SUPPLY, DELIVERY, INSTALLATION, TESTING, AND COMMISSIONING OF HANDHELD ULTRASOUND FOR MINISTRY OF HEALTH

	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** (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** which may be required, **it is mandatory to conduct site visit** (if applicable)	
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	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. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.	

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SECTION 1 – USER REQUIREMENTS				
	Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1	**ONE (1) UNIT OF Handheld Ultrasound** • For Wellness Centre			
1.1	• For use in medical imaging applications, including vascular access, musculoskeletal (MSK), small parts, and nerve imaging.			
1.2	• Must be a wireless, portable ultrasound scanner			
1.3	• Pocket size for portability			
	• Consists of the following: o One (1) unit of Mobile viewing system o One (1) unit of the handheld Ultrasound			
1.4	**Mobile viewing system**			
1.4.1	• Mobile viewing device must be compatible with the software or application to be used with the probe			[Tenderer to specify the model and brand]
1.4.2	• Battery operated			[Tenderer to specify the battery capacity]
1.4.3	• Latest Android OS version or Apple iOS version			[Tenderer to specify the OS]

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SECTION 1 – USER REQUIREMENTS				
	Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1.4.4	• Viewing screen of more than 8"			[Tenderer to specify screen size]
1.4.5	• Comes with high internal memory (RAM) –at least 8GB or better			[Tenderer to specify RAM and ROM sizes]
1.4.6	• Comes with high storage space (ROM) – at least 128GB or better			[Tenderer to specify ROM sizes]
1.4.7	• Built in Wi-Fi capability			
1.4.8	• Security requirements: Data on device must be encrypted and authentication enabled			[Tenderer to specify how this is achieve]
1.4.9	• At least one (1) year warranty or more is better			
1.4.10	• Installed with the software required to receive images from the probe			
1.5	**Handheld Ultrasound**			
1.5.1	• One (1) Linear array head for shallow scanning: at least **Freq 12Hz or better**			
1.5.2	• Scan depth at least **5cm**			
1.5.3	• Battery operated			
1.5.4	• Battery operating temperature **15^0c - 35^0c**			

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SECTION 1 – USER REQUIREMENTS				
	Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1.5.5	• Wireless connected to mobile viewing system supplied			
1.5.6	• Complete with charger – Wired or wireless			
1.5.7	• Includes protective carrying cases for individual items and for the complete unit, allowing easy transport.			
1.5.7	• The proposed system must include DICOM and Worklist licenses			
1.6	**BRUHIMS AND/OR PACS INTEGRATION**			
1.6.1	• The proposed system must be able to connect to BruHIMS and/or PACS in MOH Brunei Darussalam until the end of service			
1.6.2	• The proposed system must be "plug-and-play" ready and should be able to integrate with the MOH Brunei BruHIMS and/or PACS system. (Integration **cost from any third-party company**** must be **included in the price proposal** and attach the quotation for reference)			
1.6.3	• The proposed system must be able to perform DICOM services including but not limited to, Storage, Query/Retrieve, Modality Worklist, Print, Modality Performed Procedure Step (MPPS) and others as required to integrate with future or existing BruHIMS/PACS system.			

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2	**END-USER TRAINING**			
	Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
2.1	Conduct **user training** to the all-end users by an application specialist or competent local engineer including but not limited to: • Basic user operation, user troubleshooting and user maintenance • CPACS and/or RPACS guide through (if applicable) • Provide Operating manual (Hardcopy and/or Softcopy)			
2.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			

3	**TECHNICAL TRAINING**			
	Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
3.1	**Introductory Technical Training** to Biomedical Engineers and Technicians at BME Office by competent Tenderer's Engineer/Technicians that includes but not limited to: • Troubleshooting and basic corrective maintenance • Handling and basic inspection maintenance *(Two sessions/groups if required)			

4	**WARRANTY**			
	Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
4.1	Tenderer to include warranty period of **at least one (1) year** Tenderers to **INCLUDE** a Warranty Undertaking Letter stating the terms of warranty provided for the equipment in the tender. This includes but not limited to: • Duration and warranty coverage • Excluded from Warranty • Warranty Planned Preventive Maintenance (one of which includes, if applicable, PM kit) on the sixth month after date of commissioning and end of warranty period. • Scope of Planned Preventive Maintenance			

** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumables*

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PRICE PROPOSAL	
PRICE PER UNIT: (B$)	
INTEGRATION COST: (B$)	
TOTAL PRICE: (B$)	
DELIVERY TIME:	(Please state) **Not More Than 90 days** upon confirmation
PRICE VALIDITY:	[AT LEAST **ONE (1) YEAR** PRICE VALIDTY]

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION			
BRAND:		MODEL:	
COUNTRY OF ORIGIN:		YEAR INTRODUCED TO MARKET:	
WARRANTY PERIOD:		LAST COUNTRY SOLD TO:	
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]		DELIVERY TIME:	

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SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION								
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:	☐			OTHERS:				
	☐			OTHERS:				
BATTERY	☐	**RECHARGEABLE**	☐	**SINGLE-USE**	☐	**REPLACEABLE**		
	☐	**OTHERS:**						
	TYPE OF BATTERY:							
	RATING:							
POWER ADAPTER/CHARGER OUTPUT RATING:								
EQUIPMENT AMBIENT OPERATING TEMPERATURE RANGE:								
INTERNATIONAL SAFETY STANDARD Must comply to at least 1 safety Standards and certification (Please attached the copy of stated standards and certifications)	**☑ Tick where appropriate** ☐ US FDA Standard, ☐ European Union CE MARK, ☐ Australian TGA Standard, ☐ Canadian CSA Standard or ☐ Japanese JIS Standard. Others (Please specify): _____							
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 10 years after installation, with the support period extending beyond the expected lifecycle of the equipment.** **No of years: _____ (Please specify)**							

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SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 1)

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under Warranty period, must cover the scope of normal warranty below at no additional cost:

NORMAL WARRANTY

- 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.
- **Exchange warranty**; Providing replacement units:
    A. Warranty against defects – Manufacturing defects or Equipment malfunction resulted from mechanical, electrical or software failure during Commissioning or within the first _____ 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.
- **Two time Planned Preventive Maintenance (PPM) PER YEAR** 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 ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

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SECTION 4 – WARRANTY UNDERTAKING FORM (PAGE 2)

A. Inspection Maintenance (IM)

- Must be conducted every six (6) months starting from warranty expiry 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 checkup – Update to latest version when available
- Performance and Functional testing
- Servicing/Cleaning of dust

B. Corrective Maintenance (CM):

- 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):

- **Two times a year** Comprehensive PPM for every warranty year to ensure equipment is working in maximum condition. (Inclusive of one time PM kits and replaceable items)
- Provide Maintenance Due Date stickers after each PPM

D. Breakdown Call

- Attend to any breakdown call within 24 hours after receipt of reported problem by BME Unit of Respective Facilities preferably during office hours, else after office hours or public holidays (only if it is necessary and urgent)
- Response to Breakdown call: within 30 mins (Office hours) / within 60 mins (Non-Office hours)
- Downtime: Not more than 24 hours after receipt of reported problem by BME unit of Respective Facilities
- If Downtime is expected to be more than 24 hours, Tenderer must provide notice to BME unit indicating the reason of delay with estimation of:
    - Estimated time of parts to arrive and
    - Expected no of days for repair completion
    - Estimated time for loan unit to arrive if not in stock (Leasing).

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

ANY OTHER EXCLUSION

Tenderer may propose below to include items or terms which is not listed in the exclusion list above for MOH consideration.

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE