

TENDER CONTRACT SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO: _____

TITLE OF TENDER	TO SUPPLY AND DELIVER SALMONELLA ANTISERA AND SWARM AGAR FOR MICROBIOLOGY LABORATORY , DEPARTMENT OF SCIENTIFIC SERVICES, MINISTRY OF HEALTH FOR A PERIOD OF THREE (3) YEARS.
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USER'S REQUIREMENTS					VENDOR'S OFFER				
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	CATALOGUE NUMBER (IF ANY)	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	ITEM OFFERED	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	PRICE PER UNIT (\$)	TOTAL (\$) (PER YEAR)
1.	Salmonella Antiserum O Polyvalent A-S - Salmonella O Polyvalent antisera - Agglutinating antisera - 2ml per vial	AS 002	2ml/vial	3 vials (1 year) 9 vials (3 years)					
2.	Salmonella O:2 Antiserum - Salmonella O Factor Antisera - Agglutinating antisera - 2ml per vial	AS 082	2ml/vial	3 vials (1 year) 9 vials (3 years)					
3.	Salmonella O:4 Antiserum - Salmonella O Factor Antisera - Agglutinating antisera - 2ml per vial	AS 083	2ml/vial	3 vials (1 year) 9 vials (3 years)					
4.	Salmonella O:9 Antiserum - Salmonella O Factor Antisera - Agglutinating antisera - 2ml per vial	AS 089	2ml/vial	3 vials (1 year) 9 vials (3 years)					

Procurement Ref. No. : DSS/HS/PROC/B50K/2026-2027/006 (MIC)
Section/Laboratory Ref. No. : MIC/TC/2026-2027/01

	USER'S REQUIREMENTS				VENDOR'S OFFER				
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	CATALOGUE NUMBER (IF ANY)	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	ITEM OFFERED	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	PRICE PER UNIT (\$)	TOTAL (\$) (PER YEAR)
5.	Salmonella O:12 Antiserum - Salmonella O Factor Antisera - Agglutinating antisera - 2ml per vial	AS 091	2ml/vial	3 vials (1 year) 9 vials (3 years)					
6.	Salmonella H Polyvalent (Phase 1 & 2) - Salmonella H Polyvalent antisera - Agglutinating antisera - 2ml per vial	AS 121	2ml/vial	3 vials (1 year) 9 vials (3 years)					
7.	Salmonella H:a Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 141	2ml/vial	3 vials (1 year) 9 vials (3 years)					
8.	Salmonella H:b Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 142	2ml/vial	3 vials (1 year) 9 vials (3 years)					
9.	Salmonella H:d Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 144	2ml/vial	3 vials (1 year) 9 vials (3 years)					
10.	Salmonella H:i Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 145	2ml/vial	3 vials (1 year) 9 vials (3 years)					

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NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	CATALOGUE NUMBER (IF ANY)	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	ITEM OFFERED	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	PRICE PER UNIT (\$)	TOTAL (\$) (PER YEAR)
11.	Salmonella H:g Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 192	2ml/vial	3 vials (1 year) 9 vials (3 years)					
12.	Salmonella H:m Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 194	2ml/vial	3 vials (1 year) 9 vials (3 years)					
13.	Salmonella H:2 Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 204	2ml/vial	3 vials (1 year) 9 vials (3 years)					
14.	Salmonella H:5 Antiserum - Salmonella H Phase Antisera - Agglutinating antisera - 2ml per vial	AS 205	2ml/vial	3 vials (1 year) 9 vials (3 years)					
15.	Salmonella H:b Antiserum (phase inversion) - Salmonella H for phase inversion Antisera - 2ml per vial	AS 232	2ml/vial	3 vials (1 year) 9 vials (3 years)					
16.	Salmonella H:i Antiserum (phase inversion) - Salmonella H for phase inversion Antisera - 2ml per vial	AS 246	2ml/vial	3 vials (1 year) 9 vials (3 years)					

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NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	CATALOGUE NUMBER (IF ANY)	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	ITEM OFFERED	PACKAGING SIZE	QUANTITY REQUIRED (PER YEAR)	PRICE PER UNIT (\$)	TOTAL (\$) (PER YEAR)
17.	Swarm Agar - Soft nutrient-rich medium used for determining the H-phases of Salmonella with Sven Gard method - 10ml per tube	26488	100 tubes per box	3 boxes (1 year) 9 boxes (3 years)					

All reagent test kits supplied throughout this tender shall have a minimum expiry date of six (6) months on delivery. Should the reagent be urgently needed, provision of a reagent test kit or consumable with expiry date of less than six (6) months should be first agreed by the User of the particular laboratory before delivery is made.

NO	SPECIFICATIONS AND REQUIREMENTS	VENDOR'S OFFER (PLEASE STATE)
1	Delivery Period Upon the Issuance of PO NOT MORE THAN _____	
2	Price Validity NOT LESS THAN _____	

Bahagian/Unit/Makmal :	Microbiology Laboratory		
Bil. Rujukan Bahagian/Unit/Makmal :	MIC/TC/2026-2027/01		
Pegawai dirujuk :	Nama :	Nor Amalina Roslan	
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	Tel.No. :	7225879	Fax No. : 2381946
UNTUK KEGUNAAN BAHAGIAN PENTADBIRAN SAHAJA			
No. Rujukan PROCUREMENT :	DSS/HS/PROC/B50K/2026-2027/006 (MIC)		
Tarikh Menghantar Iklan :			

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