAR (B\$) |
| | <ul style="list-style-type: none"> ▪ PROVIDE BROCHURE OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDE SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | | | | | | | | |
| 5. | <p>STERILE DISPOSABLE SYRINGE FOR EXISTING MEDRAD SINGLE INJECTOR.</p> <ul style="list-style-type: none"> ▪ CONTENTS OF THE SYRINGE PACKAGE SHALL CONSISTS OF: <ul style="list-style-type: none"> - 1 UNIT OF 150ML SYRINGES - 1 UNIT OF QUICK FILL TUBE ▪ MUST BE COMPATIBLE FOR USE WITH EXISTING INJECTOR MEDRAD MARK V PROVIS USED IN ANGOPGRAPHY PROCEDURE, ▪ PROVIDE BROCHURE | PER SET | 50 | | | | | | |

| | USER'S REQUIREMENTS | | | VENDOR'S OFFER | | | | | |
|-----------------------|--|--------------|-------------------------------|--------------------------------------|----------------------------------|--------------|---------------------------------|-------------------------------------|---------------------------|
| NO. | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE PER YEAR | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED PER YEAR | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COST PER YEAR (B\$) |
| | OF THE ITEM PROPOSED WITH THE QUOTATION ▪ TENDERER TO PROVIDE SAMPLE OF ITEM PROPOSED WHEN REQUESTED. | | | | | | | | |
| TOTAL COST B\$ | | | | | | | | | |

| NO. | 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 . 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 tender document. | |
| 6 | Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable). | |
| 7 | DELIVERY PERIOD: Not later than 4 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). | |

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 .

Signature of authorised officer of Tenderer

Name:

Designation:

Tenderer's official stamp:

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 Medical 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 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 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/24/2026/UPP(TC)

INVITATION TO TENDER
SUPPLY AND DELIVERY OF MEDICAL ITEM (CT SCAN CONSUMABLES) FOR RADIOLOGY
DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL FOR A PERIOD OF
THREE (3) YEARS

SUBMISSION OF SAMPLE FORM OF (NAME OF TENDERER)

| ITEM NO. | DESCRIPITON | SAMPLE SUBMITTED (indicate with ✓) | SAMPLE NOT SUBMITTED (indicate with ✗) | OFFERED/ NOT OFFERED (indicate as appropriate) |
|----------|---|--|--|--|
| 1. | NON-IONIC CONTRAST MEDIA OMNIPAQUE / OHEXINOL 300 | | | |
| 2. | NON-IONIC CONTRAST MEDIA OMNIPAQUE / OHEXINOL 350 | | | |
| 3. | IODIXANOL CONTRAST MEDIA VISIPAQUE / IODIZANOL 320 | | | |
| 4. | STERILE DISPOSABLE SYRINGE FOR EXISTING MEDRAD DUAL HEAD INJECTOR | | | |
| 5. | STERILE DISPOSABLE SYRINGE FOR EXISTING MEDRAD SINGLE INJECTOR | | | |

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 : _____