TENDER REF. NO.: KK/166/2026/HTD

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF JAUNDICE METER FOR MINISTRY OF HEALTH

TENDER FEE : $10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 04th AUGUST 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/166/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF JAUNDICE METER FOR MINISTRY OF HEALTH

SCOPE OF WORK

1. Supply of Twenty-Six (26) Units of Jaundice Meter

Distribution List	
Location	**Quantity**
RIPASH (1 unit per location): ▪ **APU** ▪ **NICU** ▪ **SCBU** ▪ **HDU2** ▪ **Ward 29** ▪ **Ward 31** ▪ **Ward 33** ▪ **Ward 34** ▪ **Ward 35** ▪ **Paediatric Clinic**	**10**
SSBH (2 units per location): ▪ **Ward 5** ▪ **Ward 6**	**4**
Department of Health Services (1 unit per location): ▪ **Berakas MCH** ▪ **Jubli Perak Sengkurong MCH** ▪ **Sg Besar MCH** ▪ **Muara MCH** ▪ **Sg Asam & Bolkiah MCH** ▪ **Jubli Emas Bunut MCH** ▪ **Pengkalan Batu MCH** ▪ **Tutong MCH** ▪ **Telisai MCH** ▪ **Sg Kelugus MCH** ▪ **Kuala Belait MCH** ▪ **Sg Liang MCH**	**12**

SECTION 1 – USER REQUIREMENTS	
1	**EQUIPMENT SPECIFICATION**
1.1	Function: **A non-invasive transcutaneous jaundice meter for measuring bilirubin levels in neonates.**
1.2	To provide rapid, point-of-care screening without the need for blood sampling.
1.3	The device shall be suitable for use in Neonatal Intensive Care Unit (NICU), Postnatal wards and Outpatient neonatal clinics
1.4	**Measurement performance**
1.4.1	Bilirubin Measurement Range: **0 – 20 mg/dL (0 – 340 µmol/L),** Maximum value it can measure is at least 20mg/dL or 340 µmol/L or higher
1.4.2	Measurement accuracy**: ±1.5 mg/dL or better**
1.4.3	Bilirubin measured: Total
1.5	**Measurement Technology**
1.5.1	Multi-wavelength optical measurement technology.
1.5.2	Light source: Xenon flash lamp / LED or equivalent long-life light source
1.5.3	Sensor: High-sensitivity photodiode or equivalent
1.6	Comes with small size colour display screen showing: ▪ Bilirubin value (mg/dL and/or µmol/L) ▪ Battery status ▪ Measurement status/errors
1.7	Utilises an integrated, automated optical calibration checker to verify sensor accuracy every time device is docked, without requiring manual adjustment parameters by user.
1.8	The device can be operated on a rechargeable battery with at least 200 measurements can be taken per full charge or more.
1.9	The system shall comply with **relevant international medical device safety standards** (e.g. IEC 60601-1 or equivalent).
1.10	Consumables and Accessories: The Tenderer shall supply the required accessories and consumables to ensure full functionality of the machine.
2	**END-USER TRAINING**
2.1	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)
2.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**
3	**TECHNICAL TRAINING**

SECTION 1 – USER REQUIREMENTS	
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: ▪ Troubleshooting and basic corrective maintenance ▪ Handling and basic inspection maintenance *(Two sessions/groups if required)
4	**WARRANTY**
4.1	Tenderer to include warranty period of **at least one (1) year**
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 ▪ Planned Preventive Maintenance during warranty (one of which includes battery replacement at the end of warranty period).

SECTION 2 – PRICE PROPOSAL	
PURCHASE PRICE	**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/166/2026/HTD

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF JAUNDICE METER FOR MINISTRY OF HEALTH

TENDER OF *(name of tenderer)* : _____

Company/Business Registration No. : _____

Tender Closing Date : _____

<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>
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SECTION 1 – USER REQUIREMENTS				
1	**EQUIPMENT SPECIFICATION**			
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.1	Function: **A non-invasive transcutaneous jaundice meter for measuring bilirubin levels in neonates.**			
1.2	To provide rapid, point-of-care screening without the need for blood sampling.			
1.3	The device shall be suitable for use in Neonatal Intensive Care Unit (NICU), Postnatal wards and Outpatient neonatal clinics			
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2.1	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)			

SECTION 1 – USER REQUIREMENTS				
2.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			
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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:**	

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

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NORMAL WARRANTY

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EXCLUSION FROM WARRANTY

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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.**	
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1. We offer and undertake on your acceptance of our Tender to provide the above mentioned services in accordance with your Invitation To Tender.

2. Our Tender is fully consistent with and does no contradict or derogate from anything in your Invitation To Tender. We have not qualified or changed any of the provisions of your Invitation To Tender.

3. OUR OFFER IS VALID FOR **TWELVE (12)** CALENDAR MONTHS FROM THE TENDER CLOSING DATE.

4. When requested by you, we shall extend the validity of this offer.

5. We further undertake to give you any further information which you may require.

Dated this_____day of_____, _____

Tenderer's official stamp

_____

Signature of authorised officer of Tenderer
Name:
Designation: