

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT

TENDER REFERENCE NO:	(05)IKLAN-QTN/UPP.HRIPAS/2026/ORL
QUOTATION/TENDER NAME	SUPPLY AND DELIVER OF RESTYLANE DISPOSABLE MEDICAL ITEMS FOR OTORINOLARYNGLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

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 COSTS (B\$)
1.	RESTYLANE LYFT LIDOCAINE CLEAR INJECTABLE GEL COMPOSED OF HYALURONIC ACID CONTENTS: 20 MG/ML HYALURONIC ACID 3MG/ML LIDOCAINE (0.3%)	PER BOX (BOX OF 1 VIAL)	12 BOXES						
								TOTAL PRICE (B\$)	

NO	<u>TERMS AND CONDITIONS</u>	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 <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	(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).	

Section/Unit	OTORINOLARYNGLOGY DEPARTMENT	Section/Unit Ref No.:	
Person to Contact	Name : Dr Helin Nie Darat ORL Department Hospital Raja Isteri Pengiran Anak Saleha	Tel.No. :	EXT: ORL
	E-mail : -	Fax No.:	

FOR QUOTATION ONLY

TERMS AND CONDITIONS		
a.	Tenderer must be registered with the Ministry of Health	<p>Company's Official Stamp</p>
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION	
c.	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 QUOTATION	
d.	Please do not use TIPPEX for amendment	
		<p><i>Acknowledgement:</i></p> <p><i>Company Ref. No.:</i></p> <p>I hereby certify the above quote to be correct.</p> <p>Signature:</p> <p>.....</p> <p>Name:</p> <p>.....</p> <p>Designation:</p> <p>.....</p> <p>Date:</p> <p>.....</p>