

TENDER REFERENCE NO.: KK/29/2026/LAB(TC)

**MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM**

**THE PROVISION OF OUTSOURCING LABORATORY TESTS
FOR NATIONAL HISTOLOGY AND CYTOLOGY
LABORATORY & MORTUARY SERVICES, DEPARTMENT
OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR
A PERIOD OF THREE (3) YEARS USAGE**

TENDER FEES : \$30.00

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**

(CLUSTERING)

SECTION 2

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO.: KK/29/2026/LAB(TC)

INVITATION TO TENDER

THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HISTOLOGY AND CYTOLOGY LABORATORY & MORTUARY SERVICES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE

DELIVERY PERIOD	15 – 20 DAYS
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NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TURN-AROUND TIME (WORKING DAYS)	TOTAL ESTIMATE USAGE/YEAR
1	SECOND OPINION TO: (SGH/NUH/UNIVERSITI MALAYA OR ANY OTHER INSTITUTION CHOSEN BY THE PATHOLOGIST). METHODOLOGY: TBA (DEPENDING ON PATHOLOGIST REQUIREMENT) (PRICE GIVEN FOR SMALL MEDIUM AND LARGE)	PER TEST	15-20	6 TESTS / YEAR
2	SECOND OPINION TO (AUSTRALIA) METHODOLOGY: TBA (DEPENDING ON PATHOLOGIST REQUIREMENT)	PER TEST	15-20	1 TEST / YEAR
3	SECOND OPINION MELANOMA METHODOLOGY: TBA (DEPENDING ON PATHOLOGIST REQUIREMENT)	PER TEST	15-20	1 TEST/ YEAR
4	SECOND OPINION (IMMUNOHISTOCHEMISTRY 1-3 TESTS) METHODOLOGY: IMMUNOHISTOCHEMISTRY	PER TEST	15-20	6 TESTS/ YEAR
5	SECOND OPINION (IMMUNOHISTOCHEMISTRY 4-6 TESTS) METHODOLOGY: IMMUNOHISTOCHEMISTRY	PER TEST	15-20	6 TESTS/ YEAR
6	SECOND OPINION	PER TEST	15-20	6 TESTS/ YEAR

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TURN-AROUND TIME (WORKING DAYS)	TOTAL ESTIMATE USAGE/YEAR
	(IMMUNOHISTOCHEMISTRY 7 OR MORE TESTS) METHODOLOGY: IMMUNOHISTOCHEMISTRY			
7	SECOND OPINION (SPECIAL STAINS 1 TEST ONLY) METHODOLOGY: HISTOCHEMICAL STAINS	PER TEST	15-20	2 TESTS/ YEAR
8	SECOND OPINION (SPECIAL STAINS 2 TESTS ONLY) METHODOLOGY: HISTOCHEMICAL STAINS	PER TEST	15-20	2 TESTS/ YEAR
9	SECOND OPINION (SPECIAL STAINS 3 OR MORE TESTS ONLY) METHODOLOGY: HISTOCHEMICAL STAINS	PER TEST	15-20	2 TESTS/ YEAR
10	EBER-IN-SITU (IN-SITU) HYBRIDISATION METHODOLOGY: IN-SITU HYBRIDISATION	PER TEST	15-20	2 TESTS/ YEAR
11	EGFR MUTATION (PCR DNA SEQUENCING) METHODOLOGY: EGFR MUTATION PCR DNA SEQUENCING	PER TEST	15-20	5 TESTS/ YEAR
12	C-KIT MUTATION (PCR) METHODOLOGY: PCR	PER TEST	15-20	2 TESTS/ YEAR
13	K-RAS MUTATION (PCR DNA SEQUENCING) METHODOLOGY: PCR DNA SEQUENCING	PER TEST	15-20	2 TESTS/ YEAR
14	BRCA GENE TEST (PCR DNA SEQUENCING) METHODOLOGY: PCR DNA SEQUENCING	PER TEST	15-20	2 TESTS/ YEAR
15	Her2 FISH METHODOLOGY: FLUORESCENCE IN-SITU HYBRIDIZATION	PER TEST	15-20	2 TESTS/ YEAR
16	IHC METHODOLOGY: VENTANA ULTRA	PER TEST	15-20	15 SETS/ YEAR

