TENDER REFERENCE NO.: KK/67/2026/HTD

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF NEWBORN HEARING SCREENING DEVICE FOR AUDIOLOGY SERVICES, OTOHINOLARYNGOLOGY DEPARTMENT, MINISTRY OF HEALTH

TENDER FEES : $30.00

RECEIPT NO. :

CLOSING DATE : ON Tuesday, 02nd June 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

SPECIFICATIONS AND REQUIREMENTS

TENDER REFERENCE NO.: KK/67/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING OF NEWBORN HEARING SCREENING DEVICE FOR AUDIOLOGY SERVICES, OTORHINOLARYNGOLOGY DEPARTMENT, MINISTRY OF HEALTH

1. **Supply of SEVEN (7) units of Newborn Hearing Screening Device, for audiology services, Otorhinolaryngology Department, for the following location with their respective testing method requirement:**

Location	DEVICE QUANTITY	DEVICE CONFIGURATION	
		OAE	AABR
Ward 31, RIPASH	1	√	-
Ward 33, RIPASH	1	√	-
Ward 34, RIPASH	1	√	-
Ward 35, RIPASH	1	√	-
SCBU, RIPASH	1	-	√
Second stage, RIPASH	1	√	√
SCBU, SSBH	1	√	√
TOTAL	7	6	3

	SECTION 1 – USER REQUIREMENTS
1	**NEWBORN AUDITORY FUNCTION SCREENING DEVICE**
1.1	**Newborn Auditory Function Screening Device** intended for Universal Newborn Hearing Screening (UNHS) Program in maternity wards, SCBU and outpatient clinics.
1.2	The device shall be portable, battery-powered and capable of performing automated **Otoacoustic Emission (OAE)** and **Automated Auditory Brainstem Response (AABR/ABR)** screening.
1.3	Configuration: **handheld** or compact unit (battery operated) designed for single-operator use in clinical settings.
1.4	All screening tests shall be **fully automated**, providing **PASS / REFER** results without manual interpretation
1.5	The device shall be suitable for newborns and preterm infants
1.6	**Testing Modalities**
1.6.1	**OAE Screening**
1.6.1.1	Support for **DPOAE** screening
1.6.1.2	Automatic probe fit detection and noise monitoring
1.6.1.3	Fast acquisition with configurable protocols where applicable.
1.6.2	**AABR / ABR Screening**
1.6.2.1	Automated AABR screening using stimulus appropriate for neonatal screening
1.6.2.2	Pass/Refer result generation based on validated detection algorithms
1.6.2.3	Electrode impedance check shall be available
1.6.3	**Workflow**
1.6.3.1	System shall store test results on the device
1.6.3.2	Ability to configure test protocols and screening profiles
1.6.4	**Device testing configuration requirement**
1.6.4.1	**Four(4) units with DPOAE testing configuration**
1.6.4.2	**One (1) unit with aABR testing configuration**
1.6.4.3	**Two (2) unit with DPOAE and aABR testing configuration**
1.7	User interface and display
1.7.1	Device shall have a **colour touchscreen interface** with intuitive icons suitable for newborn screening workflow.
1.7.2	User interface must allow easy selection of patient, ear side, and test type
1.7.3	Clear numeric and graphical indicators for probe status, noise, and test progress
1.8	**A complete PC system shall be supplied with each Newborn Auditory Function Screening Device, with the following minimum requirements**
1.8.1	Minimum Operating system: Microsoft Window 10 pro 64 bit or newer, compatible with the offered workstation software.
1.8.2	Enterprise Grade with Intel core i5 processor or better

	SECTION 1 – USER REQUIREMENTS
1.8.3	16GB DDR4 RAM or higher
1.8.4	Hard drive capacity of 1TB or higher
1.8.5	Appropriate video graphic card to support software visuals
1.8.6	Connectivity through Ethernet, Wireless-N and Bluetooth 4.0
1.8.7	Various ports such as USB 3.0, Display Port, RJ-45 and all the necessary ports for it to work as intended
1.8.8	Security features: Antivirus, Trusted Platform Module 2.0 and remote support software.
1.8.9	Inclusive of Display monitor suitable for working station
1.8.10	Working System shall come with all the necessary standard accessories not mention above.
1.9	**Safety and compliance**: Device shall comply with the following or equivalent standards ▪ IEC/EN 60601-1 (Medical Electrical Safety) ▪ IEC/EN 60601-1-2 (EMC) ▪ EN 60645-6 (OAE) ▪ EN 60645-7 (AEP/ABR)
1.10	Verification and Calibration
1.10.1	Device shall be delivered with a **factory calibration certificate**
1.10.2	Vendor shall provide documentation for routine verification tests, including probe check and ABR electrode impedance check
1.11	**Accessories/Consumables (**to be supplied with **each unit** of **the Newborn Auditory Function Screening Device)** The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine
1.11.1	One (1) unit of Carrying case
1.11.2	One (1) unit of Docking/Charging station
1.11.3	Probe tip cleaning tool
1.12	**Accessories/Consumables based on Testing configuration requirements** The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine
1.12.1	**Six (6) sets of OAE probe**
1.12.2	**Three (3) Sets of AABR sets, each comprising of:** ▪ **ABR Electrode cable** ▪ **ABR ear coupler cable** ▪ **ABR tester**
1.12.3	**The consumables supplied shall be sufficient to support a minimum of 150 DPOAE tests and 75 AABR tests**
1.13	**Accessories/Consumables based on Location requirements** The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine
1.13.1	**Three (3) units of spare battery (Distribution: Two (2) units RIPASH and One (1) unit SSBH)**
1.13.2	**Three (3) units of External Battery Charger (Distribution: Two (2) units RIPASH and One (1) unit SSBH)**

3	**END-USER TRAINING**
3.1	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)
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**
4	**TECHNICAL TRAINING**
4.1	**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)
5	**WARRANTY**
5.1	Tenderer to include warranty period of **at least two (2) years**
5.2	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).

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	**NHS DEVICE (OAE ONLY) PER UNIT**
	NHS DEVICE (AABR ONLY) PER UNIT
	NHS DEVICE (OAE & AABR) PER UNIT
	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
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. During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new.

SECTION 3

TENDER FORM

To:

TENDER REFERENCE NO: KK/67/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING OF NEWBORN HEARING SCREENING DEVICE FOR AUDIOLOGY SERVICES, OTORHINOLARYNGOLOGY DEPARTMENT, MINISTRY OF HEALTH

<table>
<tr><th colspan="4">SCOPE OF WORK</th></tr>
<tr><th>Please ☑ Tick where appropriate</th><th>YES</th><th>NO</th><th>REMARKS</th></tr>
<tr><td>

1. Supply of SEVEN (7) units of Newborn Hearing Screening Device, for audiology services, Otorhinolaryngology Department, for the following location with their respective testing method requirement:

<table>
<tr><th rowspan="2">LOCATION</th><th rowspan="2">DEVICE QUANTITY</th><th colspan="2">DEVICE CONFIGURATION</th></tr>
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</table>

</td><td></td><td></td><td></td></tr>
</table>

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**YES**	**NO**	**REMARKS**
1	**NEWBORN AUDITORY FUNCTION SCREENING DEVICE**			
1.1	**Newborn Auditory Function Screening Device** intended for Universal Newborn Hearing Screening (UNHS) Program in maternity wards, SCBU and outpatient clinics.			
1.2	The device shall be portable, battery-powered and capable of performing automated **Otoacoustic Emission (OAE)** and **Automated Auditory Brainstem Response (AABR/ABR)** screening.			
1.3	Configuration: **handheld** or compact unit (battery operated) designed for single-operator use in clinical settings.			
1.4	All screening tests shall be **fully automated**, providing **PASS / REFER** results without manual interpretation			
1.5	The device shall be suitable for newborns and preterm infants			
1.6	**Testing Modalities**			
1.6.1	**OAE Screening**			
1.6.1.1	Support for **DPOAE** screening			
1.6.1.2	Automatic probe fit detection and noise monitoring			
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1.6.2	**AABR / ABR Screening**			
1.6.2.1	Automated AABR screening using stimulus appropriate for neonatal screening			
1.6.2.2	Pass/Refer result generation based on validated detection algorithms			
1.6.2.3	Electrode impedance check shall be available			
1.6.3	**Workflow**			
1.6.3.1	System shall store test results on the device			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**YES**	**NO**	**REMARKS**
1.6.3.2	Ability to configure test protocols and screening profiles			
1.6.4	**Device testing configuration requirement**			
1.6.4.1	**Four(4) units with DPOAE testing configuration**			
1.6.4.2	**One (1) unit with aABR testing configuration**			
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1.7	User interface and display			
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1.8.3	16GB DDR4 RAM or higher			
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1.8.6	Connectivity through Ethernet, Wireless-N and Bluetooth 4.0			
1.8.7	Various ports such as USB 3.0, Display Port, RJ-45 and all the necessary ports for it to work as intended			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**YES**	**NO**	**REMARKS**
1.8.8	Security features: Antivirus, Trusted Platform Module 2.0 and remote support software.			
1.8.9	Inclusive of Display monitor suitable for working station			
1.8.10	Working System shall come with all the necessary standard accessories not mention above.			
1.9	**Safety and compliance**: Device shall comply with the following or equivalent standards ▪ IEC/EN 60601-1 (Medical Electrical Safety) ▪ IEC/EN 60601-1-2 (EMC) ▪ EN 60645-6 (OAE) ▪ EN 60645-7 (AEP/ABR)			
1.10	Verification and Calibration			
1.10.1	Device shall be delivered with a **factory calibration certificate**			
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1.12	**Accessories/Consumables based on Testing configuration requirements** The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine			
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1.12.2	**Three (3) Sets of AABR sets, each comprising of:** ▪ **ABR Electrode cable** ▪ **ABR ear coupler cable**			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**YES**	**NO**	**REMARKS**
	▪ **ABR tester**			
1.12.3	**The consumables supplied shall be sufficient to support a minimum of 150 DPOAE tests and 75 AABR tests**			
1.13	**Accessories/Consumables based on Location requirements** The Tenderer shall supply, but not be limited to, the accessories and consumables listed below, as well as any additional items required to ensure full functionality of the machine			
1.13.1	**Three (3) units of <u>spare</u> battery (Distribution: Two (2) units RIPASH and One (1) unit SSBH)**			
1.13.2	**Three (3) units of External Battery Charger (Distribution: Two (2) units RIPASH and One (1) unit SSBH)**			

3	**END-USER TRAINING**			
Please ☑ Tick where appropriate		**YES**	**NO**	**REMARKS**
3.1	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)			
3.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			
4	**TECHNICAL TRAINING**			
Please ☑ Tick where appropriate		**YES**	**NO**	**REMARKS**
4.1	**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)			

5	**WARRANTY**			
Please ☑ Tick where appropriate		**YES**	**NO**	**REMARKS**
5.1	Tenderer to include warranty period of **at least two (2) years**			
5.2	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).			

SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	**NHS DEVICE (OAE ONLY) PER UNIT**	**BND$**
	NHS DEVICE (AABR ONLY) PER UNIT	
	NHS DEVICE (OAE & AABR) PER UNIT	**BND$**
	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 <u>ONE (1) YEAR</u> 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:		**220V-240V**		OTHERS:					
		50-60HZ		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.
- 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.

TENDERER ACKNOWLEDGMENT

COMPANY CHOP AND SIGNATURE

NO.	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.	