ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT

TENDER REFERENCE NO:	**(20)IKLAN-QTN/UPP.HRIPAS/2026/DERMATOLOGY**
QUOTATION/TENDER NAME	**SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY DEPARTMENT AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL**

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PACKING SIZE**	**TOTAL QUANTITY USAGE PER YEAR**	**ITEM DESCRIPTIONS AND SPECIFICATIONS**	**PART/ CATALOGUE NUMBER AND BRAND**	**PACKING SIZE**	**TOTAL QUANTITY OFFERED PER YEAR**	**COST PER PACK (COST PER UNIT) (B$)**	**TOTAL COSTS (B$)**
1.	**ELECTROSURGICAL UNIT**	UNIT	**2 UNITS**						
								TOTAL PRICE (B$)	

NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	**TENDER FORM should be filled** completely including the **USER REQUIREMENT FORM** (if available). Submission of incomplete form **MAY** cause **DISQUALIFICATION OF TENDER.**	
3	Each tenderer is allowed to quote **ONE BRAND WITH ONE PRICE ONLY** for each item. Submission of more than one brand and price will cause **DISQUALIFICATION OF TENDER.**	
4	All consumables supplied throughout this tender shall have a minimum expiry date of **twelve (12) months / on delivery.** Should the consumables be urgently needed, provision of consumables with expiry date of less than twelve (12) months should be first agreed by the User before delivery is made.	
5	**Brochures / catalogues should be submitted / attached** with tender document.	
6	**Samples should be submitted together with tender or within fourteen (14 days)** of the tender closing date (if applicable).	
7	**DELIVERY PERIOD:** **Not later than 4 weeks**	**(Yes / No)** **(If No, please specify)**
8	**PRICE VALIDITY:** The quotation shall remain valid for **12 MONTHS** from the final date for the submission of the quotation and no supplier may withdraw his/her quotation within that period. The Government reserves the right to extend this period if deemed necessary provided that such extension to the quotation validity period shall have written consent of the supplier(s).	

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

FOR QUOTATION ONLY

	TERMS AND CONDITIONS		
a.	Tenderer must be registered with the Ministry of Health	*Acknowledgement:* *Company Ref. No.:* ..... I hereby certify the above quote to be correct. Signature: ..... Name: ..... Designation: ..... Date:	Company's Official Stamp
b.	Please fill in the **QUOTATION FORM** completely including the **USER REQUIREMENT FORM** (if available). Submission of incomplete form **MAY** cause **DISQUALIFICATION OF QUOTATION**		
c.	Each tenderer is allowed to quote **ONE BRAND WITH ONE PRICE ONLY** for each item. Submission of more than one brand and price will cause **DISQUALIFICATION OF QUOTATION**		
d.	Please do not use **TIPPEX** for amendment		

FORM TO BE USE – SPECIFICATION FORM MINISTRY OF HEALTH, BRUNEI DARUSSALAM

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

.+

	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.**	

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

SCOPE OF WORK			
Please ☑ Tick where appropriate	Yes	No	Remarks
1. Supply of Two (2) units of Electrosurgical Unit for Dermatology Clinic, RIPAS HOSPITAL			

SECTION 1 – USER REQUIREMENTS				
Please ☑ Tick where appropriate		Yes	No	Remarks
1	Electrosurgical unit			
1.1	Function: Radiofrequency electrosurgical unit intended for dermatology, cosmetic dermatology, minor skin surgery, plastic surgery, and outpatient procedures including cutting, coagulation, fulguration, and electrodessication. The system shall utilize high-frequency radio wave technology to minimize lateral thermal tissue damage and improve cosmetic outcomes			
1.2	Configuration: Compact radiofrequency electrosurgical unit, trolley mounted			
1.3	Suitable for: • Dermatologic surgery • Cosmetic dermatology • Skin lesion excision • Electrodessication • Fulguration • Hemostasis • Minor outpatient procedures.			
1.4	Operating Modes: The system shall provide minimum operating modes including: • Pure Cut • Blend Cut • Coagulation			

	• Fulguration			
1.5	**Technical Performance**			
1.5.1	Output frequency: approximately 3.8–4.0 MHz or better			
1.5.2	Maximum power output: • Approximately 90 W RMS or equivalent • Peak power approximately 140–150 W or equivalent.			
1.5.3	Adjustable power control with fine increment adjustment.			
1.5.4	Stable energy delivery for precise tissue effect.			
1.5.5	Minimal tissue charring and reduced surgical smoke generation preferred			
1.6	**Control System**			
1.6.1	Front panel control interface with clear labeling.			
1.6.2	Independent mode selection and power adjustment controls.			
1.6.3	Visual indicators for selected operating mode.			
1.6.4	Audible activation tone during energy delivery.			
1.6.5	Compatible with handpiece and footswitch activation			
1.7	**Safety Features**			
1.7.1	Built-in patient and operator safety protection.			
1.7.2	Isolated RF output circuitry.			
1.7.3	Overload and overheating protection.			
1.7.4	Automatic fault detection and indication.			
1.7.5	EMC/EMI protection compliant with medical standards.			
1.7.6	Protective grounding and electrical safety features.			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

1.7.7	System shall minimize unintended tissue burns and collateral tissue damage.			
1.8	Accessories & Standard Supply For each Electrosurgical unit offered, the Tenderer shall supply the complete set of standard accessories including, but not limited to, the following quantities for each individual system:			
1.8.1	Two (2) units of Reusable handpiece/pencil			
1.8.2	One (1) unit of Footswitch			
1.8.3	Ten (10) units of Needle electrodes			
1.8.4	Ten (10) units of Ball electrodes			
1.8.5	Ten (10) units of Loop electrodes			
1.8.6	Ten (10) units of Blade electrodes			
1.8.7	Ten (10) units of Fine wire electrodes			
1.8.8	Two (2) sets of Reusable Patient plate/antenna plate where applicable			
1.9	Safety Standard Requirement Compliance with the following standard or equivalent: • IEC and/or EN Safety Standards • CE and/or FDA approval			

2. END USER AND TECHNICAL TRAINING				
Please ☑ Tick where appropriate		Yes	No	Remarks
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)			
2.1.1	Tenderer must prepare a training attendance or proof of training done to end user during commissioning and the refresher course (6) months after commissioning.			
2.2	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)			

3. WARRANTY				
Please ☑ Tick where appropriate		Yes	No	Remarks
3.1	Tenderer to include warranty period of at least TWO (2) years			
3.2	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			

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

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 ONE (1) YEAR PRICE VALIDTY]		DELIVERY TIME:	

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

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)**						

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL

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

SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ELECTROSURGICAL UNIT FOR DERMATOLOGY CLINIC, RIPAS HOSPITAL