TENDER REF. NO.: KK/168/2026/UPP

MINISTRY OF HEALTH
NEGARA BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMISSIONING OF FULL BODY PHOTOTHERAPY MACHINE FOR DERMATOLOGY CLINIC, RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING)

TENDER FEE : $10.00

RECEIPT NO. :

CLOSING DATE : ON TUESDAY, 18th 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/168/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF FULL BODY PHOTOTHERAPY MACHINE FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

SCOPE OF WORK
1. Supply of 1 unit of Full Body Phototherapy Machine for Dermatology Clinic, RIPAS HOSPITAL

	SECTION 1 – USER REQUIREMENTS
1	**Full Body Phototherapy Machine**
1.1	**Function:** Full body phototherapy system intended for treatment of dermatological conditions such as psoriasis, vitiligo, eczema, and other skin disorders under physician supervision.
1.2	Type: Full body, cabinet-type
1.3	Suitable for UVA, UVB and Narrowband UVB phototherapy treatments.
1.4	Configuration: Combination of UVA and Narrowband UVB Lamps
1.5	Capable of delivering 360-degree body irradiation.
1.6	Cabinet design shall be space-efficient with dual access doors.
1.7	Spacious patient chamber with open-top design to reduce claustrophobic sensation.
1.8	System shall accommodate adult patients and wheelchair access by removable platform.
1.9	Interior shall be fitted with UV-transmitting protective acrylic shields to prevent accidental lamp contact and dust accumulation.
1.10	Equipped with high-efficiency reflective system to maximize UV light delivery.
1.11	Lamp configuration shall utilize approximately 40 medical-grade ultraviolet lamps or equivalent.
1.12	Durable medical-grade construction with easy-to-clean interior and exterior surfaces
1.13	Handle-grips for patient safety and stability
1.14	**Control System**

1.14.1	Microprocessor-controlled operation.
1.14.2	Equipped with digital touchscreen or computerized control system.
1.14.3	Capable of dosimetry-based treatment control and/or timer-based treatment control.
1.14.4	System shall provide automatic calculation of treatment duration based on prescribed dose.
1.14.5	Capable of storing treatment protocols and patient treatment records.
1.14.6	User access control with password/PIN protection.
1.14.7	Treatment progress display during operation.
1.14.8	Equipped with treatment pause, resume, repeat and cancel functions.
1.14.9	Audible notification at end of treatment
1.15	**Safety features**
1.15.1	Integrated dosimetry monitoring for accurate dose delivery.
1.15.2	Accuracy approximately ±5% or better.
1.15.3	Emergency stop function.
1.15.4	Safety interlock system on doors.
1.15.5	Mandatory eye protection warning/indication.
1.15.6	Overheating protection and cooling management system.
1.15.7	Integrated ventilation/cooling fans for patient comfort and lamp protection.
1.15.8	System shall resume interrupted treatment after power restoration where applicable.
1.16	**Safety Standard Requirement** Compliance with the following standard or equivalent: ▪ IEC and/or EN Safety Standards ▪ CE and/or FDA approval
1.17	**Accessories/consumables to be supplied with each unit:** Inclusive of all the accessories for the machine to be fully functional, including but not limited to:
1.17.1	UV protective patient goggles
1.17.2	Operator protective eyewear
2	**INSTALLATION REQUIREMENT**

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**
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)
4	**WARRANTY**
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

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/168/2026/UPP

INVITATION TO TENDER
SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF FULL BODY PHOTOTHERAPY MACHINE FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

TENDER OF *(name of tenderer)* *:* _____

Company/Business Registration No. : _____

Tender Closing Date : _____

DELIVERY PERIOD	

SCOPE OF WORK			
Please ☑ Tick where appropriate	**Yes**	**No**	**Remarks**
1. Supply of 1 unit of Full Body Phototherapy Machine for Dermatology Clinic, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1	**Full Body Phototherapy Machine**			
1.1	**Function:** Full body phototherapy system intended for treatment of dermatological conditions such as psoriasis, vitiligo, eczema, and other skin disorders under physician supervision.			
1.2	Type: Full body, cabinet-type			
1.3	Suitable for UVA, UVB and Narrowband UVB phototherapy treatments.			
1.4	Configuration: Combination of UVA and Narrowband UVB Lamps			
1.5	Capable of delivering 360-degree body irradiation.			
1.6	Cabinet design shall be space-efficient with dual access doors.			
1.7	Spacious patient chamber with open-top design to reduce claustrophobic sensation.			
1.8	System shall accommodate adult patients and wheelchair access by removable platform.			
1.9	Interior shall be fitted with UV-transmitting protective acrylic shields to prevent accidental lamp contact and dust accumulation.			
1.10	Equipped with high-efficiency reflective system to maximize UV light delivery.			
1.11	Lamp configuration shall utilize approximately 40 medical-grade ultraviolet lamps or equivalent.			**Recommended lamp replacement interval:** _____
1.12	Durable medical-grade construction with easy-to-clean interior and exterior surfaces			
1.13	Handle-grips for patient safety and stability			
1.14	**Control System**			
1.14.1	Microprocessor-controlled operation.			
1.14.2	Equipped with digital touchscreen or computerized control system.			
1.14.3	Capable of dosimetry-based treatment control and/or timer-based treatment control.			
1.14.4	System shall provide automatic calculation of treatment duration based on prescribed dose.			
1.14.5	Capable of storing treatment protocols and patient treatment records.			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
1.14.6	User access control with password/PIN protection.			
1.14.7	Treatment progress display during operation.			
1.14.8	Equipped with treatment pause, resume, repeat and cancel functions.			
1.14.9	Audible notification at end of treatment			
1.15	**Safety features**			
1.15.1	Integrated dosimetry monitoring for accurate dose delivery.			
1.15.2	Accuracy approximately ±5% or better.			
1.15.3	Emergency stop function.			
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1.15.8	System shall resume interrupted treatment after power restoration where applicable.			
1.16	**Safety Standard Requirement** Compliance with the following standard or equivalent: ▪ IEC and/or EN Safety Standards ▪ CE and/or FDA approval			
1.17	**Accessories/consumables to be supplied with each unit:** Inclusive of all the accessories for the machine to be fully functional, including but not limited to:			
1.17.1	UV protective patient goggles			
1.17.2	Operator protective eyewear			
2	**INSTALLATION REQUIREMENT**			
2.1	Tenderer shall provide installation service **to ensure electrical supply requirement meet system requirement.**			
2.2	**Dismantling and Removal of Existing Equipment**			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		**Yes**	**No**	**Remarks**
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**			
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**.			
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4.1	Tenderer to include warranty period of **at least TWO (2) years**			
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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:		**400V**		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.
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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:

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- 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.**	
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5	Brochures / catalogues should be submitted / attached with tender document.	
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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: