

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

QUOTATION/TENDER REFERENCE NO:	
QUOTATION/TENDER NAME:	TO SUPPLY AND DELIVER MEDICAL EQUIPMENT AND ACCESSORIES SET FOR MATERNITY OPERATING THEATRE (MOT), SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH (CLUSTERING)

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	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	GENERAL SPECIFICATION								
1.1	Medical grade stainless steel								
1.2	Reusable and easy to clean								
1.3	Rust, stain and corrosion resistant								
1.4	Stainless steel items shall be fully autoclavable where applicable								
1.5	Mobile equipment shall be fitted with swivel castors where applicable								
2	MEDICAL EQUIPMENT AND ACCESSORIES								
2.1	Magill Catheter Introducing Forceps • Length: 25 cm	UNIT	2						
2.2	Magill Catheter Introducing Forceps • Length: 16 cm	UNIT	2						

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2.3	Instrument Trolley <ul style="list-style-type: none"> • 2 tiers • With top guard rails • Size: 450(L) x 450(W) x 910(H) mm 	UNIT	2						
2.4	Trolley Mayo <ul style="list-style-type: none"> • Height adjustable • Rotatable tray • Mobile on 38 mm diameter swivel castors 	UNIT	2						
2.5	Trolley Mayo <ul style="list-style-type: none"> • Guard rails on three sides • Mobile on 75 mm diameter swivel castors • Size: 450(L) x 450(W) x 860(H) mm 	UNIT	2						
2.6	Stainless Steel Bowl <ul style="list-style-type: none"> • Diameter: 355 mm 	UNIT	2						
2.7	Solution Bowl / Wash Basin <ul style="list-style-type: none"> • Capacity: 5 1/8 qt • Diameter: 12 inch • Quantity: 1 unit 	UNIT	2						
2.8	Single Bowl Stand <ul style="list-style-type: none"> • Removable 335 mm diameter stainless steel bowl • Mobile on 75 mm diameter swivel castors 	UNIT	2						
2.9	Bucket Mobile Stand <ul style="list-style-type: none"> • Mobile on 4 x 75 mm swivel castors • Complete with 12 litre stainless steel bucket and lid 	UNIT	2						

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2.10	Soiled Swab Receptacle <ul style="list-style-type: none"> • Kickabout type • Stainless steel frame • Stainless steel basin 	UNIT	2						
2.11	Bottom Non-Perforated Tray <ul style="list-style-type: none"> • Size: 580 x 280 x 135 mm 	UNIT	1						
2.12	Perforated Lid <ul style="list-style-type: none"> • Size: 580 x 280 mm • Colour: Silver 	UNIT	1						
2.13	Identification Labels <ul style="list-style-type: none"> • Blank • Colour: Red 	UNIT	2						
								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> <i>Company Ref. No.:</i> I hereby certify the above quote to be correct. Signature: Name: Designation: Date:
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION .	Company's Official Stamp
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 .	
d.	Please do not use TIPPEX for amendment.	