

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE \$2000)

| | |
|--------------------------------|--|
| QUOTATION/TENDER REFERENCE NO: | |
| QUOTATION/TENDER NAME: | TO SUPPLY AND DELIVER OF SURGICAL INSTRUMENTS FOR CENTRAL STERILE SERVICES DEPARTMENT (CSSD), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (NON-CLUSTERING). |

| NO | USER'S REQUIREMENTS | | | VENDOR'S OFFER | | | | | |
|----|--|--------------|----------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| | ITEM DESCRIPTIONS AND SPECIFICATIONS | PACKING SIZE | TOTAL QUANTITY USAGE | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
| 1 | <u>SPENCER-WELLS HEMOSTATIC FORCEPS</u> ✓ Straight ✓ Size: 7 inch ✓ Material: Medical-grade stainless steel ✓ Suitable for sterilization by autoclave ✓ Reusable surgical instrument | UNIT | 30 | | | | | | |
| 2 | <u>MOSQUITO ARTERY FORCEPS (HALSTEAD TYPE)</u> ✓ Curved ✓ Size: 5 inch ✓ Material: Medical-grade stainless steel ✓ Suitable for sterilization by autoclave ✓ Reusable surgical instrument | UNIT | 30 | | | | | | |
| 3 | <u>MOSQUITO ARTERY FORCEPS (HALSTEAD TYPE)</u> ✓ Straight ✓ Size: 7 inch ✓ Material: Medical-grade stainless steel ✓ Suitable for sterilization by autoclave ✓ Reusable surgical instrument | UNIT | 20 | | | | | | |

| | | | | | | | | | |
|---|---|------|----|--|--|--|--|--|--|
| 4 | <p><u>SCISSORS MAYO BLACK HANDLE</u></p> <ul style="list-style-type: none"> ➤ Straight ➤ Size: 6 inch ➤ Material: Medical-grade stainless steel ➤ Suitable for sterilization by autoclave ➤ Reusable surgical instrument | UNIT | 20 | | | | | | |
| 5 | <p><u>METZENBAUM SCISSORS</u></p> <ul style="list-style-type: none"> ➤ Curved ➤ Size: 5 1/2 inch ➤ Material: Medical-grade stainless steel ➤ Suitable for sterilization by autoclave ➤ Reusable surgical instrument | UNIT | 20 | | | | | | |
| 6 | <p><u>EPISIOTOMY SCISSORS</u></p> <ul style="list-style-type: none"> ➤ Braun-Stadler type or equivalent ➤ Size: 5 inch ➤ Material: Medical-grade stainless steel ➤ Suitable for sterilization by autoclave ➤ Reusable surgical instrument | UNIT | 20 | | | | | | |
| 7 | <p><u>EPISIOTOMY SCISSORS</u></p> <ul style="list-style-type: none"> ➤ Braun-Stadler type or equivalent ➤ Size: 5 1/2 inch ➤ Material: Medical-grade stainless steel ➤ Suitable for sterilization by autoclave ➤ Reusable surgical instrument | UNIT | 20 | | | | | | |
| 8 | <p><u>MAYO SCISSORS</u></p> <ul style="list-style-type: none"> ➤ Straight ➤ Size: 7 1/2 inch ➤ Material: Medical-grade stainless steel ➤ Suitable for sterilization by autoclave ➤ Reusable surgical instrument | UNIT | 20 | | | | | | |

| | | | | | | | | | | |
|----|--|------|----|--|--|--|--|--|--------------------------|--|
| 9 | <p><u>MAYO SCISSORS</u></p> <ul style="list-style-type: none"> ✔ Straight ✔ Size: 8 1/2 inch ✔ Material: Medical-grade stainless steel ✔ Suitable for sterilization by autoclave ✔ Reusable surgical instrument | UNIT | 20 | | | | | | | |
| 10 | <p><u>MAYO HARRINGTON SCISSORS</u></p> <ul style="list-style-type: none"> ✔ Straight ✔ Size: 9 inch ✔ Material: Medical-grade stainless steel ✔ Suitable for sterilization by autoclave ✔ Reusable surgical instrument | UNIT | 20 | | | | | | | |
| 11 | <p><u>MAGILL FORCEPS</u></p> <ul style="list-style-type: none"> ✔ Adult ✔ Size: 25cm ✔ Material: Medical-grade stainless steel ✔ Suitable for sterilization by autoclave ✔ Reusable surgical instrument | UNIT | 15 | | | | | | | |
| 12 | <p><u>MAGILL FORCEPS</u></p> <ul style="list-style-type: none"> ✔ Child ✔ Size: 20cm ✔ Material: Medical-grade stainless steel ✔ Suitable for sterilization by autoclave ✔ Reusable surgical instrument | UNIT | 10 | | | | | | | |
| | | | | | | | | | 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 | QUOTATION/TENDER FORM should be filled completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION/TENDER. | |
| 4 | 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/TENDER. | |
| 5 | All consumables supplied throughout this tender shall 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. | |
| 6 | Brochures / catalogues should be submitted / attached with quotation/tender document. | |
| 7 | Samples should be submitted together with quotation/ tender or within fourteen (14 days) of the quotation/tender closing date (if applicable). | |
| 8 | DELIVERY PERIOD: Not later than 8 weeks Staggered delivery upon request | (Yes / No) (If No, please specify) |
| 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). | |

FOR QUOTATION ONLY

TERMS AND CONDITIONS

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