NO.	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKAGING SIZE	TURN-AROUND TIME (WORKING DAYS)	TOTAL ESTIMATE USAGE/YEAR
	BENCHMARK 1-3 TESTS			
17	IHC METHODOLOGY: VENTANA ULTRA BENCHMARK 4-6 TESTS	PER TEST	15-20	10 SETS/ YEAR
18	IHC METHODOLOGY: VENTANA ULTRA BENCHMARK 7-10 TESTS	PER TEST	15-20	10 SETS/ YEAR

NO.	SPECIFICATIONS AND REQUIREMENTS												
1	The testing laboratory shall be accredited (comply to the requirement of ISO15189) or licensed to perform laboratory testing in accordance to any state statutes, regulation, relevant laws, by-laws or guidelines issued by their local Health Authority as well as Brunei Health Authority from time to time.												
2	The vendor shall have necessary in-house facilities to perform required preparations/processes which comply with the requirements specified in ISO15189 prior to sending specimens to the testing laboratory.												
3	External Quality Program shall be conducted accordingly and made available upon request. Failure to maintain accreditation or licensure is cause for termination of this agreement.												
4	The Vendor shall provide the Laboratory Services with the copy of supporting documents in both softcopy and hardcopy which includes a) Accreditation certificates or licensure of the testing laboratory b) Schedule of accredited tests c) Report of External Proficiency Evaluation												
5	Test results must be available within the agreed turn-around-time (TAT) stated. Days refer to number of working days.												
6	Vendor shall make his own arrangement to collect specimen together with the requisite form from the designated Laboratories under acceptable condition. Sample must be collected between 9:30am to 11:00am and 2:30pm to 3:30pm every working day. For fasting month, collection is done between 10am -1:00pm once every working day. In case of any emergency investigation required, the sample must be collected as and when informed.												
7	The list of testing laboratory(ies) to which the investigation is to be outsourced shall be provided and updated annually as per the following format below: <table border="1" data-bbox="288 996 1399 1093"> <thead> <tr> <th data-bbox="288 996 564 1093">Name of the Laboratory</th> <th data-bbox="564 996 842 1093">Address of the Laboratory</th> <th data-bbox="842 996 1120 1093">Accreditation/ License Number</th> <th data-bbox="1120 996 1399 1093">Date of expiry of Accreditation/ License</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of the Laboratory	Address of the Laboratory	Accreditation/ License Number	Date of expiry of Accreditation/ License								
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8	The information on the methodology of testing, sample collection and handling of the individual quoted tests shall be provided and updated annually or as required by client, as following the format below: <table border="1" data-bbox="288 1216 1399 1525"> <thead> <tr> <th data-bbox="288 1216 456 1525">Name of the test(s)</th> <th data-bbox="456 1216 635 1525">Name and address of performing laboratory</th> <th data-bbox="635 1216 810 1525">Method/ Technique used</th> <th data-bbox="810 1216 1007 1525">Specimen requirement (including special instruction)</th> <th data-bbox="1007 1216 1222 1525">Storage, transport and temperature requirements (including sensitive tests)</th> <th data-bbox="1222 1216 1399 1525">Maximum time required for submission of report to the Laboratory (Turn-around-time TAT)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of the test(s)	Name and address of performing laboratory	Method/ Technique used	Specimen requirement (including special instruction)	Storage, transport and temperature requirements (including sensitive tests)	Maximum time required for submission of report to the Laboratory (Turn-around-time TAT)						
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9	The Vendor shall follow the instructions for Paraffin Block (FFPE): i. The paraffin block SHALL BE RETURNED to National Histology and Cytology Reference Laboratory at the vendor's expense. ii. Shall be safely and properly packed to avoid hard impact. iii. Shall be kept away from direct sunlight during storage and transportation. The paraffin block SHALL be kept at room temperature. iv. Second Opinion: The laboratory where the specimen (either paraffin block or glass slide or both) is sent to should specialize in the particular field as required and agreed by the local pathologist (Sender).												
9.1	For tests no.16-18 IHC METHODOLOGY: VENTANA ULTRA BENCHMARK i. The Laboratory only requires for the FFPE block to be collected by the successful vendor for the relevant requested IHC test to be performed (without interpretation) by the outsourced laboratory. ii. The testing laboratory SHALL return both the FFPE block as well as the stained slide to the Laboratory for interpretation by DLS Pathologists. iii. If the specified turn-around time (TAT) cannot be met, the vendor SHALL state the TAT that can be guaranteed to perform this test(s).												

NO.	SPECIFICATIONS AND REQUIREMENTS
10	The methodology used for testing must be compatible with the specimen collected in the Laboratory Services.
11	Vendor shall incur <u>all expenses associated</u> for the outsourcing of the quoted tests which include transporting of samples, declaration of samples from the Laboratory Services to the testing laboratory(ies).
12	Any packing container that is required shall be provided by vendor at no extra charges. The container must be leak-proof and tamper-proof to ensure no damage or displacement of sample occurs during transportation.
13	Vendor is also responsible to have an alternative testing laboratory in ANY CASE that the appointed laboratory could not accept the testing. The criteria for this laboratory still applies similarly to the appointed laboratory.
14	The vendor shall pack the sample as per requirement of the testing and send to the testing laboratory within the stipulated time, taking into consideration the integrity of the sample. If this is not possible, two (2) NMRL staffs shall be trained and certified as competent in Category A packaging from a certified company. This requirement shall be maintained throughout the contract period to ensure service continuity.
15	The Vendor shall be able to show temperature records of the containers at the various collection points. It is the Vendor's responsibility to maintain specimens at the required stated temperature.
16	The Vendor shall be responsible for the safe custody of the sample until receipt by the testing Laboratory. The standard specimen custody form shall be used which will be regularly reviewed and approved by the Department of Laboratory Services.
17	The conditions and regulations above are subject to changes, There may be amendment from time to time with mutual agreement from both parties during the contract period.
18	Vendor shall be capable of absorbing the workload throughout the operational contract agreement.
19	<p>All the test reports received from the testing laboratory(ies) shall be kept secured and confidential except as otherwise authorized by law of Brunei Darussalam.</p> <p>Under no circumstances shall any results, reports or data be used for any publication, written statement or advertisement without the written consent of the Director of Laboratory Services.</p>
20	Three (3) copies of test reports shall be provided out of which two (2) copies should be sent to the Head of the relevant Laboratory of the Department of Laboratory Services. The third copy should be enclosed with the monthly "Laboratory Services Summary" for audit and financial purpose.
21	FINANCIAL AGREEMENT
21.1	<p>EXIT CLAUSE: The tender contract shall be automatically terminated even though tender has not yet expired and this shall be in effect due to, but not limited to, the following:</p> <ol style="list-style-type: none"> 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. <p>When the approved budget allocation for this tender contract has been used up before the tender contract expires whereby a renewal of tender shall be submitted by the user for an open advertisement subject to approval by the Mini Tender Board (<i>Lembaga Tawaran Kecil</i>).</p>
22	<p>DELIVERY PERIOD: 15 - 20 days.</p>
23	<p>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).</p>

DELIVERY PERIOD AFTER PO ISSUED	15-20 days.	
Lab/Section/Unit	NATIONAL HISTOLOGY AND CYTOLOGY REFERENCE LABORATORY & MORTUARY SERVICES	
Lab/Section/Unit Ref No.:	DLS/PU/HCM/2026/A50K/01	
Person to Contact	Name : SITI ZURAINAH BINTI HJ ABD HAMID	
	E-mail : Zurainah.hamid@moh.gov.bn	
	Tel. No. : 2242424 ext. 7102	Fax No.: 2220869
FOR ADMINISTRATION USE ONLY		
PPM/PROC Ref. No.	PPM/PROC/2026/>50K/002(HCM)	
Advertisement Ref. No.		Date:

SECTION 3
FORMS TO BE USED

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SCHEDULE 3 - SUB-CONTRACTS

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SCHEDULE 7 - LETTER OF DECLARATION

SCHEDULE 1

TENDER FORM

To:

TENDER REFERENCE NO.: KK/29/2026/LAB(TC)

INVITATION TO TENDER

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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	PACKAGING SIZE	TURN-AROUND TIME (WORKING DAYS)	TOTAL ESTIMATE USAGE / YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKAGING SIZE	TOTAL QUANTITY OFFERED / YEAR	*COST PER UNIT (B\$)	TOTAL COSTS (B\$)
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NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)												
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NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
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12	<p>Any packing container that is required shall be provided by vendor at no extra charges. The container must be leak-proof and tamper-proof to ensure no damage or displacement of sample occurs during transportation.</p>	
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16	<p>The Vendor shall be responsible for the safe custody of the sample until receipt by the testing</p>	

NO.	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
	Laboratory. The standard specimen custody form shall be used which will be regularly reviewed and approved by the Department of Laboratory Services.	
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18	Vendor shall be capable of absorbing the workload throughout the operational contract agreement.	
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21	FINANCIAL AGREEMENT	
21.1	EXIT CLAUSE: The tender contract shall be automatically terminated even though tender has not yet expired and this shall be in effect due to, but not limited to, the following: 1. When the testing is no longer required or relevant i.e. test is obsolete, to the laboratory or the Department. 2. When the item(s) set out in this tender is/are no longer required by the laboratory or the Department. When the approved budget allocation for this tender contract has been used up before the tender contract expires whereby a renewal of tender shall be submitted by the user for an open advertisement subject to approval by the Mini Tender Board (<i>Lembaga Tawaran Kecil</i>).	
22	DELIVERY PERIOD: 15-20 days.	(Yes / No) (If No, please specify)
23	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 Of Laboratory Equipment, Test Kits and Consumables.*
- (d) Other information which is considered relevant

SCHEDULE 3 – SUB-CONTRACTS

- 1.1 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.
- 1.2 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/29/2026/LAB(TC)

INVITATION TO TENDER

THE PROVISION OF OUTSOURCING LABORATORY TESTS FOR NATIONAL HISTOLOGY AND CYTOLOGY LABORATORY & MORTUARY SERVICES, DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS USAGE

SUBMISSION OF SAMPLE FORM OF *(NAME OF TENDERER)*

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
1	SECOND OPINION TO: (SGH/NUH/UNIVERSITI MALAYA OR ANY OTHER INSTITUTION CHOSEN BY THE PATHOLOGIST). METHODOLOGY: TBA (DEPENDING ON PATHOLOGIST REQUIREMENT) (PRICE GIVEN FOR SMALL MEDIUM AND LARGE)			
2	SECOND OPINION TO (AUSTRALIA) METHODOLOGY: TBA (DEPENDING ON PATHOLOGIST REQUIREMENT)			
3	SECOND OPINION MELANOMA METHODOLOGY: TBA (DEPENDING ON PATHOLOGIST REQUIREMENT)			
4	SECOND OPINION (IMMUNOHISTOCHEMISTRY 1-3 TESTS) METHODOLOGY: IMMUNOHISTOCHEMISTRY			
5	SECOND OPINION (IMMUNOHISTOCHEMISTRY 4-6 TESTS)			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✗)	OFFERED/ NOT OFFERED (indicate as appropriate)
	METHODOLOGY: IMMUNOHISTOCHEMISTRY			
6	SECOND OPINION (IMMUNOHISTOCHEMISTRY 7 OR MORE TESTS) METHODOLOGY: IMMUNOHISTOCHEMISTRY			
7	SECOND OPINION (SPECIAL STAINS 1 TEST ONLY) METHODOLOGY: HISTOCHEMICAL STAINS			
8	SECOND OPINION (SPECIAL STAINS 2 TESTS ONLY) METHODOLOGY: HISTOCHEMICAL STAINS			
9	SECOND OPINION (SPECIAL STAINS 3 OR MORE TESTS ONLY) METHODOLOGY: HISTOCHEMICAL STAINS			
10	EBER-IN-SITU (IN-SITU) HYBRIDISATION METHODOLOGY: IN-SITU HYBRIDISATION			
11	EGFR MUTATION (PCR DNA SEQUENCING) METHODOLOGY: EGFR MUTATION PCR DNA SEQUENCING			
12	C-KIT MUTATION (PCR) METHODOLOGY: PCR			
13	K-RAS MUTATION (PCR DNA SEQUENCING) METHODOLOGY: PCR DNA SEQUENCING			
14	BRCA GENE TEST (PCR DNA SEQUENCING) METHODOLOGY: PCR DNA SEQUENCING			
15	Her2 FISH METHODOLOGY: FLUORESCENCE IN-SITU HYBRIDIZATION			

NO.	TEST/REAGENT NAME	SAMPLE SUBMITTED (indicate with ✓)	SAMPLE NOT SUBMITTED (indicate with ✕)	OFFERED/ NOT OFFERED (indicate as appropriate)
16	IHC METHODOLOGY: VENTANA ULTRA BENCHMARK 1-3 TESTS			
17	IHC METHODOLOGY: VENTANA ULTRA BENCHMARK 4-6 TESTS			
18	IHC METHODOLOGY: VENTANA ULTRA BENCHMARK 7-10 TESTS			

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 : _____