SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

| SUMMARY OF PRICES | | | | |
|---|---|---|---|---|
| This tender is for the supply of equipment under a non-clustering approach, for the following items: | YES | NO | UNIT PRICE | TOTAL PRICE |
| Item 1: Floor standing Incubator ( 1 unit) | | | | |
| Item 2: Benchtop Incubator (1 unit) | | | | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 1: FLOOR STANDING INCUBATOR

ITEM 1: FLOOR STANDING INCUBATOR

| | 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 | Tenderers are **required to submit individual proposal booklets for each item listed**. Each item shall be treated as a standalone submission | |
| 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 TENDER.** | |
| 5 | All consumables supplied throughout this tender shall have a minimum expiry date of **twelve (12) months / on delivery** (if applicable).<br>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). | |
| 6 | Brochures / catalogues should be submitted / attached with tender document. | |
| 7 | **DELIVERY PERIOD:**<br>(Please state) Not More Than **90 days** upon confirmation | |
| 8 | **PRICE VALIDITY:**<br>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.<br>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). | |
| 9 | 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.<br>During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new. | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 1: FLOOR STANDING INCUBATOR

| REQUIREMENTS | | Yes | No | Remarks |
|---|---|---|---|---|
| Quantity | 1 unit for National Clinical Microbiology Reference Laboratory, RIPAS Hospital | | | |
| Type | Floor-standing natural convection incubator designed for microbiology laboratory use | | | |
| Temperature Range | Precise temperature control from +35°C to +38°C | | | |
| Chamber Volume | Minimum internal volume of **not less than 700 liters** | | | |
| Shelves | Supplied with stainless steel shelves/grids, adjustable, with capacity to hold up to 4 shelves. | | | |
| Safety & Alarm System | Overtemperature protection | | | |
| | Visual and audible alarms for:<br>• overtemperature,<br>• undercooling,<br>• sensor failure, and<br>• door ajar | | | |
| Auto diagnostic system | **The incubator shall include a built-in autodiagnostic system capable of continuously monitoring its operational status in real time** for real-time fault detection and error notification | | | |
| Construction | Interior made of high-quality electropolished stainless steel for easy cleaning and corrosion resistance | | | |
| | Exterior constructed of stainless steel with powder-coated finish for durability | | | |
| | Uniform temperature distribution ensured by multi-side heating elements (minimum 4 sides) | | | |
| | Door:<br>Outer: with fully insulated outer panel, equipped with secure latching mechanism and<br>Inner: tempered inner glass door | | | |
| Noise level | Noise level not to exceed **50 dB(A)** during normal operation. | | | |
| Mobility | Equipped with four lockable castors for safe and easy relocation | | | |

| 2 | OTHER REQUIREMENTS | | | |
|---|---|---|---|---|
| • | Vendor shall perform a performance verification upon commissioning and ensure the performance of the installed equipment is within the acceptable limit of performance or as per manufacturer's recommendations or as per User's acceptance criteria. Vendor shall submit a copy of user verified Performance Qualification Report. | | | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 1: FLOOR STANDING INCUBATOR

| | | | |
|---|---|---|---|
| LITERATURE | | | |
| • To supply one (1) USB or one (1) set of hard copy of the Operating Manual and Service Manual including circuit diagrams of the equipment shall be provided upon commissioning. | | | |
| • To supply hardcopy of maintenance log with list of details of daily, weekly or scheduled maintenance | | | |
| TRAINING | | | |
| • Training shall be provided, at no additional cost, as follows: | | | |
| • On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory. | | | |
| • Certificate of attendance and competence shall be issued to all trainees after completion of training. | | | |
| • If necessary and required by the User, the successful vendor shall ensure the key users are updated on the current or relevant information related to the system used. Vendor shall provide ONE off-site training for two (2) key users. All expenses for attending the training shall be borne by the vendor; full registration, return air ticket, daily allowance, accommodation, transport to and from the airport and place of training. | | | |

| 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:<br>• Troubleshooting and basic corrective maintenance<br>• Handling and basic inspection maintenance<br>*(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:<br>• Scope of Warranty<br>• One-time Planned Preventive Maintenance Per Year during warranty<br>• Comprehensive Corrective Maintenance of Main Unit | | | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 1: FLOOR STANDING INCUBATOR

| 5 | PRODUCT DEMONSTRATION | | | |
|---|---|---|---|---|
| Please ☑ Tick where appropriate | | Yes | No | Remarks |
| 5.1 | If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process<br><br>The tenderer shall provide either of the following demonstration modes:<br>• Physical Demonstration (In-Person):<br>A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier.<br>• Online Demonstration (Virtual):<br>The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include:<br>o Live operation of the actual product.<br>o Real-time interaction to address questions or perform requested functions.<br>o High-definition video and clear audio for full visibility and understanding. | | | |

| SECTION 2 – PRICE PROPOSAL | | |
|---|---|---|
| PURCHASE PRICE | PER UNIT | BND$ |
| | TOTAL | BND$ |

| SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION | | | |
|---|---|---|---|
| BRAND: | | MODEL: | |
| COUNTRY OF ORIGIN: | | YEAR INTRODUCED TO MARKET: | |
| WARRANTY PERIOD: | | LAST COUNTRY SOLD TO: | |
| PRICE VALIDITY:<br>[AT LEAST ONE (1) YEAR PRICE VALIDTY] | | DELIVERY TIME: | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 1: FLOOR STANDING INCUBATOR

| SECTION 3 - PROCUMENT 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<br>Must comply to at least 1 safety Standards and certification<br>(Please attached the copy of stated standards and certifications) | ☑ Tick where appropriate<br>☐ US FDA Standard,<br>☐ European Union CE MARK,<br>☐ Australian TGA Standard,<br>☐ Canadian CSA Standard or<br>☐ Japanese JIS Standard.<br>Others (Please specify): _____ | | | | | | |
| NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)<br><br>Please provide training or certification for locals who is trained/certified | LOCAL | | ☐ Trained / Certified<br>☐ Not yet trained on the product | | | | |
| | OVERSEA (SPECIFY LOCATION) | | NEAREST LOCATION: | | | | |
| DIMENSIONS AND WEIGHT OF MAIN UNIT: | | ☐ mm<br>☐ cm<br>☐ inch | | ☐ Kilogram (Kg)<br>☐ Gram(g)<br>☐ 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.<br>No of years: _____ (Please specify) | | | | | | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 1: FLOOR STANDING INCUBATOR

## 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.
- **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 warranty period or any other relevant parts to prolong equipment lifespan.
- In the event of any **breakdown call** during the warranty period, tenderer shall ensure a **response time not exceeding 60 minutes** from the receipt of the notification.

  Response time refers to time taken from initial request by the user to the time trained technical personnel is physically present to assess the request.

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

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 2: BENCHTOP INCUBATOR

ITEM 2: BENCHTOP INCUBATOR

| | 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 | Tenderers are **required to submit individual proposal booklets for each item listed**. Each item shall be treated as a standalone submission | |
| 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 TENDER.** | |
| 5 | All consumables supplied throughout this tender shall have a minimum expiry date of **twelve (12) months / on delivery** (if applicable).<br>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). | |
| 6 | Brochures / catalogues should be submitted / attached with tender document. | |
| 7 | **DELIVERY PERIOD:**<br>(Please state) Not More Than **90 days** upon confirmation | |
| 8 | **PRICE VALIDITY:**<br>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.<br>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). | |
| 9 | 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.<br>During delivery, the vendor is required to provide proof of manufacture date confirming the equipment is new. | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 2: BENCHTOP INCUBATOR

ITEM 2: BENCHTOP INCUBATOR

| REQUIREMENTS | | Yes | No | Remarks |
|---|---|---|---|---|
| Quantity | 1 unit for National Blood Transfusion Reference Laboratory (NBTRL), RIPAS Hospital | | | |
| Type | Benchtop incubator with single glass door | | | |
| Door type | Single glass door | | | |
| Display | With digital display | | | |
| | Interactive temperature graph display | | | |
| Temperature Range | Precise temperature control from +35°C to +38°C | | | |
| Chamber Volume | Minimum internal volume of **not less than 45 liters** | | | |
| Alarm System | Audio and visual alarm for;<br>• High/Low temperature alarm<br>• Door ajar alarm<br>• Power failure alarm<br>• Parts malfunction alarm | | | |
| Noise level | Noise level not to exceed **50 dB(A)** during normal operation. | | | |
| Data port | USB or Ethernet for data download | | | |

