FORM A

ITEM(S) SPECIFICATIONS FOR ADVERTISEMENT (ABOVE $2000)

QUOTATION/TENDER REFERENCE NO:	(31)IKLAN-QTN/UPP.HRIPAS/2026/IN-PATIENT PHARMACY
QUOTATION/TENDER NAME	SUPPLY, PRINTING AND DELIVERY OF NON-MEDICAL ITEMS (IV ADDITIVES LABELS) FOR IN-PATIENT PHARMACY AT RAJA ISTERI PENGIRAN ANAK SALEHA HOSPITAL (CLUSTERING)

	USER'S REQUIREMENTS			VENDOR'S OFFER					
NO	ITEM DESCRIPTIONS AND SPECIFICATIONS	PACKING SIZE	TOTAL QUANTITY USAGE	ITEM DESCRIPTIONS AND SPECIFICATIONS	PART/ CATALOGUE NUMBER AND BRAND	PACKING SIZE	TOTAL QUANTITY OFFERED	COST PER PACK (COST PER UNIT) (B$)	TOTAL COSTS (B$)
1	**IV ADDITIVE LABELS (FOR SYRINGES)** SIZE: 1" X 3" FONT SIZE: AT LEAST 10, ARIAL *** Please refer to the attachment (Annex 1) for the artwork & specifications**	500 LABELS PER ROLL	**400 ROLLS**						
2	**IV ADDITIVE LABELS (FOR IV FLUID)** SIZE: 2" X 5" FONT SIZE: AT LEAST 12, ARIAL *** Please refer to the attachment (Annex 1) for the artwork & specifications**	100 LABELS PER ROLL	**400 ROLLS**						
								TOTAL PRICE (B$)	

FORM A

NO	TERMS AND CONDITIONS	VENDOR'S OFFER (PLEASE STATE)
1	Tenderer must be registered with the Ministry of Health.	
2	**QUOTATION/TENDER FORM should be filled** completely including the **USER REQUIREMENT FORM** (if available). Submission of incomplete form **MAY** cause **DISQUALIFICATION OF QUOTATION/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 QUOTATION/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 quotation/tender document.	
5	**Samples and artwork should be submitted together with quotation/ tender or within fourteen (14 days)** of the quotation/tender closing date (if applicable)	
7	**DELIVERY PERIOD:** **(Please state)** 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	In-patient Pharmacy, HRIPAS	Section/Unit Ref No.:	-
Person to Contact	Name : Norhasidah Abd Rahman	Tel.No. :	2242424 ext: 6477 /6475
	E-mail : norhasidah.rahman@moh.gov.bn	Fax No.:	-

FOR QUOTATION ONLY

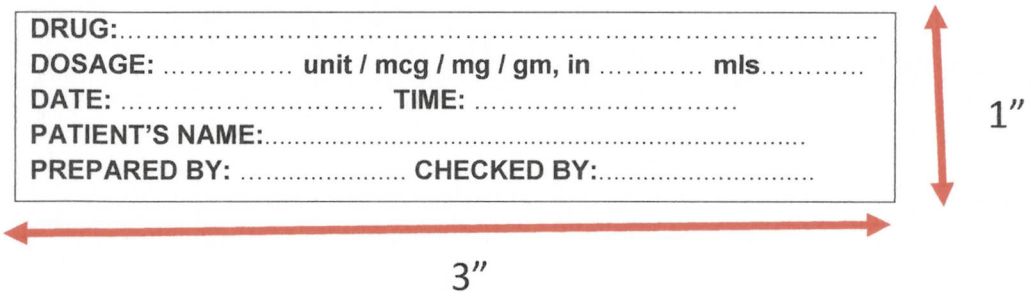
TERMS AND CONDITIONS			
a.	Tenderer must be registered with the Ministry of Health	*Acknowledgement:* *Company Ref. No.:* ..... I hereby certify the above quote to be correct. Signature: ..... Name: ..... Designation: ..... Date:	Company's Official Stamp
b.	Please fill in the **QUOTATION FORM** completely 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		

ARTWORK

Type 1: For Syringes

Font size: **AT LEAST 10, ARIAL** .

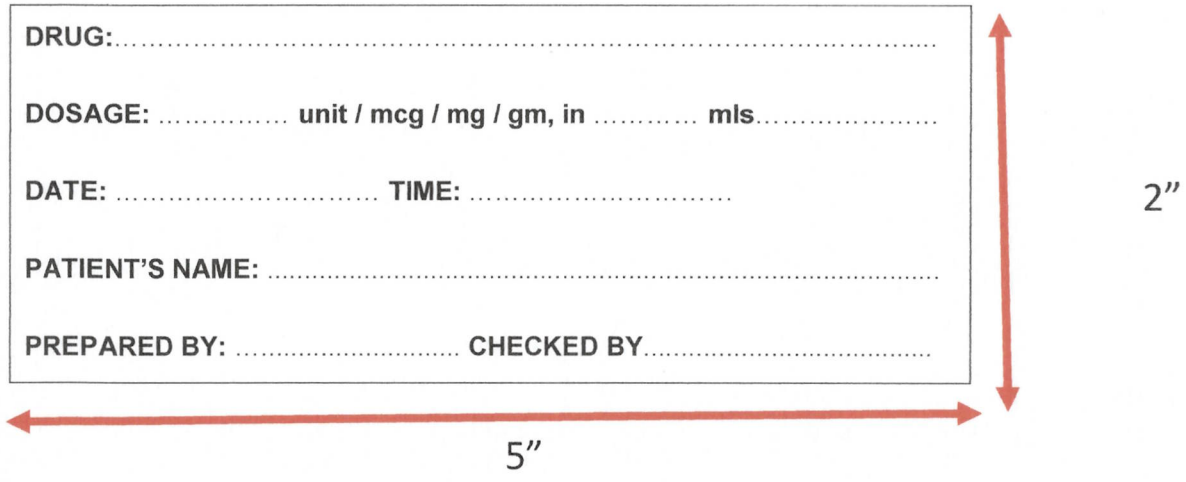
Quantity: **400 rolls (1 roll = 500 labels)**



Type 2: For IV Fluid 500mls

Font size: **AT LEAST 12, ARIAL** .

Quantity: **400 rolls (1 roll = 100 labels)**



IV additives labels:

1. The dimensions of labels **as per artwork provided.**

2. The Font size of the words are indicated **in the artwork provided.**

3. The wordings and details of the labels are as specified **in artwork provided.**

4. The quantity for each label is as per specified **in the artwork provided.**

5. The labels are presented in a roll and wrap in plastic to prevent damage before use.

6. ***EVERY INDIVIDUAL ROLL OF LABELS***:
   a) **MUST** state the content, i.e. how many labels per roll.
   b) **MUST** state the name of the awarded supplier.
   c) **MUST** state the **EXPIRY DATE** of the labels.

7. The adhesiveness or stickiness of the labels **MUST REMAIN VALID** within the stated expiry date.

8. All interested participants **MUST** provide sample labels for end users to proof read prior to production as there may be minor errors on the label and will need changes just prior to printing.

9. All interested participants, **MUST** verify in their written quotation the required specifications for the above matters.

10. Any labels found to have errors on delivery will not be accepted.

Important Note: *The labels shall be used for adhering onto smooth plastic surfaces; and hence the adhesive on the labels should be durable such that the labels will not easily detach from these surfaces from multiple repeated handling.*