TENDER REFERENCE NO.: KK/45/2026/UPP

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC LASER PHOTOCOAGULATION SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RAJA ISTERI PENGIRAN ANAK SALEHA (RIPAS) HOSPITAL

TENDER FEES : $30.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 28th April 2026

TIME : 2.00 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

SPECIFICATION

TENDER REFERENCE NO.: KK/45/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC LASER PHOTOCOAGULATION SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL

SCOPE OF WORK
1. Supply of 2 units of Ophthalmic Laser Photocoagulation system in Ophthalmology Department, RIPAS HOSPITAL as per following distribution: - **1 unit for Operating Theatre** - **1 unit for Eye clinic**

SECTION 1 – USER REQUIREMENTS	
1	**Ophthalmic Laser Delivery System**
1.1	The system shall be an **ophthalmic laser photocoagulation unit** intended for retinal and glaucoma procedure. The system shall support multiple delivery modalities, including **indirect ophthalmoscope (LIO)**, **slit-lamp adapter**, and **handheld / transscleral probes**, to perform various ophthalmic laser treatments such as Retinal Photocoagulation, Transscleral retinal photocoagulation, and cyclophotocoagulation.
1.2	The system shall be suitable for both **adult and neonatal** (ROP) applications
1.3	**Configuration:** Tabletop
1.4	**LASER SOURCE AND OPTICAL CHARACTERISTICS**
1.4.1	**Type:** Semiconductor diode infrared laser
1.4.2	Nominal wavelength shall be **810 nm (infrared)** or equivalent for retinal and glaucoma applications
1.4.3	Maximum continuous output power: **not less than 2000 mW**
1.4.4	**Laser emission mode:**
1.4.4.1	Continous-Wave mode
1.4.4.2	Pulsed
1.4.4.3	Micropulse (delivers laser energy in a burst of very short pulses and separating intervals)
1.4.5	Exposure duration shall be user-selectable over an adjustable range approximately 10 ms to 9000 ms or better
1.4.6	Repetition rate shall be adjustable for repetitive pulses or burst modes.
1.4.7	The system shall display real-time parameters including **power (mW)**, **pulse duration (ms)**, **energy (mJ)**, and **mode of operation**
1.4.8	Aiming beam
1.4.8.1	Type/ Colour: Red diode
1.4.8.2	Wavelength: Approximately 650nm

SECTION 1 – USER REQUIREMENTS	
1	**Ophthalmic Laser Delivery System**
1.4.8.3	coaxial with the treatment beam, with adjustable intensity and on/off control
1.5	**DELIVERY INTERFACES AND ACCESSORIES**
1.5.1	System shall support **Laser Indirect Ophthalmoscope (LIO)** delivery for supine and neonatal (ROP) treatments
1.5.1.1	The unit shall be a head-mounted, indirect laser ophthalmoscope system intended for peripheral and posterior segment retinal photocoagulation procedures
1.5.1.2	Design: Lightweight, ergonomic headband with adjustable straps
1.5.1.3	Illumination: Integrated illumination source with adjustable illumination level
1.5.1.4	Interpupillary distance adjustment of approximately 48mm – 74mm or better
1.5.1.5	**Filters**: Integrated laser protection filters to minimize exposure to backscatter
1.5.1.6	**Comfort**: Balanced weight distribution for extended wear
1.5.2	System shall support **slit-lamp delivery adapter** for standard transpupillary laser treatments.
1.5.3	System shall support **handheld or transscleral probes** for glaucoma and cyclophotocoagulation procedures.
1.6	**SAFETY FEATURES**
1.6.1	Audible and/or visual indicator shall confirm laser emission status.
1.6.2	Interlock compatibility with laser system for safety shutoff
1.6.3	Comes with emergency stop
1.6.4	Complies with international laser safety standard
1.7	**ACCESSORIES TO BE SUPPLIED FOR <u>EACH SYSTEM</u>** **The supply shall include all accessories and consumables required for the complete and functional operation of the system, including but not limited to the following:**
1.7.1	1 set of Laser Indirect Ophthalmoscope (LIO) complete with headset, filters and charger
1.7.2	1 unit of Footswitch

2	END-USER TRAINING
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 ▪ 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
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
4.1	Tenderer to include warranty period of **at least two (2) years**
4.2	Tenderers to **ACKNOWLEDGE** the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

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

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	**PER UNIT**
	ACCESSORIES
	TOTAL

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:**

SECTION 3 - PROCUREMENT AND TECHNICAL SPECIFICATION	
AUTHORIZED DISTRIBUTOR: **(AUTHORIZED DISTRIBUTOR LETTER ATTACHED)**	
DETAILED BROCHURE INCLUDED	
USER AND SERVICE MANUALS:	
MAINS POWER SUPPLY:	
BATTERY	
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)	
NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN) Please provide training or certification for locals who is trained/certified	**LOCAL** **OVERSEA** **(SPECIFY LOCATION)**
DIMENSIONS AND **WEIGHT OF MAIN UNIT:**	
EQUIPMENT WHOLE LIFE TIME SUPPORT:	

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the 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 and to include one-time replacements of battery at the end of 2 years warranty period or any other 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

ANY OTHER EXCLUSION

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

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 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.
11	The vendor is required to provide proof of manufacture date and official certification from the original manufacturer confirming the equipment is new.
12	To provide justification for the price increase of a product previously supplied to the Ministry of Health by the same supplier/distributor

SCHEDULE 1 – TENDER FORM

To:

TENDER REFERENCE NO.: KK/45/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF OPHTHALMIC LASER PHOTOCOAGULATION SYSTEM FOR OPHTHALMOLOGY DEPARTMENT, RIPAS HOSPITAL

TENDER OF (*name of tenderer*) _____

Company/Business Registration No.: _____

Tender Closing Date: _____

SCOPE OF WORK			
Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1. **Supply of 2 units of Ophthalmic Laser Photocoagulation system in Ophthalmology Department, RIPAS HOSPITAL as per following distribution:** - **1 unit for Operating Theatre** - **1 unit for Eye clinic**			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
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SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**Ophthalmic Laser Delivery System**			
1.2	The system shall be suitable for both **adult and neonatal** (ROP) applications			
1.3	**Configuration:** Tabletop			
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1.4.5	Exposure duration shall be user-selectable over an adjustable range approximately 10 ms to 9000 ms or better			
1.4.6	Repetition rate shall be adjustable for repetitive pulses or burst modes.			
1.4.7	The system shall display real-time parameters including **power (mW)**, **pulse duration (ms)**, **energy (mJ)**, and **mode of operation**			
1.4.8	Aiming beam			
1.4.8.1	Type/ Colour: Red diode			
1.4.8.2	Wavelength: Approximately 650nm			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**Ophthalmic Laser Delivery System**			
1.4.8.3	coaxial with the treatment beam, with adjustable intensity and on/off control			
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1.5.1.3	Illumination: Integrated illumination source with adjustable illumination level			
1.5.1.4	Interpupillary distance adjustment of approximately 48mm – 74mm or better			
1.5.1.5	**Filters**: Integrated laser protection filters to minimize exposure to backscatter			
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1.6.1	Audible and/or visual indicator shall confirm laser emission status.			
1.6.2	Interlock compatibility with laser system for safety shutoff			
1.6.3	Comes with emergency stop			
1.6.4	Complies with international laser safety standard			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**Ophthalmic Laser Delivery System**			
1.7	**ACCESSORIES TO BE SUPPLIED FOR <u>EACH SYSTEM</u>** **The supply shall include all accessories and consumables required for the complete and functional operation of the system, including but not limited to the following:**			**Tenderer to list out price per unit for consumable if any:**
1.7.1	1 set of Laser Indirect Ophthalmoscope (LIO) complete with headset, filters and charger			
1.7.2	1 unit of Footswitch			

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 ▪ 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 two (2) years**			
4.2	Tenderers to **ACKNOWLEDGE** the Warranty Undertaking Form in Section 4 stating the terms of warranty provided for the equipment in the tender for the period of two years. This includes but not limited to: ▪ Scope of Warranty ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).			

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

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	**PER UNIT**	**BND$**
	ACCESSORIES	**BND$**
	TOTAL	**BND$**

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:**	

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)**							

SECTION 4 – WARRANTY UNDERTAKING FORM

Tenderer, on behalf of the manufacturer, acknowledged and agrees that when equipment is under the 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.
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- Accidental damage or problems caused by negligence or mishandling, subject to appropriate justification by both parties.
- Vandalism and Natural disasters
- Normal wear and tear

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

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 .

_____ Tenderer's official stamp:
Signature of authorised officer of Tenderer
Name:
Designation: