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 : _____

SCOPE OF WORK			
Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1. Supply of 85 units of Bedside Multiparameter Monitors for pediatric and neonatal for RIPASH WCC, PMMPMHAMBH and SSBH			
2. Supply 2 units of working station for RIPASH WCC			
3. Supply 8 units of Central Monitoring System for RIPAS WCC and SSBH			

4. Summary of total numbers and distribution list are as follow:

Location	Bedside Multiparameter Monitor	Working station (Connected For All monitors in the facility)	Central Monitoring System (Nursing counter)
RIPASH WCC	60	2	7
PMMPMHAMBH	7	-	-
SSBH	18	-	1

Location	Numbers of Monitors	Working station (Connected to All monitors in the facility)	Central Monitoring System (Nursing counter)	Type/ Configuration
SCBU, Level 2, WCC	12	1	1	Wall mounted
NICU, Level 2, WCC	24		2	Wall mounted
High Dependency Unit (HDU1), Level 3, WCC	7	1	1	Wall mounted
Paediatric Intensive Care Unit (PICU), Level 3, WCC	10		2	Wall mounted
High Dependency Unit (HDU2), Level 3, WCC	7		1	Wall mounted
Ward 15, SSBH	6	-	1	Wall mounted
Ward 15, SSBH	8			Mobile/Trolley
SCBU, SSBH	4		-	Mobile/Trolley
PMMPMHAMBH	7	-	-	Mobile/Trolley

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**BEDSIDE PATIENT MONITOR**			
1.1	Suitable for neonate, paediatrics and adult			
1.2	The patient monitor is also configured for extremely low birth weight (ELBW) newborn babies of 500 grams or less			**Proof Document reference:**
1.3	High acuity monitors suitable for ICU settings			
1.4	**Modular Architecture**			
1.4.1	The patient monitoring system shall **incorporate a modular transport monitoring unit fully integrated with the main bedside monitor.**			
1.4.2	Configurable waveform grid, waveform colour, tabular values and trend strips			
1.4.3	The docking mechanism shall be robust and allow quick attachment and detachment of the modular unit without the use of tools.			
1.4.4	**Primary module**			
1.4.4.1	Primary module functions as a multi parameter module when docked and a transport monitor when undocked.			
1.4.4.2	Primary module capable to monitor **minimum six (6) parameters** such as IBP, NIBP, temperature, SPO2, heart rate and continuous trace ECG.			
1.4.4.3	Primary module must be able to support a continuous synchronization of patient data and parameters including alarms and configuration to maintain a continuous patient monitoring during transition and transporting of patients without manual configuration.			
1.4.4.4	The primary module with touch screen capabilities must be lightweight and compact, suitable for patient transport within the hospital and intra-hospital transfers			
1.4.4.5	Screen display size: Not larger than 6”			
1.4.4.6	Maximum number of waveforms displayed: Up to seven (7) waveforms			
1.4.4.7	Alarm settings, patient information, and monitoring configurations shall be retained and automatically transferred between the modular unit and the bedside monitor to ensure continuity of care.			
1.4.4.8	Adjustable screen brightness			
1.4.5	**Main Bedside monitor**			
1.4.5.1	Standalone host monitor with a modular docking slots design for ease of future additional parameter modules to provide comprehensive diagnostic tools.			
1.4.5.2	Medical grade LCD with touch screen capabilities			
1.4.5.3	Display monitor Size: Minimum 22” with high viewing angle			
1.4.5.4	**Minimum of five (5) docking slots** for external module connectivity to enable additional parameter			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
	monitoring			
1.4.5.5	All modules are removable and serviceable without replacing the whole monitor.			
1.4.5.6	Modular architecture allowing addition of parameter modules including but not limited to ECG, SpO_2, NIBP, $etCO_2$, EEG/aEEG, IBP and heart rate			
1.4.5.7	Maximum number of waveforms displayed: Main bedside Monitor: up to thirteen (13) waveforms			
1.4.5.8	Adjustable screen brightness			
1.6	Configuration: Wall mounted and Trolley mounted			
1.7	Capable to monitor vitals such as ECG, Blood Pressure, Oxygen Saturation, End tidal CO2 (ETCO2), Temperature			
1.8	**Vital parameter: ECG**			
1.8.1	3/5 lead ECG monitoring			
1.8.2	Arrhythmia detection with configurable alarm limits			
1.8.3	**High-accuracy ECG**, compatible with tiny heart signals especially for ELBW neonate.			
1.8.4	Connecting cable with one end connected to 3/5-lead pre-wired ECG electrodes, specifically designed with a lightweight configuration suitable for use in ELBW (Extremely Low Birth Weight) preterm newborn babies. Samples shall be provided for evaluation			
1.9	**Vital parameter: Non-invasive Blood Pressure (NIBP)**			
1.9.1	Oscillometric method			
1.9.2	Paediatric and neonatal cuff compatibility with full range of cuff sizes suitable for the neonate (including smallest available for ELBW) and paediatrics.			
1.9.3	Display systolic, diastolic and mean pressures			
1.9.4	In the event that a blood pressure limit is preset, the unit shall be able to automatically record readings beyond the preset limit			
1.10	**Vital parameter: Invasive Blood Pressure (IBP)**			
1.10.1	At least one IBP channel			
1.10.2	User-selectable pressure ranges and units			
1.10.3	The system shall be compatible with the existing IBP transducers supplied to and currently in use by the Ministry of Health.			
1.11	**Vital parameter: Pulse Oximetry**			
1.11.1	Continuous SpO_2 and pulse measurement with sensor technology optimized for **low perfusion and motion artefact environments**			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.11.2	High accuracy especially for ELBW babies of at least 500 grams			
1.11.3	Technology: Shall be **built in Nellcor technology** and/or manufacturer-owned probe with associated algorithm proven effective for extremely low birth weight (ELBW) patients			
1.11.4	Can be use with disposable and reusable probe			
1.11.5	The manufacturer-owned reusable probe shall be reusable, easily disinfected, and compliant with applicable infection control requirements and standard			
1.11.6	The system shall be compatible with the existing SPO2 sensors supplied to and currently in use by the Ministry of Health.			
1.12	**Vital parameter: Respiration**			
1.12.1	Method: Can measure Impedance and ETCO2			
1.12.2	CO_2 sampling can be sidestream or mainstream			
1.13	**Vital parameter: Temperature**			
1.13.1	Measure body temperature with accuracy of YSI400 series standard or equivalent			
1.13.2	Minimum dual temperature channels			
1.14	**Full disclosure capability**			
1.14.1	**Arrhythmia analysis –** Full disclosure, detection and analysis for at least 72 hours			
1.14.2	The ability to recreate the ECG on a second-to-second basis retrospectively at the bedside from stored record			
1.14.3	Patient data shall be retrievable locally and via central monitoring system.			
1.15	**EEG/ aEEG (Cerebral Monitoring)**			
1.15.1	The system shall support **continuous EEG monitoring with aEEG display capability** via integrated or modular solution			
1.15.2	Up to **4 EEG channels or better**			
1.15.3	The system shall provide: - Raw EEG waveform display - **Amplitude-integrated EEG (aEEG) trend display** - Adjustable time compression for long-term monitoring - Electrode impedance check			
1.15.4	EEG/aEEG alarms for abnormal cerebral activity and electrode disconnection shall be available.			
1.16	**Alarms system**			
1.16.1	Visual and audible alarms shall be provided for all monitored parameters, with adjustable audio volume			
1.16.2	Configurable alarm limits specific to paediatric and neonatal patients.			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.16.3	Alarm priority levels and alarm delay features shall be available.			
1.16.4	The system shall support remote alarm viewing, allowing bedside monitors to display active alarms from other monitored beds, including beds located in different bays or clinical areas within the same unit. The remote alarm viewing should be able to view at least 10 monitors simultaneously.			**Document reference:**
1.16.5	The system shall allow temporary muting/silencing of alarms with visual indication and automatic reactivation after a preset safe period adjustable by the monitor administrator using password-protected access			
1.17	**Transport Capability**			
1.17.1	The modular unit shall support **battery operation for a minimum of 3 hours**. The system shall allow easy insertion/replacement of a new battery during transport for extended journeys or in the event of battery failure, and/or battery recharging using power cord connected to suitable electrical wall sockets.			
1.17.2	Suitable for intra-hospital transport without interruption of monitoring.			
1.17.3	Automatic data continuity during transport.			
1.17.4	Certified for air transportation via aeroplane and helicopter as per IEC Standard			
1.17.5	The unit shall have undergone drop testing and shall comply with the relevant Ingress Protection (IP) rating standard.			
1.18	WIFI enabled			
1.19	Central monitoring capabilities			
1.20	Network/Ethernet/HL7 communication and USB socket available and activated			
1.21	The scope shall include all necessary works, if required, for the following: - Supply and fitting new/additional power supply - Supply and fitting for network point/switches			
2	**CENTRAL MONITORING SYSTEM**			
2.1	Tenderer to include a proposal to provide central monitoring system capable to view the bedside patient monitor offered above at the specified location as per the distribution list.			
2.2	The Central Monitoring System (CMS) shall provide **real-time centralized surveillance** of pediatric and neonatal patients monitored by bedside multiparameter monitors			
2.3	Central monitoring system is able to export and integrate with current and future BruHIMS using DICOM 3.0, HL7 or relevant protocols			
2.4	Central Monitoring System display monitor must at least 32” or equivalent or better to accommodate all			**Tenderer to specify display**

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
	display			**monitor size:**
2.5	Tenderer to provide details of the central monitoring system offered including but not limited to the following:			
2.5.1	▪ Specification of System.			
2.5.2	▪ **The maximum number of monitors it can connect to.**			
2.5.3	▪ Information if the system is compatible to one brand/model only or can connect to others			
2.5.4	▪ Licenses included in the offer (One time/lifetime or yearly subscription – **to specify any recurring cost if any)**			
2.6	ADT (Admission, Discharge and Transfer) functionality with demographic information from EMR (Electronic medical record)			
2.7	Export of physiologic parameters to EMR such as BP, HR and others at pre-defined intervals or with user intervention			
2.8	Export of customisable reports in pdf format to EMR/PACS including free text and a doctors interpretation/summary report			
2.9	Analysis software to summarise key ECG statistics and annotate key events and rhythm strips			
2.10	Inclusive of an UPS to support continued operation of central monitoring station computer including network (LAN/wifi) connectivity of connected patient monitors for at least thirty (30) minutes or better			
2.11	Inclusive of central server for every hospital (if applicable based on system requirement)			
2.12	**PC SYSTEM FOR CENTRAL MONITORING SYSTEM**			
2.12.1	Model/Type: Enterprise grade			
2.12.2	Processor: Minimum Intel Core i5 processor or Higher			
2.12.3	RAM: 16GB DDR4 or higher			
2.12.4	Video Graphics: Intel HD integrated			
2.12.5	Connectivity: Ethernet, Wireless-N, and Bluetooth 4.0 or higher			
2.12.6	The system must be equipped with multiple ports to ensure full functionality, including at minimum USB 3.0, DisplayPort, HDMI, and RJ-45			
2.12.7	Operating system: Microsoft Window 10 pro 64 bit or higher (Compatible with software of Central Monitoring System offered)			
2.12.8	Security features: Trusted Platform Module 2.0, remote support software and Anti-virus			
2.12.9	**The Equipment should come with all necessary accessories for it to be fully operational**			
3	**WORKING STATION**			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
3.1	Tenderer to include the proposal to provide **Working station** at designated location as per below: ▪ **Level 2 WCC, RIPASH** ▪ **Level 3 WCC, RIPASH**			
3.2	The viewing station shall be capable of displaying real-time and historical patient data of all the monitors from all monitors connected to the system server			
3.3	The viewing station shall be capable of functioning as a reporting station, allowing users to generate, review, and print comprehensive reports based on patient data			
4	**INTEGRATION TO HIS AND CCIS**			
4.1	The proposed system shall be compatible with the existing *Critical Care Information System (CCIS) If the proposed setup is not compatible, the vendor must include any additional costs required to established the necessary connections. *Note: Current CCIS service provider Aixelink & Dynamik Technologies Sdn Bhd			
4.2	The vendor shall ensure that any license required to connect to CCIS is included in the proposal and is provided as a perpetual license.			
4.3	The vendor shall ensure that the monitor is connected to CCIS and the data is made available upon delivery and installation			
4.4	Inclusive of **all integration cost** for the proposed bedside monitors and central monitoring system to be integrated to the existing Hospital Information System (HIS) / BruHIMS and CCIS to retrieve recorded vital information.			
4.5	Inclusive of all necessary work for new/additional power supply (if required)			
4.6	Inclusive of all necessary work for network points/switches (if required)			
5	**ACCESSORIES/CONSUMABLES** ** In your quotation/tender document, please breakdown/itemized the price for each accessories/ consumable*			
5.1	**TO BE SUPPLIED WITH EACH UNIT:** Inclusive of all the accessories for the machine to be fully functional, including but not limited to:			
5.1.1	One (1) unit 3/5 Lead ECG + ECG cable or equivalent			
5.1.2	Ten (10) sets of pre-wired ECG electrodes suitable for up to 10 kg baby			
5.1.3	Ten (10) sets of pre-wired ECG electrodes suitable for up to 10 kg baby,			
5.1.4	Ten (10) sets of pre-wired ECG electrodes suitable for paediatric			
5.1.5	One (1) unit reusable temperature probe			
5.1.6	One (1) unit IBP Cable			
5.1.7	One (1) unit NIBP Tube			

<table>
<tr><th colspan="5">SECTION 1 – USER REQUIREMENTS</th></tr>
<tr><th colspan="2">Please ☑ Tick where appropriate</th><th>Yes</th><th>No</th><th>Remarks</th></tr>
<tr><td>5.1.8</td><td>One (1) set of Adult NIBP Cuff of various sizes</td><td></td><td></td><td></td></tr>
<tr><td>5.1.9</td><td>One (1) unit Child NIBP Cuff</td><td></td><td></td><td></td></tr>
<tr><td>5.1.10</td><td>One (1) unit Infant NIBP Cuff</td><td></td><td></td><td></td></tr>
<tr><td>5.1.11</td><td>Two (2) sets of Neonatal NIBP cuff of various sizes</td><td></td><td></td><td></td></tr>
<tr><td>5.1.12</td><td>One (1) unit adapter cable for Nellcor SpO2 sensor</td><td></td><td></td><td></td></tr>
<tr><td>5.1.13</td><td>Two (2) units reusable SpO2 sensor for Neonate</td><td></td><td></td><td></td></tr>
<tr><td>5.1.14</td><td>One (1) unit reusable SpO2 sensor for Paediatrics</td><td></td><td></td><td></td></tr>
<tr><td>5.1.15</td><td>Fifty (50) units of disposable electrodes, preferrably snap-on type suitable for paediatrics</td><td></td><td></td><td></td></tr>
<tr><td>5.1.16</td><td>Fifty (50) units of disposable body surface temperature probe</td><td></td><td></td><td></td></tr>
<tr><td>5.1.17</td><td>Fifty (50) units of disposable SpO2 sensors (Nellcor)</td><td></td><td></td><td></td></tr>
<tr><td>5.2</td><td colspan="4">ADDITIONAL ACCESSORIES TO BE SUPPLIED AS PER SPECIFIC DISTRIBUTION:</td></tr>
<tr><td>5.2.1</td><td>Two (2) sets of Mobile trolley for the following distribution:
▪ One (1) set for Level 2, RIPAS Hospital
▪ One (1) set for Level 3, RIPAS Hospital</td><td></td><td></td><td></td></tr>
<tr><td>5.2.2</td><td>Six (6) complete sets of reusable ETCO2 module:
▪ Two (2) sets for High Dependency Unit (HDU1), Level 3 (Complete with two (2) mainstream sensor)
▪ Two (2) sets for Pediatric Intensive Care Unit (PICU), Level 3 (Complete with two (2) mainstream sensor)
▪ Two (2) sets for Ward 15, SSBH</td><td></td><td></td><td></td></tr>
<tr><td>5.2.3</td><td>Ten (10) complete sets of pulse oximetry (SpO_2) module, each inclusive of reusable cable and sensor.</td><td></td><td></td><td></td></tr>
<tr><td>5.2.4</td><td>Four (4) complete sets of aEEG modules, each supplied with an aEEG accessory kit, shall be provided according to the distribution below, including but not limited to the following:
<table><tr><th>Location</th><th>aEEG Accessory Kit</th></tr><tr><td>PICU</td><td>Two (2) sets of Paediatric kits

Each kit shall include:
- Reusable EEG lead cables
- Reusable electrodes cup electrodes
- Scrub cream
- Conductive cream</td></tr></table></td><td></td><td></td><td></td></tr>
</table>

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
	NICU: **Two (2) Sets of Neonate Kits** Each kit shall include: - Reusable EEG lead cables - **Reusable electrodes cup electrodes** - **Reusable head caps** - Scrub cream - Conductive cream			
6	**INSTALLATION REQUIREMENT**			
6.1	The scope of installation work shall include the dismantling of the existing multiparameter monitor and the relocation of the unit to a designated storage location within the facility.			
6.2	Any wall reinforcement requirements and all associated renovation works, including materials, labour, and finishing, shall be included in the Tenderer's offer			
7	**END-USER TRAINING**			
7.1	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)			
7.2	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.**			
8	**TECHNICAL TRAINING**			
8.1	**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)			
9	**WARRANTY**			
9.1	The Tenderer shall provide a comprehensive warranty period of **two (2) years for the outright purchase**			
9.2	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 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
10.	**PRODUCT DEMONSTRATION (UPON REQUIREMENT)**			
10.1	If requested by the Government, vendor shall provide a product demonstration as part of the evaluation process The tenderer shall provide either of the following demonstration modes: ▪ Physical Demonstration (In-Person): 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. ▪ Online Demonstration (Virtual): The demonstration may be conducted via a live video conferencing platform (e.g., Zoom, MS Teams). The session must include: ✓ Live operation of the actual product. ✓ Real-time interaction to address questions or perform requested functions. ✓ High-definition video and clear audio for full visibility and understanding.			

SECTION 2 – PRICE PROPOSAL			
PURCHASE PRICE	MULTIPARAMETER MONITOR (PER UNIT)	BND$	
	CMS PER LOCATION	WCC RIPAS BND$	SSBH BND$
	WORKING STATION	BND$	
	ADDITIONAL ACCESSORIES	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 ONE (1) YEAR 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.**	

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: