

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT

TENDER REFERENCE NO:	(21)IKLAN-QTN/UPP.HRIPAS/2026/DERMATOLOGY
QUOTATION/TENDER NAME	SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF HAND & FEET PHOTOTHERAPY MACHINE FOR DERMATOLOGY CLINIC AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL

USER'S REQUIREMENTS				VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE PER YEAR	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED PER YEAR	COST PER PACK (COST PER UNIT) (B\$)	TOTAL COSTS (B\$)
1.	HAND & FEET PHOTOTHERAPY MACHINE	UNIT	1 UNIT						
TOTAL PRICE (B\$)									

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 <u>shall</u> 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.	
5	Brochures / catalogues should be submitted / attached with tender document.	
6	Samples should be submitted together with tender or within fourteen (14 days) of the tender closing date (if applicable).	
7	DELIVERY PERIOD: Not later than 4 weeks	(Yes / No) (If No, please specify)
8	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).	

Section/Unit	DERMATOLOGY DEPARTMENT	Section/Unit Ref No.:	
Person to Contact	Name : Dr Chu Yee Tei Consultant, Dermatology Department Hospital Raja Isteri Pengiran Anak Saleha	Tel.No. :	2242424 EXT: 5109
	E-mail : -	Fax No.:	

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:	Company's Official Stamp
b.	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form MAY cause DISQUALIFICATION OF QUOTATION		
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		

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	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 <u>MAY</u> 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 <u>shall</u> 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.	

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SCOPE OF WORK			
Please ☒ Tick where appropriate	Yes	No	Remarks
1. Supply of <u>1 unit</u> of Hand and Feet Phototherapy Machine for Dermatology Clinic, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS				
Please ☒ Tick where appropriate		Yes	No	Remarks
1	Hand and Feet Phototherapy Machine			
1.1	Function: Hand and foot phototherapy system intended for treatment of localized dermatological conditions such as psoriasis, vitiligo, eczema, and other photoresponsive skin disorders under physician supervision			
1.2	Type: Mobile hand and foot phototherapy unit complete with mobile cart.			
1.3	Suitable for treatment of hands, feet, elbows, and localized body areas.			
1.4	System Configuration: Combination UVA/UVB configurations.			
1.5	Hand and foot phototherapy unit shall be equipped with approximately 10 medical-grade ultraviolet lamps or equivalent, with base and hood arrangement for simultaneous irradiation.			Recommended lamp replacement interval: _____
1.6	Combination units shall allow separate treatment positioning for UVA and UVB exposure.			
1.7	Treatment chamber shall provide simultaneous irradiation of dorsal and palmar/plantar surfaces			
1.8	Construction and design			
1.8.1	Compact and lightweight design suitable for dermatology clinics.			
1.8.2	Removable hood design for flexible treatment applications.			
1.8.3	Interior hood shall incorporate high-reflectivity aluminum or equivalent reflective material to maximize UV efficiency.			

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1.8.4	UV-transmitting acrylic shield shall protect lamps from direct contact while allowing efficient UV transmission.			
1.8.5	Smooth and easy-to-clean surfaces.			
1.8.6	Equipped with hand/foot exposure ports for ergonomic positioning.			
1.9	Control System			
1.9.1	Microprocessor-controlled operation.			
1.9.2	Equipped with digital touchscreen or computerized control system.			
1.9.3	Capable of dosimetry-based treatment control and/or timer-based treatment control.			
1.9.4	System shall automatically compensate for lamp aging and output variations using integrated UV sensor/dosimetry.			
1.9.5	Treatment dose entry in: • Joules for UVA • MilliJoules for UVB			
1.9.6	One-touch start, pause, and resume treatment functions.			
1.9.7	Treatment duration display and delivered dose display.			
1.9.8	Capable of storing treatment history and exporting data via USB or equivalent.			
1.10	Safety features			
1.10.1	Safety lock-out/password protection against unauthorized use.			
1.10.2	Emergency stop and treatment interruption function.			
1.10.3	Automatic treatment termination at completion of prescribed dose/time.			
1.10.4	Audible end-of-treatment alert.			
1.10.5	Protective acrylic shielding over lamps.			
1.10.6	Integrated safety monitoring to reduce risk of overexposure.			
1.10.7	System shall resume interrupted treatment after power restoration where applicable.			
1.11	Performance			
1.11.1	High-output UV lamps for reduced treatment duration.			
1.11.2	Uniform UV light distribution across treatment area.			

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1.11.3	Treatment area approximately 16 x 17 inches or equivalent.			
1.11.4	Integrated dosimetry accuracy approximately $\pm 5\%$ or better.			
1.11.5	Suitable for frequent clinical use			
1.13	Safety Standard Requirement Compliance with the following standard or equivalent: • IEC and/or EN Safety Standards • CE and/or FDA approval			
1.14	Accessories/consumables to be supplied with each unit: Inclusive of all the accessories for the machine to be fully functional			

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2. INSTALLATION REQUIREMENT				
Please ☒ Tick where appropriate		Yes	No	Remarks
2.1	Tenderer shall provide installation service to ensure electrical supply requirement meet system requirement.			
2.2	Dismantling and Removal of Existing Equipment			
2.2.1	The scope of work shall include the dismantling and decommissioning of the existing Phototherapy machine and the relocation of the unit to a designated storage location within the facility.			
2.2.2	This shall include safe shutdown and deinstallation of the system, including disconnection of electrical power and all associated accessories, in accordance with manufacturer recommendations and applicable safety requirements.			

3. END USER AND TECHNICAL 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)			
3.1.1	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
3.2	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)			

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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 • One-time Planned Preventive Maintenance Per Year during warranty • Comprehensive Corrective Maintenance of Main Unit			

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SECTION 2 – PRICE PROPOSAL		
PURCHASE PRICE	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:	

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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:		400V		OTHERS:	
		50-60HZ		OTHERS:	
BATTERY		RECHARGEABLE			SINGLE-USE
		OTHERS:			REPLACEABLE
		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)				

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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