SUPPLY, DELIVERY, INSTALLATION, TESTING AND COMMISSIONING OF ONE (1) UNIT OF COLD AND COMPRESSION THERAPY SYSTEM FOR ISTANA CLINIC

	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	Tenderers are **required to submit individual proposal booklets for each item listed**. Each item shall be treated as a standalone submission	
4	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.**	
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 dates (if applicable).	
7	**DELIVERY PERIOD:** (Please state)	
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).	
9	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. The vendor is required to provide proof of manufacture date confirming the equipment is new.	

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SECTION 1 – USER REQUIREMENTS

1. STANDARD FEATURES

NO.	DESCRIPTION	Tick (✓) Y	Tick (✓) N	STATE OR SPECIFY OR REMARKS OR BROCHURE PAGE
1	**GENERAL**			
1.1	Portable cryotherapy device which combine cold therapy and cyclical pneumatic compression to treat post-surgical swelling, acute injuries and muscle pain.			
1.2	Therapy type: Independent or simultaneous active cold therapy and cyclical intermittent pneumatic compression.			
2	**CONTROL UNIT**			
2.1	Digital display			
2.2	Audio indicator			
2.3	Weight with empty reservoir: Less than 3.5 kg			
2.4	Capacity of water including ice fill: Approximately 1.5 litre			
2.5	Able to work directly from mains power supply or rechargeable battery/batteries.			
3	**PATIENT DELIVERY SYSTEM**			
3.1	Dual action connection hose			
3.2	Hose length: 2m ± 0.3m			
3.3	Specialised therapeutic sleeves that is able to completely wrap around the targeted joint or limb			
4	**PERFORMANCE AND THERAPY PARAMETERS**			
4.1	**Cold therapy temperature:**			
4.1.1	Adjustable			
4.1.2	Range to include 2°C - 10°C			
4.2	**Pneumatic compression:**			
4.2.1	Several selectable cyclical active compression settings			
4.2.2	Selectable no pressure setting			
4.3	**Modes of operation:**			
4.3.1	Manual mode:			
4.3.1A	Adjustable treatment times			
4.3.1B	Constant or cyclical pressure levels			

SECTION 1 – USER REQUIREMENTS				
4.3.1C	Target cold set points			
4.3.2	Program mode:			
4.3.2A	Available preset automated programs with alternating treatment and rest/sleep cycles			
4.3.2B	Drain mode to empty water out of the system			
5	**ACCESSORIES**			
5.1	One (1) unit Custom bag			
5.2	One (1) unit Right side shoulder wrap, medium			
5.3	One (1) unit Left side shoulder wrap, medium			
5.4	One (1) unit Straight knee wrap			
5.5	One (1) unit Ankle sleeve, large			
5.6	One (1) unit Rechargeable battery pack kit			
6	**ELECTRICAL REQUIREMENTS**			
6.1	Must be able to utilise mains power supply of 220 - 240 V AC, 50 - 60 Hz. Otherwise, tenderer to include the necessary arrangements to ensure appropriate power supply required by the equipment.			
7	**WARRANTY AND PREVENTIVE MAINTENANCE**			
7.1	A minimum of one (1) year warranty for manufacturer's defect on the hardware, software and all cost of repairs and/or replacements should be included.			
7.2	One (1) on-site preventive maintenance to be carried out just before or soon after the one-year warranty period. Scope of work to follow manufacturer's manual / recommendation specific for the equipment offered, which includes but is not limited to: • Supply, delivery and installation of preventive maintenance kits and/or consumables • Software update (to obtain prior authorization from user and BME) • Inspection • Cleaning • Alignment • Calibration • Any other related preventive maintenance works required			
2. WARRANTY				
1	Tenderer to include warranty period of **at least one (1) year**			
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 one year.			

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SECTION 1 – USER REQUIREMENTS

3. END USER TRAINING				
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	Tenderer must **prepare a training attendance or proof of training done to end user during commissioning**			

SECTION 2 – PRICE PROPOSAL

UNIT PRICE: BND$	TOTAL PRICE: BND$

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION

BRAND:				MODEL:			
COUNTRY OF ORIGIN:				UNIT PRICE (B$):			
WARRANTY PERIOD:				TOTAL PRICE (B$):			
YEAR INTRODUCED TO MARKET:				LAST COUNTRY SOLD TO:			
PRICE VALIDITY: [AT LEAST ONE (1) YEAR PRICE VALIDTY]				DELIVERY TIME:			
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:							

SECTION 3 - PROCUMENT AND TECHNICAL SPECIFICATION				
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 8 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 or OEM parts:
    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.
- _____**time Planned Preventive Maintenance (PPM) PER YEAR** according to Manufacturer's Preventive Maintenance Guideline.

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