| 2 | OTHER REQUIREMENTS | | | |
|---|---|---|---|---|
| • | Vendor shall perform a performance verification upon commissioning and ensure the performance of the installed equipment is within the acceptable limit of performance or as per manufacturer's recommendations or as per User's acceptance criteria. Vendor shall submit a copy of user verified Performance Qualification Report. | | | |
| LITERATURE | | | | |
| • | To supply one (1) USB or one (1) set of hard copy of the Operating Manual and Service Manual including circuit diagrams of the equipment shall be provided upon commissioning. | | | |
| • | To supply hardcopy of maintenance log with list of details of daily, weekly or scheduled maintenance | | | |
| TRAINING | | | | |
| • | Training shall be provided, at no additional cost, as follows: | | | |
| • | On-site training for ALL staff members expected to handle the machine. Please ensure that adequate time is allocated such that training will take place in small groups to minimize staff shortage in the laboratory. | | | |

| | | | |
|---|---|---|---|
| • Certificate of attendance and competence shall be issued to all trainees after completion of training. | | | |
| • If necessary and required by the User, the successful vendor shall ensure the key users are updated on the current or relevant information related to the system used. Vendor shall provide ONE off-site training for two (2) key users. All expenses for attending the training shall be borne by the vendor; full registration, return air ticket, daily allowance, accommodation, transport to and from the airport and place of training. | | | |

| 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:<br>• Troubleshooting and basic corrective maintenance<br>• Handling and basic inspection maintenance<br>*(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:<br>• Scope of Warranty<br>• One-time Planned Preventive Maintenance Per Year during warranty<br>• Comprehensive Corrective Maintenance of Main Unit | | | |

| 5 | PRODUCT DEMONSTRATION | | | |
|---|---|---|---|---|
| Please ☑ Tick where appropriate | | Yes | No | Remarks |
| 5.1 | If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process<br><br>The tenderer shall provide either of the following demonstration modes:<br>• Physical Demonstration (In-Person):<br>A complete working unit must be brought to the designated demonstration site as specified by the procuring entity. The demonstration shall be conducted by qualified personnel from the supplier.<br>• Online Demonstration (Virtual):<br>The demonstration may be conducted via a live video | | | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 2: BENCHTOP INCUBATOR

| | | | | |
|---|---|---|---|---|
| | conferencing platform (e.g., Zoom, MS Teams). The session must include:<br>o Live operation of the actual product.<br>o Real-time interaction to address questions or perform requested functions.<br>o High-definition video and clear audio for full visibility and understanding. | | | |

| SECTION 2 – PRICE PROPOSAL | | |
|---|---|---|
| PURCHASE PRICE | PER UNIT | BND$ |
| | TOTAL | BND$ |

| SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION | | | |
|---|---|---|---|
| BRAND: | | MODEL: | |
| COUNTRY OF ORIGIN: | | YEAR INTRODUCED TO MARKET: | |
| WARRANTY PERIOD: | | LAST COUNTRY SOLD TO: | |
| PRICE VALIDITY:<br>[AT LEAST ONE (1) YEAR PRICE VALIDTY] | | DELIVERY TIME: | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 2: BENCHTOP INCUBATOR

| SECTION 3 - PROCUMENT 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<br>Must comply to at least 1 safety Standards and certification<br>(Please attached the copy of stated standards and certifications) | | ☑ Tick where appropriate<br>☐ US FDA Standard,<br>☐ European Union CE MARK,<br>☐ Australian TGA Standard,<br>☐ Canadian CSA Standard or<br>☐ Japanese JIS Standard.<br>Others (Please specify): _____ | | | | | |
| NUMBER OF TECHNICAL SUPPORT (ENGINEER/TECHNICIAN)<br><br>Please provide training or certification for locals who is trained/certified | LOCAL | | ☐ Trained / Certified<br>☐ Not yet trained on the product | | | | |
| | OVERSEA (SPECIFY LOCATION) | NEAREST LOCATION: | | | | | |
| DIMENSIONS AND WEIGHT OF MAIN UNIT: | | ☐ mm<br>☐ cm<br>☐ inch | | | ☐ Kilogram (Kg)<br>☐ Gram(g)<br>☐ 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.<br>No of years: _____ (Please specify) | | | | | | |

SUPPLY, DELIVER, INSTALLATION, TESTING AND COMMISSIONING OF INCUBATOR FOR DEPARTMENT OF LABORATORY SERVICES, MINISTRY OF HEALTH
(NON-CLUSTERING)

ITEM 2: BENCHTOP INCUBATOR

## SECTION 4 – WARRANTY UNDERTAKING FORM

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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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