

**TENDER REF. NO.: KK/244/2026/SSBH(TC)**

**MINISTRY OF HEALTH  
NEGARA BRUNEI DARUSSALAM**

**TO SUPPLY AND DELIVER OF CONSUMABLE ITEMS FOR  
WARD 15 AND SCBU, SURI SERI BEGAWAN (SSB)  
HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF  
THREE (03) YEARS USAGE - 8 ITEMS**

**TENDER FEE : \$10.00**

**RECEIPT NO. :**

**CLOSING DATE : ON TUESDAY, 03rd November 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

**TO SUPPLY AND DELIVER OF CONSUMABLE ITEMS FOR WARD 15 AND SCBU, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH FOR A PERIOD OF THREE (03) YEARS  
USAGE - 8 ITEMS**

| USER'S REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                           |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|
| NO                  | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOTAL<br>QUANTITY<br>USAGE FOR<br>1 YEAR | TOTAL<br>QUANTITY<br>USAGE<br>FOR 3 YEARS |
| 1                   | <b>DISPOSABLE SPO2 SENSOR</b> <ul style="list-style-type: none"> <li>➤ Adhesive, single-patient-use SpO<sub>2</sub> sensor</li> <li>➤ Suitable for neonatal/adult patients weighing &lt;3 kg or &gt;40 kg</li> <li>➤ Compatible with the relevant Nellcor/OxiMax-compatible monitoring system</li> <li>➤ Reference product code: MAX-N-I; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 24's per box</li> </ul> | 30 boxes                                 | 90 boxes                                  |
| 2                   | <b>PRE-WIRED NEONATAL ELECTRODE</b> <ul style="list-style-type: none"> <li>➤ Single-use</li> <li>➤ 3 electrodes per set</li> <li>➤ Pre-gelled</li> <li>➤ Silver/silver chloride (Ag/AgCl)</li> <li>➤ DIN compatible</li> <li>➤ Packaging: 100 sets/box (300 electrodes)</li> </ul>                                                                                                                                                                                                          | 12 boxes                                 | 36 boxes                                  |
| 3                   | <b>INFANT/NEONATAL NASAL HIGH-FLOW BREATHING CIRCUIT KIT</b> <ul style="list-style-type: none"> <li>➤ Suitable for neonatal/infant nasal high-flow therapy</li> <li>➤ Compatible with MR850 humidification system</li> <li>➤ Reference product code: RT330; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 10 sets per box</li> </ul>                                                                            | 2 boxes                                  | 6 boxes                                   |

|    | USER'S REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|
| NO | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOTAL<br>QUANTITY<br>USAGE FOR<br>1 YEAR | TOTAL<br>QUANTITY<br>USAGE<br>FOR 3 YEARS |
| 4  | <p><b>HEATED BREATHING TUBE AND CHAMBER KIT WITH NEBULIZER ADAPTER</b></p> <ul style="list-style-type: none"> <li>➤ Suitable for use with Airvo 2</li> <li>➤ Suitable for Optiflow nasal interfaces operating at flows from 2–60 L/min</li> <li>➤ Complete with heated breathing tube, humidification chamber and nebulizer adapter</li> <li>➤ Reference product code: 900PT562; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 10 sets per box</li> </ul>                                                                                                                     | 2 boxes                                  | 6 boxes                                   |
| 5  | <p><b>OPTIFLOW JUNIOR NASAL CANNULA – INFANT SIZE (SIZE L)</b></p> <ul style="list-style-type: none"> <li>➤ Maximum flow rate: <ul style="list-style-type: none"> <li>• Airvo: 2 - 20L/min</li> <li>• MR850: 1.1 - 23L/min</li> </ul> </li> <li>➤ Approximate age range: 37.5 weeks GA – 5 - 6 years</li> <li>➤ Approximate weight range: 3 – 20kg</li> <li>➤ Compatible with: RT330 &amp; 900PT562</li> <li>➤ Compatible humidifier: MR850 &amp; Airvo 2</li> <li>➤ Reference product code: OJR 416; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 20 pcs per box</li> </ul> | 1 box                                    | 3 boxes                                   |

|    | USER'S REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                           |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|
| NO | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TOTAL<br>QUANTITY<br>USAGE FOR<br>1 YEAR | TOTAL<br>QUANTITY<br>USAGE<br>FOR 3 YEARS |
| 6  | <b>OPTIFLOW JUNIOR NASAL CANNULA – PEDIATRIC SIZE (SIZE XL)</b> <ul style="list-style-type: none"> <li>➤ Maximum flow rate: <ul style="list-style-type: none"> <li>• Airvo 2: 1.1 - 25L/min</li> <li>• MR850: 2 - 25L/min</li> </ul> </li> <li>➤ Approximate age range: 47.5 weeks GA – 6 - 9.5 years</li> <li>➤ Approximate weight range: 12 – 22kg</li> <li>➤ Compatible with: RT330 &amp; 900PT562</li> <li>➤ Compatible humidifier: MR850, Airvo 2</li> <li>➤ Reference product code: OJR418; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 20 pcs per box</li> </ul> | 1 box                                    | 3 boxes                                   |
| 7  | <b>NEONATAL/PEDIATRIC PERIPHERAL IV CATHETER</b> <ul style="list-style-type: none"> <li>➤ Gauge: 26G</li> <li>➤ Catheter/Needle length: 19mm</li> <li>➤ Winged: Yes</li> <li>➤ Colour code: Purple</li> <li>➤ Flow rate: Minimum 14ml/min</li> <li>➤ PVC free</li> <li>➤ Latex free</li> <li>➤ BD-Luer-Lock</li> <li>➤ DEHP-free / DEHP not part of material formulation</li> <li>➤ Shelf life: Minimum 3 years</li> <li>➤ Reference product code: 391379; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 50pcs per box</li> </ul>                                         | 2 boxes                                  | 6 boxes                                   |
| 8  | <b>ADHESIVE RETENTION TAPE</b> <ul style="list-style-type: none"> <li>➤ Non-woven adhesive retention tape</li> <li>➤ Width: 10cm</li> <li>➤ Length: 10m per roll</li> <li>➤ Reference product code: Hypafix 10cm x 10m; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 1 roll per box</li> </ul>                                                                                                                                                                                                                                                                           | 30 boxes                                 | 90 boxes                                  |

| NO | <u>TERMS AND CONDITIONS</u>                                                                                                                                                                                                                                                                                                                                                                         | <b>VENDOR'S OFFER</b><br>(PLEASE STATE)             |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1  | Tenderer must be registered with the Ministry of Health.                                                                                                                                                                                                                                                                                                                                            |                                                     |
| 2  | <b>QUOTATION/TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION/TENDER.</b>                                                                                                                                                                                     |                                                     |
| 4  | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION/TENDER.</b>                                                                                                                                                                                                           |                                                     |
| 5  | All consumables supplied throughout this tender <u>shall</u> have a minimum expiry date of <b>twelve (12) months / on delivery</b> . 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.                                                                               |                                                     |
| 6  | <b>Brochures / catalogues should be submitted / attached</b> with quotation/tender document.                                                                                                                                                                                                                                                                                                        |                                                     |
| 7  | <b>Samples should be submitted together with quotation/ tender or within fourteen (14 days)</b> of the quotation/tender closing dates (if applicable).                                                                                                                                                                                                                                              |                                                     |
| 8  | <b>DELIVERY PERIOD:</b><br>Not later than 8 weeks<br>Staggered delivery upon request                                                                                                                                                                                                                                                                                                                | <b>(Yes / No)</b><br><b>(If No, please specify)</b> |
| 9  | <b>PRICE VALIDITY:</b><br>The quotation shall remain valid for <b>12 MONTHS</b> 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). |                                                     |

**TERMS AND CONDITIONS**

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

### SECTION 3

#### SCHEDULE A – TENDER FORM

To:

TENDER REFERENCE NO.: KK/244/2026/SSBH(TC)

**TO SUPPLY AND DELIVER OF CONSUMABLE ITEMS FOR WARD 15 AND SCBU, SURI SERI BEGAWAN (SSB) HOSPITAL, MINISTRY OF HEALTH  
FOR A PERIOD OF THREE (03) YEARS USAGE – 8 ITEMS**

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

Company/Business Registration No \_\_\_\_\_

Tender Closing Date: \_\_\_\_\_

| USER'S REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                  | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO                  | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL QUANTITY USAGE FOR 1 YEAR | TOTAL QUANTITY USAGE FOR 3 YEARS | 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                   | <b>DISPOSABLE SPO2 SENSOR</b> <ul style="list-style-type: none"> <li>➤ Adhesive, single-patient-use SpO<sub>2</sub> sensor</li> <li>➤ Suitable for neonatal/adult patients weighing &lt;3 kg or &gt;40 kg</li> <li>➤ Compatible with the relevant Nellcor/OxiMax-compatible monitoring system</li> <li>➤ Reference product code: MAX-N-I; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> </ul> | 30 boxes                        | 90 boxes                         |                                      |                                  |              |                        |                                     |                   |

|    | USER'S REQUIREMENTS                                                                                                                                                                                                                                                                |                                 |                                  | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                               | TOTAL QUANTITY USAGE FOR 1 YEAR | TOTAL QUANTITY USAGE FOR 3 YEARS | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
|    | ➤ Packaging: 24's per box                                                                                                                                                                                                                                                          |                                 |                                  |                                      |                                  |              |                        |                                     |                   |
| 2  | <b>PRE-WIRED NEONATAL ELECTRODE</b> <ul style="list-style-type: none"> <li>➤ Single-use</li> <li>➤ 3 electrodes per set</li> <li>➤ Pre-gelled</li> <li>➤ Silver/silver chloride (Ag/AgCl)</li> <li>➤ DIN compatible</li> <li>➤ Packaging: 100 sets/box (300 electrodes)</li> </ul> | 12 boxes                        | 36 boxes                         |                                      |                                  |              |                        |                                     |                   |

| USER'S REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                  | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO                  | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOTAL QUANTITY USAGE FOR 1 YEAR | TOTAL QUANTITY USAGE FOR 3 YEARS | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
| 3                   | <b>INFANT/NEONATAL NASAL HIGH-FLOW BREATHING CIRCUIT KIT</b> <ul style="list-style-type: none"> <li>➤ Suitable for neonatal/infant nasal high-flow therapy</li> <li>➤ Compatible with MR850 humidification system</li> <li>➤ Reference product code: RT330; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 10 sets per box</li> </ul>                                                                         | 2 boxes                         | 6 boxes                          |                                      |                                  |              |                        |                                     |                   |
| 4                   | <b>HEATED BREATHING TUBE AND CHAMBER KIT WITH NEBULIZER ADAPTER</b> <ul style="list-style-type: none"> <li>➤ Suitable for use with Airvo 2</li> <li>➤ Suitable for Optiflow nasal interfaces operating at flows from 2–60 L/min</li> <li>➤ Complete with heated breathing tube, humidification chamber and nebulizer adapter</li> <li>➤ Reference product code: 900PT562; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> </ul> | 2 boxes                         | 6 boxes                          |                                      |                                  |              |                        |                                     |                   |

|    | USER'S REQUIREMENTS                  |                                 |                                  | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|----|--------------------------------------|---------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO | ITEM DESCRIPTIONS AND SPECIFICATIONS | TOTAL QUANTITY USAGE FOR 1 YEAR | TOTAL QUANTITY USAGE FOR 3 YEARS | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
|    | ➤ Packaging: 10 sets per box         |                                 |                                  |                                      |                                  |              |                        |                                     |                   |

| USER'S REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                  | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO                  | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOTAL QUANTITY USAGE FOR 1 YEAR | TOTAL QUANTITY USAGE FOR 3 YEARS | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
| 5                   | <p><b>OPTIFLOW JUNIOR NASAL CANNULA – INFANT SIZE (SIZE L)</b></p> <ul style="list-style-type: none"> <li>➤ Maximum flow rate: <ul style="list-style-type: none"> <li>• Airvo: 2 - 20L/min</li> <li>• MR850: 1.1 - 23L/min</li> </ul> </li> <li>➤ Approximate age range: 37.5 weeks GA – 5 - 6 years</li> <li>➤ Approximate weight range: 3 – 20kg</li> <li>➤ Compatible with: RT330 &amp; 900PT562</li> <li>➤ Compatible humidifier: MR850 &amp; Airvo 2</li> <li>➤ Reference product code: OJR 416; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 20 pcs per box</li> </ul> | 1 box                           | 3 boxes                          |                                      |                                  |              |                        |                                     |                   |

| USER'S REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                  | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO                  | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL QUANTITY USAGE FOR 1 YEAR | TOTAL QUANTITY USAGE FOR 3 YEARS | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
| 6                   | <p><b>OPTIFLOW JUNIOR NASAL CANNULA – PEDIATRIC SIZE (SIZE XL)</b></p> <ul style="list-style-type: none"> <li>➤ Maximum flow rate: <ul style="list-style-type: none"> <li>• Airvo 2: 1.1 - 25L/min</li> <li>• MR850: 2 - 25L/min</li> </ul> </li> <li>➤ Approximate age range: 47.5 weeks GA – 6 - 9.5 years</li> <li>➤ Approximate weight range: 12 – 22kg</li> <li>➤ Compatible with: RT330 &amp; 900PT562</li> <li>➤ Compatible humidifier: MR850, Airvo 2</li> <li>➤ Reference product code: OJR418; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 20 pcs per box</li> </ul> | 1 box                           | 3 boxes                          |                                      |                                  |              |                        |                                     |                   |

| USER'S REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                  | VENDOR'S OFFER                       |                                  |              |                        |                                     |                   |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------------|----------------------------------|--------------|------------------------|-------------------------------------|-------------------|
| NO                  | ITEM DESCRIPTIONS AND SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TOTAL QUANTITY USAGE FOR 1 YEAR | TOTAL QUANTITY USAGE FOR 3 YEARS | ITEM DESCRIPTIONS AND SPECIFICATIONS | PART/ CATALOGUE NUMBER AND BRAND | PACKING SIZE | TOTAL QUANTITY OFFERED | COST PER PACK (COST PER UNIT) (B\$) | TOTAL COSTS (B\$) |
| 7                   | <b>NEONATAL/PEDIATRIC PERIPHERAL IV CATHETER</b> <ul style="list-style-type: none"> <li>➤ Gauge: 26G</li> <li>➤ Catheter/Needle length: 19mm</li> <li>➤ Winged: Yes</li> <li>➤ Colour code: Purple</li> <li>➤ Flow rate: Minimum 14ml/min</li> <li>➤ PVC free</li> <li>➤ Latex free</li> <li>➤ BD-Luer-Lock</li> <li>➤ DEHP-free / DEHP not part of material formulation</li> <li>➤ Shelf life: Minimum 3 years</li> <li>➤ Reference product code: 391379; or any equivalent that meets the above specs and user satisfied with sample given will be accepted.</li> <li>➤ Packaging: 50pcs per box</li> </ul> | 2 boxes                         | 6 boxes                          |                                      |                                  |              |                        |                                     |                   |



| NO | <u>TERMS AND CONDITIONS</u>                                                                                                                                                                                                                                                                                                                                                                         | VENDOR'S OFFER<br>(PLEASE STATE)                    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1  | Tenderer must be registered with the Ministry of Health.                                                                                                                                                                                                                                                                                                                                            |                                                     |
| 2  | <b>QUOTATION/TENDER FORM should be filled</b> completely including the <b>USER REQUIREMENT FORM</b> (if available). Submission of incomplete form <b>MAY</b> cause <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .                                                                                                                                                                                    |                                                     |
| 4  | Each tenderer is allowed to quote <b>ONE BRAND WITH ONE PRICE ONLY</b> for each item. Submission of more than one brand and price will cause <b>DISQUALIFICATION OF QUOTATION/TENDER</b> .                                                                                                                                                                                                          |                                                     |
| 5  | All consumables supplied throughout this tender shall have a minimum expiry date of <b>twelve (12) months / on delivery</b> . 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.                                                                                      |                                                     |
| 6  | <b>Brochures / catalogues should be submitted / attached</b> with quotation/tender document.                                                                                                                                                                                                                                                                                                        |                                                     |
| 7  | <b>Samples should be submitted together with quotation/ tender or within fourteen (14 days)</b> of the quotation/tender closing dates (if applicable).                                                                                                                                                                                                                                              |                                                     |
| 8  | <b>DELIVERY PERIOD:</b><br>Not later than 8 weeks<br>Staggered delivery upon request                                                                                                                                                                                                                                                                                                                | <b>(Yes / No)</b><br><b>(If No, please specify)</b> |
| 9  | <b>PRICE VALIDITY:</b><br>The quotation shall remain valid for <b>12 MONTHS</b> 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). |                                                     |

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

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 not 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. We shall execute a formal agreement in the appropriate form set out in Section 4 – Contract of the Invitation to Tender together with such further terms and conditions, if any, agreed between the Government and us.
4. OUR OFFER IS VALID FOR **SIX (6)** CALENDER MONTHS FROM THE TENDER CLOSING DATE.
5. When requested by you, we shall extend the validity of this offer.
6. We further undertake to give you any further information which you may require.

Dated this                      day of                      20 \_\_

\_\_\_\_\_  
**Signature of authorised officer of Tenderer**

Name:

Designation:

Tenderer's official stamp:

## **SCHEDULE B**

### **INFORMATION SUMMARY**

- 2.1 Tenderers shall provide in this Schedule the following information:
- a. Management summary
  - b. Company profile [including Contractor and sub-contractor(s), if any]
  - c. Years of experience (as of the Tender Closing Date) of the Contractor and sub-contractor(s) in the:
    - Maintenance of Compressed Air
  - d. Other information which is considered relevant.

## SCHEDULE C

### SUB-CONTRACTORS

- 3.1 Tenderers shall complete Table 3.1 with information about all the companies involved in the provision of the services and items specified in this tender. This shall include details about the Contractor and each sub-contractor involved, as well as their respective responsibilities.
- 3.2 Tenderers shall also indicate in Table 3.1 any alliance relationship established with each sub-contractor. An alliance is defined as a formal and binding business relationship between the allied parties.

Table 3.1 - Responsibility Table

|                   |                            | Alliance Relationship between Contractor and Sub-Contractor(s) |                  |                      |
|-------------------|----------------------------|----------------------------------------------------------------|------------------|----------------------|
| Company Name      | Responsibility Description | Alliance Exists? (Y/N)                                         | Date Established | Alliance Description |
| Contractor        |                            |                                                                |                  |                      |
|                   |                            | Not Applicable                                                 | Not Applicable   | Not Applicable       |
| Sub-Contractor(s) |                            |                                                                |                  |                      |
|                   |                            |                                                                |                  |                      |

## **SCHEDULE D**

### **COMPANY'S BACKGROUND**

- 4.1 Each of the companies involved in this tender, including Contractor and subcontractor(s) (if any), shall provide information on the company's background, scope of operations, financial standing and certified copy of its Certificate of Incorporation or Certificate of Registration with the Ministry of Development.

## **SCHEDULE E**

### **REFERENCES**

- 5.1 Tenderers shall submit a list of customers in Table 4.1 to whom the Contractor has provided similar services and items as specified in this tender in the recent 5 years as of the Tender Closing Date.

Table 5.1 - References of previous customers

| <b>Customer Name &amp; Address</b> | <b>Customer Type<br/>(Gov't or Quasi-Gov't)</b> | <b>Contact Person</b> | <b>Title</b> | <b>Contact Number<br/>Fax Number &amp; Email Address</b> |
|------------------------------------|-------------------------------------------------|-----------------------|--------------|----------------------------------------------------------|
|                                    |                                                 |                       |              |                                                          |

\*Note: Tenderers shall indicate whether the customer is a Government or Quasi Government organisation. A Quasi Government is defined as an organisation which (1) is managed and controlled by the Government; or (2) has at least 50% shares being held by the Government. Please leave the column blank if the customer is neither a Government or Quasi Government organisation.

- 4.2 The Ministry of Health shall treat all the information submitted under this schedule in strict confidence.
- 4.3 The Ministry of Health reserves the right to contact the references for tender assessment purposes.

**SCHEDULE F**

**TENDERER'S DECLARATION**

**SCHEDULE G**  
**COMPLIANCE FORM**

| SECTION | DESCRIPTIONS                                   | YES                      | NO                       |
|---------|------------------------------------------------|--------------------------|--------------------------|
| 1.      | Instruction To Tenderers                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.      | Specification & Bill of Quantities             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.      | Forms to be used                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.      | Articles of Agreement & Conditions of Contract | <input type="checkbox"/> | <input type="checkbox"/> |